



NADA
network of alcohol and
other drugs agencies

Lived experience insights

| Improving access and equity in
the alcohol and other drugs setting

Acknowledgements

Aboriginal and Torres Strait Islander peoples

NADA proudly acknowledges Aboriginal and Torres Strait Islander peoples 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 peoples to land, water, community, and culture.

We acknowledge the diverse language and culture of Aboriginal and Torres Strait Islander peoples across this continent. Aboriginal and Torres Strait Islander peoples have looked after Country and culture for over 60,000 years.

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

NADA's acknowledgment of, and respect towards, Aboriginal and Torres Strait Islander peoples is furthered through the implementation of our Innovate Reconciliation Action Plan.

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



People with living and lived experience

NADA proudly recognises people with living and lived experience of alcohol or other drug use, acknowledging their important role in shaping policy, education and services.

We acknowledge that through their guidance, diverse experience and peer support, lives are saved, and health outcomes are realised. We acknowledge that participation takes courage, gives a voice, and reduces stigma and discrimination in our community.

Contributors

NADA would like to thank interviewees Gail, Kevin, Basem, Alex and Ahmad for contributing to this resource. Participants were interviewed for this guide in 2021.

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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 NSW. We advocate for, strengthen and support the sector. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 80 organisational members that provide services in over 100 locations across NSW. They 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.

We provide a range of programs and services, including: sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

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).

About this resource

In this guide, people with living and/or lived experience of accessing AOD services discuss how to improve access and equity to AOD services. Interviewees came from the following communities:

- Aboriginal communities
- Older people
- Sexuality diverse people
- People with disabilities
- Culturally and linguistically diverse communities

Interviewees explored barriers they faced in engaging with treatment as it related to their experiences and identities, and shared practical tips for AOD services to address barriers to treatment.

This resource complements, 'Access and Equity: Working with Diversity in the alcohol and other drugs setting-2nd edition' (2021), which provides advice from specialist healthcare services on how to improve accessibility to AOD support for a number of priority populations.

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Gail: Aboriginal communities

'It'd be wonderful if AOD staff could be encouraged by their organisation to regularly do research on First Nations people in whatever state they're in, and the area they're in as professional... development'.

Gail is a Gumbaynggirr and Wiradjuri woman and caseworker.

Why is an accessible and inclusive AOD service important to you?

'For me it's *really* important because I generally feel really unsafe due to being judged as a First Nations woman. It's important for me to have a culturally appropriate space'.

On her preference to access Aboriginal-specific AOD support, Gail said, 'I feel more comfortable amongst Aboriginal communities- it's like a family, a sense of belonging'.

Barriers to treatment for your community/ies

Wait times

Gail stated wait times for AOD services were, 'the biggest barrier, because...what happens while I'm waiting? It's a scary thought when I think about it now'.

First impressions and staff temperament

'The initial engagement, first impressions, they're probably things that have been a huge barrier for me. For example, eye contact—the way that people are looking at me... like up and down, or not showing me direct eye contact—even though when I'm in that space I'm quite ashamed of myself, and I'm looking to the ground. But eye contact is really important for me. I'm just so desperate for help at that time, anything can just send me out the door'. Judgemental attitudes articulated through tone of voice and mannerisms were also barriers for Gail.

Gail made the additional comment: 'I come from a really spiritual culture, and I get a sense of someone's spirit... if there's block there [I notice], or I [pick up that], "oh, this woman seems alright, this guy seems alright". Not all the time, but I'm generally pretty good with that'.

Supports AOD services can provide to help you in your treatment journey

The office environment

Gail said pamphlets targeting Aboriginal communities and informational materials with Aboriginal designs were things she gravitated towards in services. Other factors she said made her feel included were, 'seeing an [Aboriginal] painting, and a plaque with an Acknowledgement to Country of the local area'.

Privacy within services

Gail appreciated that the AOD support within the health service she was accessing was discrete and out of the way of the main service, as she said that, 'was really important for me, because I always run into family or community members when I access that service'.

