28 February 2022

National Centre for Education and Training on Addiction
Flinders University
GPO Box 2100
Adelaide SA 5001
Australia

Sent by email: ncetaconsultation@flinders.edu.au

To whom it may concern

Re: National AOD WFD Strategy

Thank you for inviting ACON to provide a submission to the National Alcohol and Other Drugs Workforce Development Strategy.

ACON is Australia's largest health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

ACON runs several programs related to alcohol and other drugs. 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 our AOD website Pivot Point; a substance support counselling service, and a peer-led brief intervention service for people engaging in sexualised drug use.

We have also produced inclusive practice guidelines for treatment providers, which are currently undergoing a comprehensive review and update, with the new guidelines due to be released in the first half of 2022. These guidelines offer a clear opportunity for workforce development in the AOD treatment sector.

An estimated 14% of the AOD workforce is sexuality diverse, and 42% of AOD workers have identified that working with LGBTQ clients is a priority area for their workforce development. As a result, our submission, provided overleaf, details some of the key issues and actions to improve the sector's ability to respond to LGBTQ clients, and welcome LGBTQ workers.

If you require any additional information please do not hesitate to contact Lucy Watson at lwatson@acon.org.au.

Regards

Nicolas Parkhill
Chief Executive Officer AM

SYDNEY
414 Elizabeth Street,
Surry Hills NSW 2010
+61 2 9206 2000
acon@acon.org.au

NORTHERN RIVERS
Suite 4P Conway Court,
17 Conway St, Lismore 2480
+61 2 6622 1555
northernrivers@acon.org.au

HUNTER
129 Maitland Rd,
Islington NSW 2296
+61 2 4962 7700
hunter@acon.org.au

REGIONAL OUTREACH, SOUTHERN & FAR WEST
+61 2 9206 2114
regionaloutreach@acon.org.au

ACON.ORG.AU
ABN 38 136 883 915
Authority to Fundraise
CFN/21473

ACON acknowledges and pays respects to the Traditional Custodians of all the lands on which we work.

Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

While there are many issues regarding workforce wellbeing and development that have arisen since the last Strategy, and particularly since the COVID-19 pandemic, this submission focuses on the need for AOD workforce development in order to improve outcomes for sexuality and gender diverse AOD workers and clients.

Sexuality and gender diverse people continue to be a priority population in many state and federal alcohol and other drugs strategies.[1] Research demonstrates a higher prevalence of AOD use, [2,3,4,5] riskier use,[6,7] and a higher proportion of people accessing treatment[8] when comparing lesbian, gay, bisexual, transgender and queer (LGBTQ) people to the general population.

LGBTQ people typically under-utilise health services and delay seeking treatment.[9,10] The challenges that arise for LGBTQ people accessing health services, including AOD support, encompass a lack of cultural safety and inclusivity, fears of stigma relating to their gender and/or sexuality, compounded by multiple minority status such as Aboriginality, HIV status, disability, or cultural background, the stigma associated with AOD use, and, in addition, the belief that AOD services lack appropriate expertise to treat LGBTQ people.[11]

These concerns create greater access issues for LGBTQ people, particularly those in regional and rural areas with fewer services available. Many services in the community are run by faith-based organisations, and while the work of these organisations is admirable, accessing such services can be challenging for members of the LGBTQ community for fear of discrimination.[12]

Beyond that affiliation, many services are just not set up to be LGBTQ-inclusive when working with our community, for example, residential rehabilitation programs are often segregated by gender, making them unsafe places for some gender diverse people.[13]

LGBTQ-specific services have been found to produce better outcomes than mainstream AOD services.[14] Part of this is due to an inherent recognition of the unique profile and patterns of use within sexuality and gender diverse communities, which may lead to different treatment needs and responses.[15]

Community-led health organisations have long been at the forefront of complex health responses, and this is particularly illustrated in the HIV sector. Community-led organisations are intimately placed to understand patterns of substance use and factors that may influence or interact with AOD use, such as sexual practices, sexual health, mental health, minority stress and domestic and family violence.[16]

Managing harms related to injecting drug use have long formed part of the community-led HIV response, through the establishment of Needle and Syringe Programs (NSPs). Community organisations, such as ACON and NUAA, provide NSP services that seek to prevent HIV transmission, reduce harms related to drug use, offer interventions, advice, and some social services, recognising the need for an approach that sees the complete picture. Unfortunately, many services and funding opportunities tend to silo these issues; a holistic approach to substance use can produce better outcomes overall.[17]

Central to the success of community-led organisations in a number of health interventions is the role that peers play in this work.[18] Peers are uniquely placed to work from a position that understands substance use from a complex number of intersecting and overlapping factors, including identities, lived experience, and health needs.[19] It is therefore crucial that the peer workforce within the AOD sector is diverse, encompassing many lived experiences, and supported to provide the critical work that they do.

