

**Submission  
No 11**

**INQUIRY INTO THE PROVISION OF DRUG  
REHABILITATION SERVICES IN REGIONAL, RURAL AND  
REMOTE NEW SOUTH WALES**

**Organisation:** ACON

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Portfolio Committee No. 2  
Health and Community Services  
NSW Legislative Council

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Sent by email: [portfoliocommittee2@parliament.nsw.gov.au](mailto:portfoliocommittee2@parliament.nsw.gov.au)

Dear Committee Secretariat

**Re: Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW**

Thank you for the opportunity to contribute to the inquiry into provision of drug rehabilitation services in regional, rural and remote NSW.

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Established in 1985 as the AIDS Council of NSW, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of LGBTI people and people with HIV.

Through the prism of our work with gay and bisexual men (GBM) in HIV prevention, care and support over the course of the HIV epidemic, and more recently in standalone LGBTI inclusive alcohol and other drug (AOD) programs, ACON has developed a coordinated harm reduction response to the use of illicit drugs, and provides a range of support and rehabilitative services.

**Range and type of services offered**

ACON is the only LGBTI AOD specialist service in NSW. For people experiencing problems with their alcohol or drug use, ACON provides free short term counselling delivered either face-to-face or via phone/skype. This service, available since 2009 to LGBTI people and people living with HIV (PLHIV), provides people with the opportunity to access individual mental health and AOD support from a non-judgemental, LGBTI-inclusive clinician, delivered in an LGBTI community space. Our Needle and Syringe Programs in Sydney, Lismore and Newcastle provide access to advice, support and relevant health information and have a high turnover of equipment.

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Clients can identify goals to work towards, such as cessation, reduction or management of substance use (for example, transitioning from weekly to monthly use). Conversations about substance use can also provide a space for discussions about HIV prevention and/or treatment, referrals to ACON's peer-based sexual health testing service (aTEST), opportunities to access pre-exposure prophylaxis (PrEP), or dialogue about how to maintain an undetectable viral load (UVL).

Both ACON's Hunter (Newcastle) and Northern Rivers (Lismore) offices now have Substance Support Counsellors to provide up to 12 sessions of harm reduction counselling to regional people, families and carers seeking a specialist LGBTI service. These are the only LGBTI specific services available in these regional areas.

ACON's Regional Services maintain ongoing relationships with regionally-located Community Drug Action Teams (CDATs), AOD services, local interdependencies, Aboriginal Community Controlled Health Corporations and Aboriginal Medical Services, Sexual Health Clinics, Needle and Syringe Programs and local AOD/Mental Health councils. These connections are essential in providing referrals from ACON into other AOD services if required, as well as opportunities for other services to refer clients to ACON's HIV and LGBTI health programs.

In addition, ACON works with WHOs, who provide evidence-based therapeutic programs and whom have shown an active interest in working with LGBTI clients and communities. We partner with St Vincents, Kirkton Road and the Langton Centre, who have expertise in the ways our communities use substances, in particular methamphetamine.

### **Funding arrangements for services**

ACON's Substance Support counselling service is a free service funded for two years through several Primary Health Networks (PHNs). We have recently received funding from the NSW Ministry of Health to address an increase in deaths in the community as a result of overdose from Gamma Hydroxybutyrate (GHB).

In addition, ACON has received funding from a number of regionally-located PHNs to deliver LGBTI inclusive practice training to the AOD client-facing workforce to improve and strengthen their practice with LGBTI people seeking support for their substance use. Participants have included service managers, case workers, intake workers, specialist nursing staff and counsellors working in drug rehabilitation, detoxification and outpatient AOD services. Participants of the training packages delivered across South Eastern NSW can also access case conferencing and coaching with an ACON substance support counsellor.

### **Gaps and shortages in the provision of services**

While ACON's short term counselling service is available face to face, phone or Skype, face to face sessions are limited to only two locations outside of Sydney: Lismore and Newcastle.

Meanwhile, we are working with a number of Primary Health Networks (PHNs) to increase the inclusive practice and confidence of PHN-funded services to effectively meet the needs of LGBTI people. This is being done through training and while it is important that the need is being recognised, training must be supplemented by workplace development and whole-of-organisation practice improvements.

Similar training is being undertaken interstate: the Victorian AIDS Council (VAC) have developed a guide in partnership with the Victorian Alcohol and Drugs Association designed to support AOD services to provide safe and positive care and support to trans and gender diverse (TGD) people who may benefit from residential AOD treatment services.

While we want to see mainstream AOD services effectively responding to the needs of our communities so that no matter where someone accesses support they receive a high quality service that meets their needs, we strongly advocate for choice and for non-clinical community based options. In regional areas this could look like LGBTI specialist staff co-located in mainstream AOD services which in turn builds service capacity.

### **Evidence of successful outcomes and data collection**

ACON's tailored, easy-to-access, LGBTI-specific support has been shown to be effective for clients. Research evaluating client outcomes from ACON's substance support service between 2012-15 demonstrate a significant reduction in the median days of methamphetamine use, a significant reduction in the proportion of participants reporting methamphetamine dependence, significant reductions in psychological distress, and significant improvements in quality of life (Lea et al., 2017). Further to this, ACON is collaborating with UNSW to further evaluate the work of our substance support service.

We are now beginning to develop reliable and useful data on LGBTI people's patterns of service access. The NSW Network of Alcohol and Other Drug Agencies (NADA) have incorporated ACON's recommended gender and sexuality indicators in their minimum data set in 2016, requiring community based AOD sector organisations to collect data across NSW that captures LGBTI people. Including these questions has allowed NADA, their member organisations and their research partners to begin to build the evidence base to better understand how LGBTI people are accessing mainstream services and the treatment outcomes they experience.

More work needs to be undertaken to ensure that this data is being accurately recorded. Completion rates for inpatient services remains lower than outpatient settings. One-third of clients (34%) who received outpatient counselling at NADA member services other than ACON had their sexual identity recorded as not stated, unreported or inadequately described.

We consider it unlikely that this represents a large number of clients refusing to answer the question, but rather services and/or individual counsellors feeling uncomfortable enquiring about sexual identity (Bonvicini & Perlin, 2003; Brener et al., in press), as well as bespoke data entry systems of some services that have not been updated to include new questions about sexual identity (personal communication, NADA).

NADA have been working with their members to encourage the routine collection of sexual identity data from all clients attending their services. In partnership with ACON, NADA are also working to increase awareness of LGBTI issues among their member services through the provision of LGBTI-inclusivity workshops and training. However, it is essential that government data systems include these indicators to ensure that rehabilitative services are individualised, tailored and targeted.

### **Need for a sustainable targeted community response**

LGBTI people are recognised as a priority population for AOD harm reduction in the National Drug Strategy 2017-2026. Across a range of substances, LGB people report significantly higher rates of drug use in the National Drug Strategy Household Survey (AIHW, 2013).

Further funding is required to develop a sustainable, targeted and ongoing rehabilitative response to AOD use in LGBTI communities.

Please do not hesitate to contact me on anything raised in this submission. if you would like to discuss

Yours sincerely

James Gray

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