Creating a good first impression and a welcoming environment

Easy-going staff were a positive for Gail, in addition to, 'staff who are genuine and compassionate'. Speaking of her own experience as a caseworker in the AOD space, and the need to maintain a welcoming temperament for people she's assisting, Gail said, 'it's important for me check my moods...because otherwise you might come across as blunt or offend someone while they're in that raw state of desperation'.

Programs and supports for Aboriginal people

'I think that services—like rehabs—could incorporate cultural components to their service [for Aboriginal service users]...like weekly programs where people are getting together and doing art, or even just having a meal together'. Attending NAIDOC events as a group was another suggestion Gail made.

Gail stated that AOD services having Aboriginal staff, and Aboriginal clients having the capacity to be connected with these staff members if desired, was important too.

Ongoing self-education

'It'd be wonderful if AOD staff could be encouraged by their organisation to regularly do research on First Nations people in whatever state they're in, and the area they're in as professional development. I'm doing that as a First Nations woman: I'm learning about Murris in Queensland [for instance], because we get so many different people from all over the country that could come to New South Wales'.

Staff training

Gail recommended staff undertake Aboriginal cultural awareness training- for instance, with facilitator [Flic Ryan](#). She said she did this training for her own learning and work. Gail also stated, 'there's a lot of free courses online or...in your local area. It would be good to get somebody who's knowledgeable from the area'.

Being aware of Aboriginal-run AOD services

AOD workers familiarising themselves with what Aboriginal-run AOD services are available—and services in the pipeline- can help promote accessibility for Aboriginal communities. Gail also expressed interest in more culturally specific AOD services- like The Glen for Women- being available to Aboriginal communities.

In short—what can AOD services do?

- Display welcoming physical markers in offices, such as Aboriginal paintings, and an Acknowledgement of Country plaque.
- Staff regularly educating themselves about Aboriginal cultures, activism and histories—for instance, in relation to the locations they work in.
- Create a welcoming environment for Aboriginal clients, particularly at the first point of contact—through things like body language, eye contact and tone of voice.
- Undertake Aboriginal cultural awareness training.
- For non-Aboriginal specific services, include an Aboriginal cultural component to AOD support—for instance, weekly art sessions or group meals.
- Being knowledgeable about Aboriginal-specific services that clients could be referred to.

Kevin: older people

'There should be [more AOD support advertising] addressing age-related issues... because as you get older, you need greater access to healthcare, and you need to confront the stigma around being a drug user.'

Kevin is a man in his mid to late sixties who has accessed services like detox and supervised injecting centres.

Why is an accessible and inclusive AOD service important to you?

'[Because] Australia's population is aging and so is the drug using in community.... it's important to me on a personal level because ... I've got friends who are getting old and using and they may want to take the opportunity to go to detox or rehab'.

Barriers to treatment for older people

Stigma

Kevin recounted instances where community stigma against AOD use, intersected with ageist community beliefs. He said, 'I've had people say to me "what you're 60 and still using, haven't you gotten over it, yet?" You know, I've had people say to me, "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'.

In relation to challenging stigma against AOD use and support, Kevin suggested framing drug use as, 'a health issue...not a law-and-order issue'.

Stigma against older people seeking mental health assistance was another healthcare barrier Kevin identified. He said, 'a lot of older people won't talk about their mental health...it's a shaming thing for people in my generation...we grew up with sayings like, "build a bridge and get over it"'.

Hoop jumping and waiting times for AOD treatment

Having to jump through hoops and wait for AOD services was a barrier to entry identified by Kevin. In relation to having to meet certain requirements for AOD treatment and waiting times, Kevin said, 'the bad thing is trying to get in. And I understand that there are not a lot of these services around

and that's the big issue. We need a lot more of them and I just think if someone says, "I need to go to detox", they're saying it then and there! They might change their mind tomorrow...they need to be assisted there and then to get straight in...within 24 hours, at least'. To address wait times and access to AOD services, Kevin supported the creation of more local detox facilities- 'I think every major hospital should have one'- and supervised injecting centres.

Supports AOD services can provide to assist with the treatment journey

Physical accessibility

Kevin spoke about the importance of things like lifts, wheelchair ramps and accessible bathrooms for AOD services for older people with physical accessibility requirements.