Despite the increased burden on our communities, the Australian AOD treatment sector does not routinely record data on clients' sexuality and gender experience, rendering the service needs, treatment experiences and outcomes of clients within our communities largely invisible.[20]

In addition, the AOD workforce has a disproportionate number of sexuality diverse workers. Quantifying the size of LGBTQ communities is complex because the limited data available vary widely when estimating the population of the community. The latest NCETA workforce survey reveals that 14% of the working population identify with a diverse sexuality[21], which is significantly higher than in the general population (the ABS estimates 2.7% of Australians identify as being gay, lesbian or bisexual).[22]

The latest iteration of the National Alcohol and Other Drugs Workforce Development Strategy therefore needs to recognise the unique needs of sexuality and gender diverse communities and provide accommodations for the workforce to meet these needs, as well as include greater support of the LGBTQ AOD workforce, who make up a significant number of workers in the sector.

The Strategy also needs to recognise the unique needs that are compounded for members of our communities who are trans, including Brotherboys and Sistergirls, Aboriginal and Torres Strait Islander LGBTQ people, LGBTQ people from culturally, linguistically and ethnically diverse or migrant or refugee backgrounds, and those living with a disability or chronic condition, including HIV.

This submission will provide feedback as to how the Strategy may recognise and address these priority issues, including through: broader uptake of inclusivity training, accreditation, guidelines and policies; greater leveraging of peer workers and lived experience; greater use of interagency networking to promote referral to inclusive services; and a more holistic understanding of patterns of use and co-occurring health issues experienced by our communities.

Discussion question 2: What are the priority actions to improve WFD at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

For members of our communities, accessing services can be made difficult by healthcare providers who are not equipped to understand and respond to the unique needs of LGBTQ people who seek help. Australian and international studies have consistently shown that LGBTQ people underutilise health services and delay seeking treatment due to actual or anticipated experiences of stigma and discrimination from service providers, including AOD services.[23,24]

Priority actions to improve WFD so that services are accessible for our communities therefore involve building inclusivity and better education and training opportunities. Implementing the practises contained within ACON's inclusive practice guidelines for treatment providers, due to be

updated in the first half of 2022, represent a clear opportunity to improve WFD across the systems, organisational, and individual worker levels.

Fostering inclusive environments for LGBTQ clients

Many members of our communities seek support from LGBTQ-specific services, because of a view that these are more inclusive. But LGBTQ services are often under-resourced, and many community members may seek, or even prefer, treatment from mainstream services. [25]

Findings from *Private Lives 3*, Australia's largest survey of LGBTIQ people in Australia, showed that the majority of LGBTQ people seeking support seek out mainstream services. *Private Lives 3* also demonstrated that 75% of respondents would be more likely to access a service that had been accredited as LGBTIQ-inclusive.[26] It is therefore not enough to better resource LGBTQ community organisations, but rather it is necessary to build capacity within the mainstream sector as well. LGBTQ people seeking support must receive appropriate, inclusive and safe care wherever they go, because it improves their health outcomes.

Inclusive service delivery for LGBTQ communities is the notion that providers cannot just rely on recognising a person as LGBTQ and modify their service to the client at the point of care. Rather, LGBTQ inclusion in services requires providers and decision makers to establish universal policies, systems and processes that establish and demonstrate inclusion for LGBTQ people accessing services.[27]

There is a growing understanding that LGBTQ inclusion means going beyond a basic level of awareness or training; it requires a wide-ranging strategy for systemic change and service system re-design.[28] Inclusion for LGBTQ people also needs to be applied across the entire AOD system to guarantee consistency to ensure that negative experiences are avoided.

As well as LGBTQ clients benefiting from inclusive practices, AOD workers who are LGBTQ are also likely to benefit from organisations acknowledging and implementing these strategies and systems. This includes peers, who are uniquely able to foster an inclusive, welcoming and non-judgemental environment for clients with similar lived experiences.

LGBTQ inclusion is experienced in an environment in which there is no discrimination, violence, denial, or assumptions about LGBTQ people's identity and experiences. Providing safe and inclusive care needs to account for intersectionality to acknowledge diversity and differences in LGBTQ people's histories, experiences and expression of their gender identities and sexualities, which includes culturally safe practices for Aboriginal and Torres Strait Islander LGBTQ people, including Sistergirls and Brotherboys, and LGBTQ people from culturally, ethnically and linguistically diverse, migrant and refugee backgrounds, and LGBTQ people of colour.

It is important to obtain knowledge and understandings of cultural differences between LGBTQ and non-LGBTQ people and the unique challenges our communities face when accessing services and seeking support or treatment. When an LGBTQ client is empowered and encouraged to express their needs and provide feedback about their care and treatment within a service, it increases a culture of safety and inclusion, and demonstrates person-led best practice.

