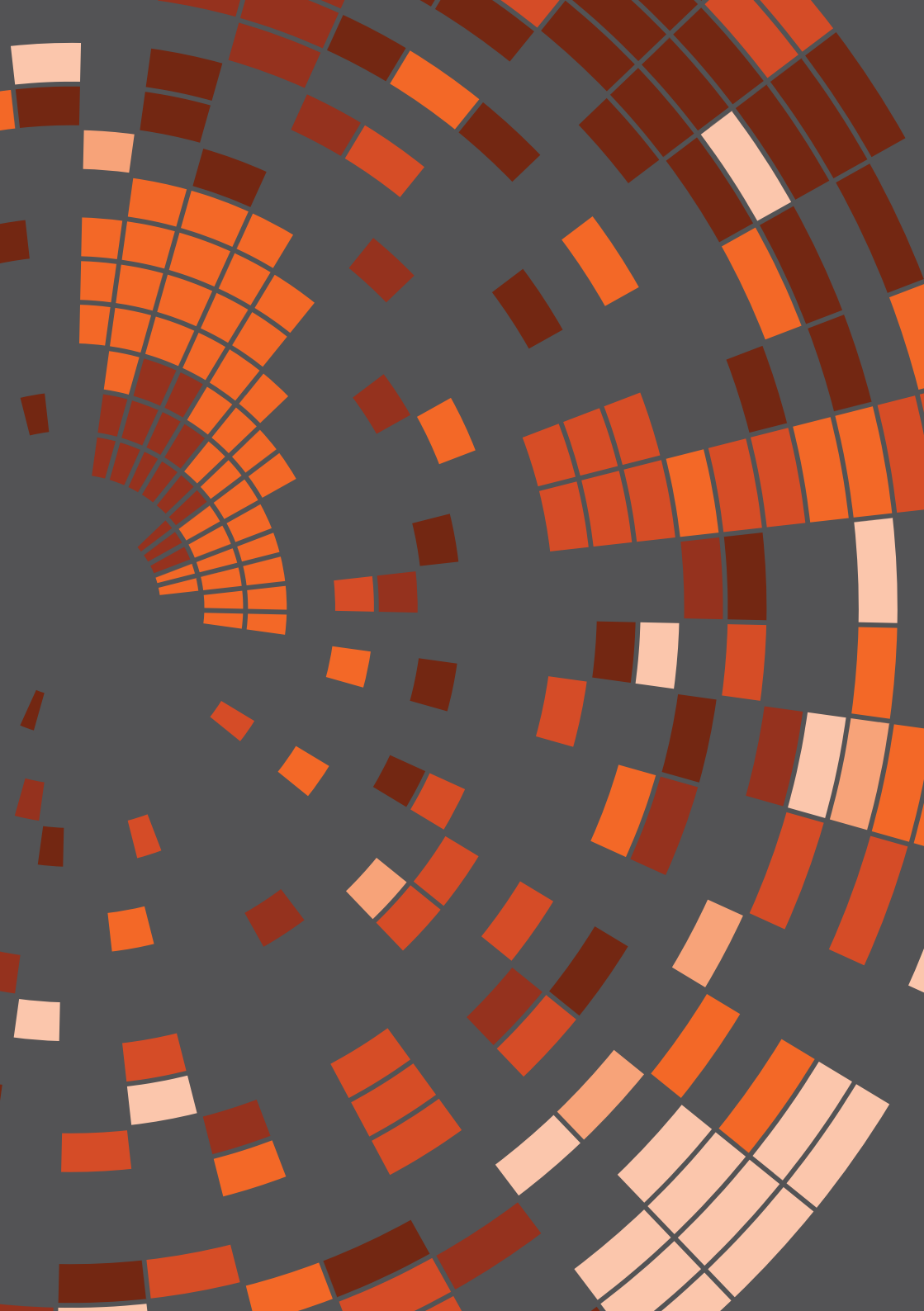


**acon**

**HEALTH OUTCOME STRATEGY 2013-2018**  
**ALCOHOL AND OTHER DRUGS**





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# RATIONALE AND CONTEXT

*The use of the community acronym LGBTI across the evidence underpinning this section is varied due to the scope and population target of each individual research study cited*

The patterns of alcohol and other drug (AOD) use in our communities differ when compared to the broader population, based on the limited data available that collect transgender, intersex, and sexuality indicators and non-LGBTI comparison groups.

Risky alcohol use is higher among lesbian, gay, and bisexual (LGB) people than heterosexuals (*AIHW 2011, p. 61*). Lesbian and bisexual women show higher levels of risky alcohol consumption and problematic drinking than heterosexual women (*Ritter, Matthew-Simons, and Carragher 2012, p. 67*).