Respecting people's agency in their treatment

Kevin emphasised the importance of AOD services listening to people's preferences in their treatment process. Indeed, he stated, 'there are times...when I've approached the detox service, [and] I was using pharmaceutical opioids that I was getting from doctors. I said, look, I just want to come in and detox from these...I'm not using heroin and I wasn't at the time- I was just using pharmaceuticals. And I approached him with a detox plan thinking, this is going to be too radical for them! But they rang me back the next day and they agreed to let me do it the way I wanted to do it'.

Kevin stated recognising people's agency in AOD treatment was particularly important for older people, given the way they could not have their maturity respected He said, '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'.

Targeting older people in advertising for AOD support

Kevin advocated for pamphlets and informational material in AOD services that targeted older people. He said he hadn't noticed any of this in his experience of accessing AOD services, but that it was necessary to create a more accessible and accommodating service for older communities.

Other suggestions

Further recommendations Kevin made about improving accessibility to AOD services for older people included:

- Services providing childcare support for those accessing treatment. This was important as Kevin had child-minding responsibilities as a grandparent.
- AOD treatment being person-centred, and services understanding that people can have different worldviews specific to their age. On this point, Kevin commented, 'I'm from a different generation to a lot of people I'm coming up against in these services- I have a different set of values that I grew up with'.

In short—what can AOD services do?

- Ensure your service is accessible—for instance, ensuring building and bathroom access for people who use wheelchairs
- Recognising people's agency in AOD treatment
- If your service caters to older people, have materials that speak to and represent older people in your advertising
- Engage in person-centred care that recognises potential generational differences in clients' worldviews
- Consider and support people's caring responsibilities (for instance childcare needs) when they engage in treatment

Alex: people with chronic pain

'I've got co-occurring pain issues. They've got to take that seriously.'

Alex shared his experience as a queer person with chronic pain who has accessed AOD services.

Why is an accessible and inclusive AOD service important to you?

This was particularly important for Alex, given his past experiences of feeling like he had to constantly 'prove' his disability to access support.

Barriers to treatment for people with chronic pain

Stigma

The stigma of seeking support for AOD support services was something Alex raised. He said, 'you generally don't want certain people to know that you're having issues. I mean that's ... part of the problem in accessing the services, to plan to do it so covertly'. Further, he stated, 'there are often repercussions [to people finding out], like family issues...[and] most people have issues with their employer'.

Requests to 'verify' one's pain

As mentioned, skepticism and a lack of trust by healthcare providers around chronic pain were barriers to accessing AOD services for Alex. He commented, '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'.

Supports AOD services can provide to help you in your treatment journey

Through thorough case notes and people being able to form longer relationships with service providers. Alex made these suggestions in light of problems that can be experienced with having to constantly repeat your medical and personal history to healthcare providers.

Services respecting people's preferences for AOD treatment, and the importance of family support

Alex drew attention to how important family support was to him in deciding the direction he would like to take in relation to AOD treatment. He said, 'having my parents support was so vital, because if I didn't have that, I would have been...coerced back into the treatment program [that wasn't appropriate for me]. He said the AOD treatment plan he selected, against some medical advice, made him more employable and meant he could live more independently.

In short—what can AOD services do?

- Promote the destigmatisation of seeking AOD support
- Recognising the reality of chronic pain and its impacts, even if a disability isn't immediately 'visible' to you
- Keep thorough case notes to minimise clients having to repeat their experiences
- Respect people's preference to have a say in their treatment journey
- Provide clients with the ability to form longer term relationships with AOD workers where feasible
- Promote and facilitate family support in AOD treatment where desired

Ahmad: culturally and linguistically diverse communities

'[AOD services] have to have... more counsellors, who speak in Persian and Arabic and Turkish... if they have more of these counsellors more people open up, more people come down to seek help and be honest'

Ahmad is an Afghan man with experience accessing AOD services.

Why is an accessible and inclusive AOD service important to you?

'I didn't *know* anything about mental health or drug and alcohol use until I went to gaol. If I knew that we've got mental health nurses, we've got [AOD] counsellors [catering to my communities], I wouldn't have gone to gaol- I would have sought help before I went there'.