LGBTQ people may also look for visual indicators of safety, inclusion, and affirmation such as the Progress Pride Flag, Transgender Flag, Rainbow Flag or ACON's Welcome Here symbol on front doors, promotional materials, or webpages. These symbolic indicators need to be supported by safe,

inclusive, and affirming practices with clients. Visibility also means organisational leaders being visible in their championing of inclusive practice and of diversity within the workforce.

Education and training

LGBTQ inclusivity training, supported by clear, re-designed workplace policies and procedures outlining how inclusion of sexuality and gender diverse clients is established, is required for all services. An understanding of the legislative obligations to protect LGBTQ clients and staff from the harms of discrimination and harassment is required by leadership, as is a robust reporting and investigation process to address any breaches.[29]

Organisational change happens best when the actions taking place effect from the bottom up *and* the top down, particularly training and support for leadership and those working with clients to enforce policies and implement strategic inclusive practices. It is important for management to lead cultural changes and provide systems that support inclusive practice. Accountability mechanisms must put the emphasis on systems and organisations, with the onus on employers rather than employees to ensure staff are trained and services are inclusive.

ACON's Pride Training provides a wide range of training and consultancy services to assist service providers with inclusion and diversity within their services. Pride Training is the largest and most recognised national provider for promoting inclusion and diversity, operating across all states. Encouraging AOD service participation is likely to increase understanding of gender and sexuality diverse communities and their needs, while providing practical strategies that can be adopted to improve the experience of LGBTQ people accessing AOD services.

Greater promotion of services and knowledge of referral pathways to LGBTQ services is also a core component of education and training. In a qualitative evaluation of ACON's substance support service, it was found that perceived sector knowledge of the service was low, and enhanced promotion of the service and interagency communication was required to increase referrals and therefore create opportunities for better outcomes for clients.[30]

Discussion question 6: Thinking about other the workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):

LGBTQ workers

As the NCETA AOD workforce survey found, the AOD sector comprises a disproportionate number of sexuality diverse workers. ACON's Pride In Diversity surveys employees across sectors in Australia for its annual Australian Workplace Equality Index (AWEI), and has found that for the last three years, there are an increasing number of workers who have not disclosed their sexuality or gender identity to colleagues.[31]

Workers who have disclosed their sexuality or gender identity fare better on all scales of wellbeing and engagement.[32] It is crucial, therefore, that LGBTQ workers feel safe and comfortable to be themselves within the workforce, and this includes the AOD sector.

Inclusion initiatives like ACON's Pride Inclusion Programs, Pride Training, Welcome Here, and external programs like the Rainbow Tick accreditation not only provide safer spaces for LGBTQ clients, they also foster a welcoming environment for staff. It is important that inclusion initiatives go beyond training, but also focus on visibility, representation, and inclusive employment policies and procedures, including workplace entitlements such as paid transition leave for trans workers seeking to affirm their gender.

In addition, networks like NADA's gender and sexuality diverse worker network provide spaces for these workers to support one another in their everyday work with co-workers and clients, and to foster discussions about how to make AOD services more LGBTQ+ inclusive.[33]

In general, LGBTQ workers often feel like their employers could do more with regard to inclusion initiatives and the visibility of allies.[34] These initiatives improve wellbeing, which may also help with worker retention. LGBTQ workers surveyed for the 2021 AWEI were less likely than non-LGBTQ people to have been with their workplace for more than five years, indicating higher turnover among this cohort.[35]

The Strategy must recognise the importance of inclusion initiatives and networks for the wellbeing of LGBTQ workers, and must seek a broader uptake of such initiatives across the sector through KPIs and actions contained within the Strategy, and resourced across the sector.

Peer workers

The benefits of a peer workforce are well documented,[36] particularly within the mental health sector.[37] The AOD sector has a vibrant peer workforce who need to be provided the opportunities to contribute their personal experiences and insights into how services can respond to and best support people who use alcohol and other drugs and their families.

It is also vitally important to the outcomes for clients from minority populations that their lived experiences are represented in the peer workforce. Consumers respond to a number of factors they may share with peer workers, including identities, age, common lived experiences around mental health, sexual health, AOD use, trauma, disability and long term or chronic health conditions, class, incarceration and numerous other factors.[38]

Peers need support to thrive in the working environment. LGBTQ peers need the same inclusion supports that were outlined in the previous section, but beyond that, the peer workforce needs to be professionalised – including providing professional development and supervision/mentoring opportunities, as well as adequate recognition and remuneration that acknowledges the inherent value and benefit of lived experience and peer labour, clearer job descriptions and boundaries.[39]

Peers also need mental health support,[40] and policies to address unconscious or conscious power imbalances in the workforce.[41] Furthermore, integration of service models is necessary to effectively integrate, peer, clinical and allied health approaches. Peer integration training is required for managers and other staff to effectively integrate peers into service and treatment models and recognise and celebrate the unique approaches to working with clients that different workers, from peer to clinical, bring.