The 2010 National Drug Strategy Household Survey (NDSHS) found that 26.5% of homosexual/bisexual people, compared with 15.8% of heterosexual people, reported weekly risky drinking, defined as more than four drinks on a single occasion (*AIHW 2011, p. 61*). 34.2% of homosexual/bisexual people, compared with 17.5% of heterosexuals, smoked tobacco in the previous year (*Ibid., p. 28*).

Gender comparisons were not available in the NDSHS, but the Australian Longitudinal Study of Women's Health shows much higher tobacco use and risky alcohol use among LGB women (*Hughes, Szalacha, and McNair 2010; Hillier et al. 2003*).

There are significantly higher rates of illicit drug use among LGB people compared to heterosexual people. This is evidenced by comparisons in the 2007 NDSHS, which shows illicit drug use in the previous year among LGB people to be much higher than the rest of the population, including methamphetamine use (almost five times higher among men and more than three times higher among women), and cocaine use (three times higher among men and six times higher among women) (*Ritter, Matthew-Simmons, and Carragher 2012, AIHW 2011*).

The 2010 NDSHS also showed significantly higher rates of cannabis, ecstasy, methamphetamine, and cocaine use among LGB people (*AIHW, 2011*).

Two major studies looking at drug use and HIV transmission suggest a connection between the two. Respondents of the Seroconversion Study were likely to report drug use, particularly amphetamine use, on the occasion they believe they were infected with HIV (*Giancas et al. 2013*). Respondents of the Pleasure and Sexual Health (PASH) Study reported less drug use than those of the Seroconversion Study but still notable figures (*Prestage et al. 2010*).

The following table shows the percentages of Seroconversion Study and PASH Study participants who used drugs during incidences of unprotected anal intercourse with casual partners (UAIC) (*Giancas et al. 2013, Prestage et al. 2010*).

Drug Type	Seroconversion Study respondents using drug during UAIC (%)	PASH Study respondents using drug during UAIC (%)
Amyl	36.7	28.6
Crystal	18.8	1.7
Ecstasy	10.5	6.4
Viagra	13.5	11.7
GHB	9.2	2.0

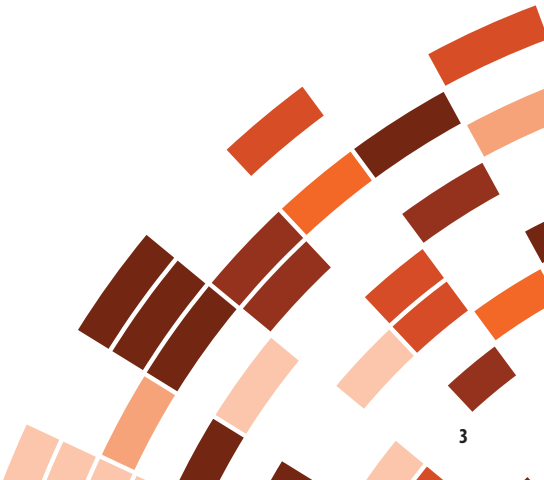
While LGBTI people, including HIV positive gay men, may use AOD for similar reasons as the general population, the disproportionate use of various substance types across these sub-populations suggests that a unique range of health promotion and intervention strategies are required to minimise the risk of AOD related harms in our communities.

ACON has considerable experience in working with LGBTI and HIV positive people in relation to AOD issues, particularly in the delivery of individual and group therapeutic work, alongside building community awareness through health promotion messaging and social marketing.

ACON's AOD program is also skilled in focusing on AOD use in relation to HIV-risk for gay men, community mobilisation/development, advocacy, capacity building and service provider training.

This document outlines a framework for responding to AOD related issues for LGBTI and HIV positive people based on the current evidence that exists in the area, while highlighting that more could be done to tackle these issues at a population level.

It also provides an assessment of ACON's current expertise and capacity and identifies additional activities that can help reduce the negative impacts of AOD related harms throughout the life of this Strategy.



# POLICY FRAMEWORKS

The *National Drug Strategy 2010-2015* refers to LGBT people as a disadvantaged or marginalised group that experiences difficulty accessing drug treatment and achieving successful outcomes from this treatment (*Ministerial Council on Drug Strategy 2011*).

The *National Alcohol and Other Drug Workforce Development Strategy* extends well beyond the availability of AOD related education and training programs, and includes issues related to working more effectively with other organisations to meet the needs of clients with multiple morbidities and complex needs.

While LGBTI people are not explicitly mentioned, there could be avenues during the life of the Strategy to pursue partnerships under this objective.

The *NSW Drug and Alcohol Plan* is currently in development and due to be released shortly. The sector consultation process in 2012 indicated that LGBTI people are likely to be named as a priority population in this strategy.

The previous *NSW Drug and Alcohol Action Plan 2007-2010* contained a brief reference to 'GLBT communities' as a priority population and noted higher levels of use but failed to include or resource any specific actions for these communities (*NSW Health 2007*).