Barriers to treatment for culturally and linguistically diverse communities

Mistrust of translators

This was one barrier Ahmed identified. He said, 'a lot of people don't trust...translators. Because...I'll give you example: my mum was coming to my court, and one of the older guys was a translator there. He turned around and spread the rumour outside [the setting]...the entire community found out about me being in gaol, being a drug dealer and gangster...that's why people don't trust translators that much'.

Stigma

The stigma associated with AOD use was another barrier. Ahmad stated, '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'. Further, he said, 'it's just...our culture and everything... [people] can die but they can't get a bad name in the community and just... forget about the community for a minute, put yourself first and think about things clearly'.

Lack of childcare during appointments

One barrier Ahmad identified for his communities accessing AOD services was a lack of childcare while they were at AOD support appointments. Speaking to his conversations with women in his communities, Ahmad said, 'every time I ask them, why don't you come [to the AOD support service]...they say, oh, I don't have anyone to take care of my two kids'. Ahmad said some women he'd spoken to didn't have the financial capacity to pay for childcare during AOD appointments also.

Not enough Medicare-funded counselling sessions

The limit of 10 Medicare funded counselling sessions for AOD support was a barrier Ahmad spoke about. He stated it was reasonable for people to say, 'I don't want 10 sessions, I want 15 or 20 sessions- I don't want to come once a month, I want to come once a fortnight..'. He stressed the importance of people having access to free ongoing counselling.

Supports AOD services can provide to assist in the treatment journey

Employing multilingual staff

Hiring staff who could speak multiple languages was a supportive action Ahmad suggested. Ahmad, who speaks four languages, stated, 'I see lot of Persian guys... [and] I speak Farsi, so I speak to them... [or they say] oh, you're Afghan, you can speak my language, OK, I need help on this, this has to be done'. In particular, having social workers who could speak multiple languages was something Ahmad suggested to improve connections with people accessing support. This was because it removed or lessened the need for interpreters. As explored in the 'barriers' section above, Ahmad stated that some people in culturally and linguistically diverse communities could have a mistrust for translators.

More group work opportunities

More space for group discussions in AOD services was important to Ahmad. He said, 'we need more group discussion so I don't feel like I'm the only one by myself...which is understandable, if I've got an issue and I'm talking to you one-on-one, I don't see around me...I'll...start blaming myself and I start feeling guilty that I'm the only one... but when you're in a group chat with about 10 people, then you look and say, "oh God, I'm not the only one!"'

Employing peer workers

When Ahmad was asked, 'how important is it for you to have people who have lived experience accessing alcohol and other drug support services within AOD organisations?' he responded, 'it's very important!'. This was due to the personal experience and knowledge of AOD support that peer workers offered.

Childcare

A lack of childcare during AOD support appointments was a barrier Ahmad identified. Thus, he suggested AOD support services could have, 'a little room in the office [of the service] for the kids and [have a staff member] there'.

In short—what can AOD services do?

- Continuously promote the destigmatisation of seeking out AOD support
- Hire staff who are multilingual
- When employing interpreters, ensure they sign a confidentiality agreement to support the privacy of clients.
- Provide group discussion opportunities for clients to help reduce potential isolation
- Consider employing people with lived experience of accessing AOD support
- Be aware of, and support, the childcare needs of clients

Basem: people who are sexuality diverse

'There is a deep need for us [people who are queer and Lebanese] to feel welcome- I get emotional from it- but there is a deep need for us to have imagery that shows us in a positive light, not just problematic light, as people offering support, rather than just people needing support'.

Basem is a queer Lebanese man.

Why are accessible and inclusive AOD service important to you?

'We need representation...to be able to understand our [AOD] use, to have language for it, to have a way to self-support and support other people, because that will trickle through to the community. When diversity isn't visible, it just reignites shame, it reignites otherism.

I don't want to speak for what another person might need, but if I saw more people that came from my background that weren't still in a fear-based situation-where they're half in, half out of the closet-that I could access as support, I think we could benefit the community a lot quicker, and allow a more diverse range of support'.