Investment in peer programs needs to be expanded so that existing programs are strengthened, further peer programs are considered across the AOD sector where they may currently not operate, and these programs are adequately supported and promoted in order to reach the clients they serve.

Volunteers

Since 2003, ACON has run its Rover program, a volunteer-based community led initiative that promotes a culture of care at sexuality and gender diverse dance parties and events. Rovers assist partygoers in accessing medical assistance, provide harm reduction services and event information.

The Rover community is a vibrant and engaged volunteer base. Before becoming a Rover, volunteers are provided with training to identify signs and symptoms of overdose, understand LGBTQ community patterns of use, understand how best to provide support, and harm reduction advice and information.

Rovers are provided an opportunity to debrief with their supervisor at every shift, and have access to ACON's Employee Assistance Program (EAP) in order to support their wellbeing. Rovers always rove in pairs, typically pairing a new Rover with a more experienced Rover, to provide more support for new volunteers.

Training and wellbeing initiatives such as those provided to the ACON Rover volunteer base are critical for the wellbeing of volunteer workers. Volunteers allow ACON to expand our harm reduction services in ways that would otherwise not be possible.

The Strategy must recognise the value that volunteers bring to the workforce, and create provisions for organisations to provide adequate support and training to their volunteers.

Discussion question 8: What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?

Guiding principles for inclusive care

ACON's forthcoming update to the inclusive practice guidelines outline five essential guiding principles to ensure the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique health needs, including LGBTQ people.

Applying these principles as an overarching approach when working with people of diverse genders and sexualities requires a nuanced understanding of these communities. Implementing WFD opportunities, such as uptake of the inclusive treatment guidelines, will substantially improve outcomes for LGBTQ clients.

Trauma informed care and practise

Trauma informed care and practice means being aware of the possibility of trauma in all individuals accessing your service and understanding that this trauma (whether once-off or ongoing) can have lifelong impacts on the individual, their emotions, relationships with others and engagement with support services. It is founded on six core principles – safety, trustworthiness, choice, collaboration,

empowerment, and respect for diversity.[42] A critical element of this approach is focusing on what has *happened* to a person, rather than what is wrong with a person.

Throughout their lives, many people of diverse genders and sexualities have experienced the stigma, discrimination, violence and abuse that is driven by homophobia, biphobia, transphobia, and cisgenderism. Being trauma-informed with LGBTQ people means understanding the historical and current contexts and being open and transparent about the impacts of the individual and collective experiences of this diverse community.

Intersectional lens

LGBTQ people come from all walks of life, all cultures and faiths, and socio-economic backgrounds. Their sexual orientation, gender identity and body diversity are just parts, not the whole of their identity. Medicine, in general, has been slow to acknowledge the health significance of intersectionality, but a growing body of evidence demonstrates the importance of intersections of race and ethnicity with gender identity and sexual orientation and their impact on access to care, health risk profiles, and health outcomes.[43]

Applying an intersectional lens to supporting LGBTQ+ people with their substance use requires workers to understand how different systems of oppression and inequalities intersect to impact individual health and access to health services. Exploration and respectful curiosity of an individual's multiple marginalised identities, without assumptions about the impacts of these identities on their connection with community and health, is key to an intersectional approach.

Recovery-oriented practice

Recovery-oriented practice takes an approach whereby workers understand that each person is different, they are the expert in their own life, they should be listened to respectfully, they should be supported to make their own decisions and supported to achieve their own hopes, goals, and dreams. It recognises that recovery means something different to each individual. A recovery-oriented approach focuses on hope, healing, empowerment, connection, and resilience, rather than cure.[44]

Community co-design and consultation

People of diverse genders and sexualities are resilient and resourceful, and they are a significant source of knowledge. They know what will change their experience of services from exclusive to inclusive, and what they need to improve their health and wellbeing. LGBTQ communities also have a history of successful community-based health advocacy and health promotion to draw upon when redesigning service practice to affirm and respond to the health needs of their communities.

Person led and family inclusive approach

Person led approaches place the individual in the driver's seat of their own care and support. It relies on clinician's and peer workers respecting where individuals are at now, where they have been, and bringing a focus to their dreams and goals. It requires a partnership approach between workers and the individual, their families, and carers to understand the individual's needs and to promote self-determination. And to be truly family-inclusive, services need to be welcoming and inclusive of chosen family (or family of choice) in any support service planning.

People of diverse genders and sexualities come from diverse backgrounds, have had diverse experiences, and create diverse families. For these reasons, the support needs of LGBTQ people are varied and distinct, and care planning needs to be led by the individual and tailored accordingly. A

person led approach requires openness, transparency, and considerate curiosity to understand what kind of assistance is needed. Assumptions that the support needs of LGBTQ+ people will always relate to their gender or sexuality is not correct, nor is it helpful. Service providers must be curious about an individual's experience, build trust and allow them to choose the information they wish to disclose and that they feel is relevant to their care and support needs.