Barriers to treatment for your community/ies

Representation

'When I go into [AOD] spaces it is predominantly cisgendered and white, and it's very hard... even if I've experienced compassion and empathy from the people running [the service], the understanding of what it's like to be a kind of minority [is lacking]. Not a single person was queer in the spaces that I went, and there was definitely no one who was brown or Middle Eastern'.

Discrimination

'I know the way I was questioned or the things that were said to me when I looked for support were quite awful. I had a doctor asking me- as a survivor of sexual assault- if I'm sure the sexual assault isn't something I wanted because I was a gay male'.

AOD support beyond just 12-Step

'I find there is a heavy emphasis on 12-Step, and 12-Step is incredible, so I don't ever want to talk [it] down, but not every person is made for 12-Step. The accessibility to therapeutic services beyond only 12-Step is what's lacking'.

Lack of AOD services that cater to being queer and Middle Eastern

Basem encountered a secret Facebook support group for the communities he is part of, but not a public AOD one. He said, 'that's an issue, because if you're not on social media, where's the access?'

He also said it was important to consider: 'How we show support [for being queer and Lebanese through healthcare services], and not offend the community. I think it's something that needs addressing, because not addressing it sends the message: *you're not as important, you're not as valuable*, which reinforces self-harming behaviour'.

Supports AOD services can provide to help you in your treatment journey

Office markers

'Rainbow flags are always a welcome thing- and, you know, the flag that has trans representation as well'

Diversity in advertising

More healthcare advertising that showed the cultural heterogeneity of sexuality diverse communities was needed. Basem stated, 'there is a deep need for us [people who are queer and Lebanese] to feel welcome- *I get emotional from it*- there is a need for us to have imagery that shows us in a positive light, not just problematic light, as people *offering* support, rather than just *needing* support'.

Employing people with lived experience and diverse identities

Hiring people –for instance, counsellors-with lived experience of AOD use and accessing mental health support was significant. Lived experience with mental health issues was considered important by Basem, 'because so much substance misuse is tied to a mental health diagnosis'. He also recommended employing people in services who are culturally diverse, in addition to being gender and/or sexuality diverse.

Training and education

Learning about new AOD treatment therapies was one point Basem identified.

Another recommendation was that practitioners undertake LGBTQ diversity training, like [ACON's](#) sexual assault training.

Basem also suggested workers develop a better understanding of the historical and current experiences of queer, Middle Eastern communities. He recommended listening to the podcast '[One Foot In](#)' to better understand these experiences. Further, he said, 'as a queer person who's Middle Eastern, the history of our othering in Australian history [needs to be better understood]. You know, in relation to histories of immigration in Australia for Lebanese people, the way we're trade for the media, and understanding why it's so hard for many people within the community who are suffering from substance misuse- because the shame is just so strong. Understanding the cultural part of people's identities and welcoming it- showing a curiosity about it [is important]'.

AOD support beyond 12-step

'It'd be really nice for rehabilitation services to offer group therapy, group conversations about use that doesn't have to be a 12-Step [model]'.

AOD services that target queer, brown and Muslim communities

'I think that it would be really wonderful to create something- through government funding say- that targets people who are brown, queer, Muslim... because we don't have that safe space. What's happening is that we're leaving [our communities] and we're self- harming to numb the pain of being thrown out of our communities in some form'.

In short—what can AOD services do?

- Display sexuality and gender diverse friendly markers in your office- like pride flags.
- Employ people with lived experience of seeking AOD and mental health support, in addition to queer people from diverse cultural backgrounds.
- Offer a variety of therapeutic approaches, in addition to offering training for new approaches.
- Check out the 'One Foot In' podcast, accessible [here](#).
- Consider supporting projects targeting queer and Middle Eastern populations, in consultation with the appropriate communities and organisations.
- Organise or request training for your organisation, such as ACON's LGBTQ sexual assault training. Check out [ACON Pride Training](#) for other types of LGBTQ training.
- Educate yourself about the history of Lebanese immigration and experiences in Australia, in addition to the experiences of queer, Middle Eastern communities.