Data collection

LGBTQ people remain absent from the basic data collection undertaken by many health services and by AOD research. For this reason, LGBTQ health issues often remain poorly understood or absent from many of the decisions about the allocation of resources and support to improve the health and wellbeing of LGBTQ people. This reality occurs at all levels, from client care up to health and social policy and research.

In health services, some workers can be nervous about asking what may be viewed as sensitive questions. However, research has found that it is often the worker, not the client, who is the uncomfortable party.[45] Asking questions about gender and sexuality gets easier when workers understand the purpose behind asking these questions and are given the opportunity and are supported to gain more experience asking these types of questions. By collecting data about client's gender and sexuality, services are better able to understand who is accessing their service (and who is not) and the specific health needs, service outcomes and service experience of LGBTQ clients.

ACON recommends aligning protocols for gender and sexuality related data collection with the ABS *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables 2020*[46] and ACON's 2021 *Recommended Community Indicators*[47], which both recommend following a two-step approach for collecting information on gender, so that clients who are transgender are identified and can be better supported.

Discussion question 12: What substances should be considered of particular concern for the AOD sector at the current time and into the future and what are the implications for AOD WFD to ensure effective responses?

While we know that most LGBTQ people who use alcohol and other drugs do so with few to no harms, LGBTQ people do report disproportionately higher rates of AOD use and harms compared to non-LGBTQ people[48] and have been identified as a priority population for research and intervention in the National Drug Strategy 2017-2026.[49] This higher rate of use and harm is often understood to be a consequence of stigma and discrimination towards sexual and gender minorities, as well as the normalisation and cultural significance of AOD use in LGBTQ social networks.[50,51]

Much more research into the prevalence, patterns of use and harms caused by the use of illicit substances is greatly needed, particularly research focused on trans and gender diverse people.

Alcohol

The Australian Institute of Health and Welfare's (AIHW) National Drug Strategy Household Survey (NDSHS) provides the most comprehensive drug use prevalence data for homosexual/bisexual

people across Australia. The data however does not explore the context and settings of use in these communities and NDSHS does not include estimates for people identifying as transgender or queer.

Findings from the NDSHS showed that lesbian, gay and bisexual (LGB) people are more likely than heterosexual people to drink at risky levels. When compared to heterosexual people, LGB people were 1.5 times as likely to exceed the lifetime risk guidelines (25% compared with 16.9%)[52] and were 1.4 times as likely to exceed the single occasion risk guidelines at least monthly (35% compared with 26%).[53]

One quarter (25%) of participants in the Private Lives survey reported drinking more than two standard drinks per day on a typical day.[54] This is higher than the proportion in the general Australian population aged 18 and over who exceeded the lifetime alcohol risk guideline (17.6%).[55]

Over 40% of people accessing our substance support services report alcohol as their primary drug of concern. This figure rises to over 50% when considering clients from regional NSW alone.

Methamphetamine and other amphetamine type substances (ATS)

The use of ATS by LGBTQ people differs markedly from use in the broader population and is often used in the context of sex (colloquially known as chemsex/party and play). The 2019 NDSHS found that, compared with heterosexual people in the previous 12 months, LGB people were 2.6 times as likely to have recently used ecstasy (7.4% compared with 2.9%) and were 3.9 times as likely to have recently used meth/amphetamine (5.1% compared with 1.3%)

Research projects such as the *Sydney Gay Community Periodic Survey* (SGCPS) and the *Sydney Women and Sexual Health* (SWASH) survey provide much needed evidence that indicates the prevalence of methamphetamine use in our communities. Data from the 2021 SGCPS, a large (n = 2,293) cross-sectional survey of gay and homosexually active men (GBM) indicates rates of crystal methamphetamine use among GBM in the last 6 months decreased from 346 (10.4%) in 2017 to 179 (7.8%) in 2021.[56] For HIV-positive men, the rates of methamphetamine use were much higher.[57]

The 2020 SWASH survey (n=1,588), a comprehensive survey of health issues relevant to lesbian, bisexual and queer (LBQ) women, reported about 54% of LBQ women reported recent use of illicit drugs (within the last 6 months), with 10% reporting methamphetamine use.

Currently, more than 40% of people who access our substance support services identify methamphetamine (Including speed/ice) as their main drug of concern, and as such we know there is a need to develop strong community responses to the potential harms. The effects of problematic methamphetamine use can include mental and physical health impacts such as anxiety attacks, acute paranoia, injection site injuries, sexual consent concerns, and overdose.[58]

While LGBTQ people experience mental and physical harms associated with problematic use in similar ways to the general population, there are also some unique harms associated with methamphetamine use more specific to LGBTQ people. These include higher risk of HIV and hepatitis C transmission and higher risk of cardiovascular harms due to combinations of methamphetamine, erectile dysfunction medication and amyl nitrate used during sex.[59]

Anecdotally, gay and bisexual men who use ATS at harmful levels and present to ACON's LGBTQ-specialist substance support service commonly report experiencing social isolation (withdrawing from society, leading to unemployment and relationship issues) , having unprotected sex more

frequently, and other behaviours such as sharing of injecting equipment (and therefore increased risk of HIV and other blood borne viruses).

GHB

In recent years, gamma hydroxybutyrate (GHB) has emerged as a drug of concern for our communities. GHB is known for its steep dosage response, which means that a tiny increase in dose may dramatically increase negative side effects or overdose. GHB is often used in the context of sexualised drug use (particularly among gay and bisexual men) and overdoses have been reported in sex on premises venues (SOPVs). Data from the 2021 SGCPS, indicates rates of GHB use in the previous 6 months among GBM decreased from 426 (12.8%) in 2017 to 207 (9.0%) in 2021, however rates remain very high when compared to the general population (around 0.1%).[60,61]

In response, ACON have undertaken a number of activities. These include health promotion campaigns to inform those using GHB of strategies to reduce harm and avoid overdose. The 'Avoid the Drop Zone' campaign was rolled out online, at community events and in SOPVs.[62]

As well as this, ACON's Rover program continues to provide interventions at community events to LGBTQ people who may be acutely experiencing the effects of GHB, methamphetamine, other ATS, and alcohol.

ACON have also developed M3THOD, a peer-led brief intervention service, which aims to engage and support gay and bisexual men, transgender women, and non-binary people to manage their sexualised drug use and access appropriate treatment and support services.

Implications for AOD WFD to ensure effective responses

While prevalence is an important piece of information in developing responses, we believe that a nuanced and comprehensive understanding of problematic and non-problematic drug use is vital to effectively implement early intervention programs and develop demand reduction strategies that are meaningful, relevant and appropriate for our communities.

The role that peers can play in developing responses which address problematic drug use must be recognised and utilised by the AOD sector more broadly. Peers have an intimate knowledge of the context and cultures in which drugs are used by LGBTQ people and therefore can provide a non-judgemental and caring service. Furthermore, greater training for AOD workers to develop their understanding of the unique drivers of drug use for LGBTQ people is needed, as well as clear referral pathways for LGBTQ people who may wish to access LGBTQ specific services.

Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?

The COVID-19 pandemic has seen unprecedented demand for digital services, and the workforce has had to adapt to this model of service delivery quickly.

The Substance Support service has been provided entirely via telehealth since the introduction of COVID restrictions in July 2021, with high client engagement and retention in this model of service delivery. In this time, the service has had an attendance rate of 88%, indicating high engagement for an outpatient AOD service.

As we have outlined, LGBTQ-specific and LGBTQ-inclusive services are an important component in addressing health disparities for people from sexuality and gender diverse communities. Digitising these services allows for greater access.

Research both in Australia[63] and around the world has indicated that digital health services such as telehealth are an important intervention for vulnerable populations, including LGBTQ people.[64] Telehealth provides access to friendly and inclusive services, without the barrier of geographical distance. This has been evidenced by the broader geographical reach of ACON's Substance Support service since the pivot to telehealth service delivery during the pandemic.

Telehealth is seen as especially valuable for members of our communities in rural or remote areas,[65] those with multiple or chronic illnesses, those with a disability, and those with other access difficulties.[66] From a community-based organisation perspective, digital services can also allow for greater anonymity in service provision, something that has been a concern in face-to-face delivery.[67] LGBTQ people face systemic barriers to health equity, and telehealth offers a promising avenue to bridge some of these gaps.[68]

It is therefore essential that the AOD workforce is equipped to adapt to digital health service delivery that retains the standards of inclusivity contained within ACON's inclusive treatment guidelines. This includes knowledge of best practice digital interventions, adequate digital infrastructure including secure data storage and software training for staff, and training to understand the needs of the potentially broader client base that digital services will attract, including people with access needs, people with disability, and people from regional or remote areas.

References

[1] Commonwealth of Australia Department of Health (2017). *National Drug Strategy 2017–2026.* Canberra: Commonwealth of Australia Department of Health.

[2] Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019.* Canberra: AIHW. Available at: https://www.aihw.gov.au/getmedia/3564474e-f7ad-461c-b918-7f8de03d1294/aihw-phe-270-NDSHS-2019.pdf.

[3] Callander D, Wiggins J, Rosenberg Set al. (2019) *The 2018 Australian trans and gender diverse sexual health survey: report of findings*. Sydney: The Kirby Institute, UNSW.

[4] Broady, T., Chan, C., Bavinton, B., Mao, L., Molyneux, A., Delhomme, F., Power, C., Fraser, N., Prestage, G., & Holt, M. (2021). *Gay Community Periodic Survey: Sydney 2021*. Sydney: Centre for Social Research in Health, UNSW Sydney. DOI: http://doi.org/10.26190/nr8p-at84

[5] Mooney-Somers, J, Deacon, RM, Anderst, A, Rybak, LSR, Akbany, AF, Philios, L, Keeffe, S, Price, K, Parkhill, N (2020) *Women in contact with the Sydney LGBTIQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2016, 2018, 2020.* Sydney: Sydney Health Ethics, University of Sydney. ISBN: 978-1-74210-475-1

[6] Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: an update on empirical research and implications for treatment. Psychology of Addictive Behaviors, 26(2), 265-278.

[7] Fish, J. N. (2019). Sexual orientation-related disparities in high-intensity binge drinking: Findings from a nationally representative sample. *LGBT health*, *6*(5), 242-249.

[8] Roxburgh, A., Lea, T., de Wit, J., & Degenhardt, L. (2016). Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. *International Journal of Drug Policy*, *28*, 76-82.

[9] Carman M, Rosenberg S, Bourne A, Parsons M. (2020) *Research Matters: Why do we need LGBTIQ inclusive services?* Melbourne: Rainbow Health Victoria.

[10] Skinner, N., Kostadinov, V., Duraisingam, V., McEntee, A. Nicholas, R & Bowden, J. (2021). *Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy: Discussion Paper.* National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical and Research Institute (FHMRI), Flinders University, Adelaide, Australia.

[11] Bourne, A., Reid, D., Hickson, F., Torres-Rueda, S., & Weatherburn, P. (2015). Illicit drug use in sexual settings ('chemsex') and HIV/STI transmission risk behaviour among gay men in South London: findings from a qualitative study. *Sexually transmitted infections*, *91*(8), 564-568.

[12] ACON. (2019). *ACON Submission to NSW Special Commission of Inquiry into the Drug 'Ice'*. Sydney: ACON.

[13] ACON. (2019). *ACON Submission to NSW Special Commission of Inquiry into the Drug 'Ice'*. Sydney: ACON.

[14] Ritter, A., Matthew-Simmons, F., & Carragher, N. (2012). Monograph No. 23: Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: A review of the literature. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

[15] ACON. (2019). *ACON Submission to NSW Special Commission of Inquiry into the Drug 'Ice'*. Sydney: ACON.

[16] Stardust, Z., Kolstee, J., Joksic, S., Gray, J., & Hannan, S. (2018). A community-led, harm-reduction approach to chemsex: Case study from Australia's largest gay city. *Sexual Health, 15*, 179-181.

[17] ACON. (2019). *ACON Submission to NSW Special Commission of Inquiry into the Drug 'Ice'*. Sydney: ACON.

[18] Molyneux, A., Delhomme, F., Mackie, B. (2021) *It's Who We Are: Exploring the Role, Impact and Value of Peers*. Sydney: ACON.

[19] Bedi, A., Sewell, C., & Fitzpatrick, C. (2020). Peer-led education may be an effective harm reduction strategy for men who have sex with men engaging in 'chemsex'. *International journal of STD & AIDS, 31*, 392-393.

[20] Freestone, J., Mooney-Somers, J., & Hudson, S. (2021). The sector is ready, and the community needs Australian alcohol and other drug treatment services to ask about sexuality and gender identity. *Drug and Alcohol Review*.

[21] Skinner, N., McEntee, A. & Roche, A. (2020). *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University

[22] ABS. 2020. General Social Survey: Summary Results, Australia.

[23] Pennant ME, Baylis, SE, & Meads, CA. (2009). Improving lesbian, gay and bisexual healthcare: a systematic review of qualitative literature from the UK. *Diversity & Equality in Health &* Care, 6, 193-203.

[24] Waling A, Lim G, Dhalla S, Lyons A, & Bourne A. (2019) *Understanding LGBTI+ Lives in Crisis*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University, and Lifeline Australia.
[25] Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
[26] Hill et al. (2020), p. 60
[27] Carman, M., Rosenberg, S., Bourne, A. & Parsons, M. (2020) *Research Matters: Why do we need LGBTIQ-inclusive services?*. Melbourne: Rainbow Health Victoria.
[28] Carman, M. et al. (2020)
[29] ACON (2018). *AOD LGBTIQ inclusive guidelines for treatment providers.* Sydney: ACON
[30] Lea, T., Brener, L., Whitlam, G., Gray, R., Lambert, S., & Holt, M. (2020). Evaluation of ACON's Substance Support Service. Sydney: UNSW Centre for Social Research in Health and ACON http://doi.org/10.26190/5e4b55b5bd827.
[31] AWEI (2021) Practice points: Being out at work. August 2021, issue 2. Sydney: Pride in Diversity.
[32] AWEI (2021)
[33] NADA (2021) Gender and sexuality diverse AOD worker network. Available at: https://nada.org.au/about/networks/gender-and-sexuality-diverse-aod-worker-network/
[34] AWEI (2021)
[35] AWEI (2021)
[36] Skinner, N., Kostadinov, V., Duraisingam, V., McEntee, A. Nicholas, R & Bowden, J. (2021). Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy: Discussion Paper. National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical and Research Institute (FHMRI), Flinders University, Adelaide, Australia.
[37] NSW Mental Health Commission (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, NSW Mental Health Commission.
[38] Clark, C., Barrett, B., Frei, A., & Christy, A. (2016). What makes a peer a peer? *Psychiatric Rehabilitation Journal, 39*, 74-76.
[39] Du Plessis, C., Whitaker, L., & Hurley, J. (2020). Peer support workers in substance abuse treatment services: A systematic review of the literature. *Journal of Substance Use*, *25*(3), 225-230.
[40] Molyneux, A., Delhomme, F., Mackie, B. (2021) *It's Who We Are: Exploring the Role, Impact and Value of Peers*. Sydney: ACON.
[41] Skinner et al. (2021).
[42] NSW Health (2020) Principles for effective support. Available at: https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/default.aspx
[43] Ng, H. (2016) Intersectionality and shared decision making in LGBTQ Health. *LGBTQ Health*, 325-326.
[44] Mental Health Coordinating Council (2018) Recovery Orientated Language Guide. Available at: http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf
[45] Byles, J., Forder, P., Grulich, A., Prestage, G. (2013). "It's okay to ask." Inclusion of sexual orientation questions is feasible in population health surveys, *Australian and New Zealand Journal of Public Health*, 37(4): 390-391.
[46] Australian Bureau of Statistics (2021) *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*. Available at: https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/2020.
[47] ACON (2021) *Recommended Community Indicators for Research*. Available at: https://www.acon.org.au/what-we-are-here-for/policy-research/#recommended-sexuality-and-gender-indicators
[48] Roxburgh, A., Lea, T., de Wit, J., & Degenhardt, L. (2016). Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. *International Journal of Drug Policy*, 28, 76-82.
[49] Australian Government Department of Health. (2017). National Drug Strategy 2017-2026. Canberra: Commonwealth of Australia.
[50] Lea, T., Reynolds, R., & de Wit, J. (2013). Alcohol and club drug use among same-sex attracted young people: associations with frequenting the lesbian and gay scene and other bars and nightclubs. *Substance Use & Misuse,* 48, 129-136

[51] Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.
[52] Australian Institute of Health and Welfare (2020)
[53] Australian Institute of Health and Welfare (2020)
[54] Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
[55] Australian Institute of Health and Welfare (2020). National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW.
[56] Broady, T., Chan, C., Bavinton, B., Mao, L., Molyneux, A., Delhomme, F., Power, C., Fraser, N., Prestage, G., & Holt, M. (2021). Gay Community Periodic Survey: Sydney 2021. Sydney: Centre for Social Research in Health, UNSW Sydney.
[57] ACON. (2019). *ACON Submission to NSW Special Commission of Inquiry into the Drug 'Ice'*. Sydney: ACON.
[58] ACON (2019)
[59] ACON (2019)
[60] Broady, T., Chan, C., Bavinton, B., Mao, L., Molyneux, A., Delhomme, F., Power, C., Fraser, N., Prestage, G., & Holt, M. (2021). Gay Community Periodic Survey: Sydney 2021. Sydney: Centre for Social Research in Health, UNSW Sydney.
[61] Australian Institute of Health and Welfare (2020)
[62] ACON. *Avoid the Drop Zone*. Available at: https://pivotpoint.org.au/wp-content/uploads/2017/12/GHB-Avoid-the-drop-zone-A4-pamphlet-final.pdf
[63] Byron, P., Robinson, K., Davies, C., & D'Souza, S. (2021). *LGBTQ+ young people, COVID-19, & service provision in Australia: a Twenty10 case study*. April 2021. Sydney: University of Technology Sydney.
[64] Craig, S. L., Iacono, G., Pascoe, R., & Austin, A. (2021). Adapting clinical skills to telehealth: Applications of affirmative cognitive-behavioral therapy with LGBTQ+ youth. Clinical Social Work Journal, 1-13.
[65] Byron et al., (2021)
[66] Swenson, I., Gates, T. G., Dentato, M. P., & Kelly, B. L. (2021). Strengths-based behavioral telehealth with sexual and gender diverse clients at Center on Halsted. Social Work in Health Care, 60(1), 78-92.
[67] Lea, T., Brener, L., Whitlam, G., Gray, R., Lambert, S., & Holt, M. (2020). *Evaluation of ACON's Substance Support Service*. Sydney: UNSW Centre for Social Research in Health and ACON http://doi.org/10.26190/5e4b55b5bd827.
[68] Waad, A. (2019). Caring for our community: telehealth interventions as a promising practice for addressing population health disparities of LGBTQ+ communities in health care settings. LGBTQ+ Health Equity, 5(3), 12-15.