*NSW 2021: A plan to make NSW number one* identifies risky drinking as a priority area under Goal 11, with a target to reduce total risk drinking to below 25% by 2015 (*Department of Premier and Cabinet 2011*).

There is enough evidence of the higher rates of alcohol use among LGBTI people, and NSW 2021 should be a policy reference point when advocating for funding or inclusion of LGBTI people and alcohol use in policy frameworks and health research.

ACON will seek opportunities to assist the NSW Government to decrease risky drinking by advocating for the need to develop LGBTI specific iterations of education and social marketing campaigns addressing problematic alcohol use.

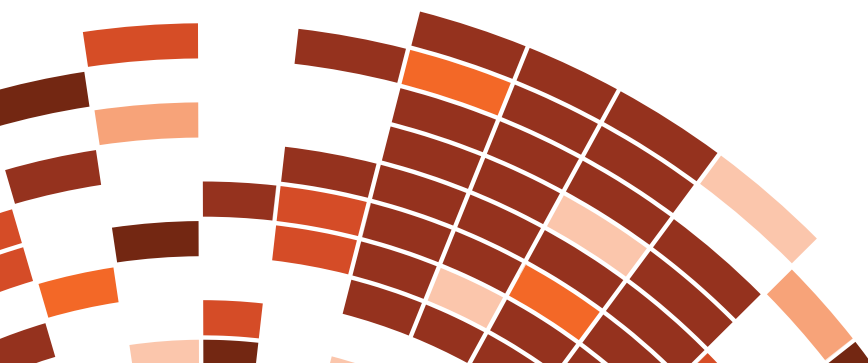
The NSW Mental Health Commission is in the process of finalising of a ten year, whole-of-government mental health and wellbeing strategy, and has engaged with ACON and our communities in developing the draft document. This document importantly addresses AOD issues and the close relationship with mental health and wellbeing.

The *NSW HIV Strategy 2012-2015* refers to AOD, primarily in relation to the Needle and Syringe Program (NSP) and HIV prevention (*NSW Ministry of Health 2012*); however, it is widely acknowledged that drug use and disinhibition may play an important role in individuals' HIV risk management practices and decisions, and there is a need to ensure links between HIV prevention work and AOD programs (*Giancas et al. 2013, Prestage et al. 2010*).

ACON will continue to work with the NSW Ministry of Health to ensure that the goals and targets under the HIV Strategy address the impact of AOD on risk taking behaviours associated with HIV transmission.

The *NSW Tobacco Strategy 2012-17* recommends the implementation of targeted measures to promote smoking cessation assistance to priority groups, alongside continued population wide approaches, which have had proven success in the past (*NSW Health 2012, p. 3*). This approach is consistent with Australian and international literature on smoking cessation.

While the *NSW Tobacco Strategy 2012-2017* does not explicitly address LGBT populations, it prioritises populations and groups 'with high smoking prevalence' (*Ibid, p. 15*). In discussions between ACON and the NSW Ministry of Health, during exploration of the possibility of funding for tobacco reduction programs for LGBT communities and HIV positive people in 2012-13, it was agreed that LGBT populations met this criterion.



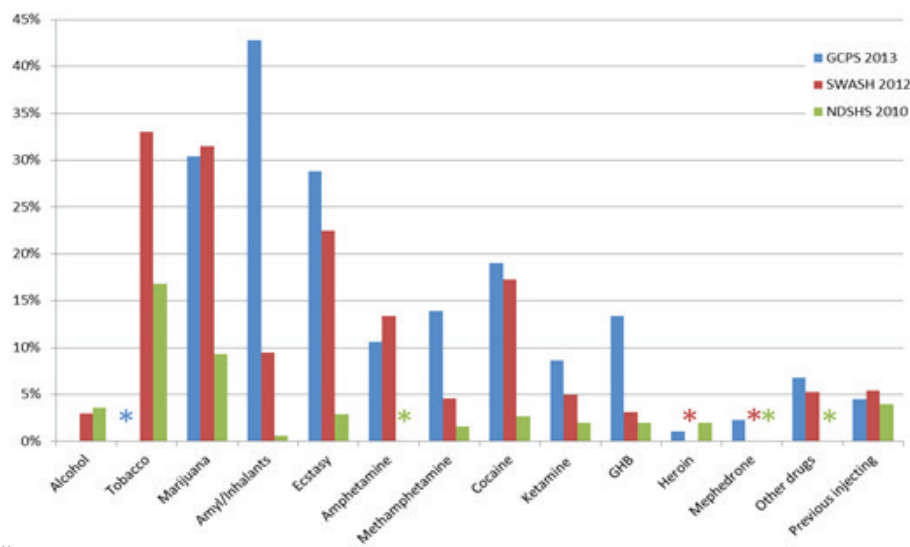
# WHAT'S DIFFERENT FOR LGBTI PEOPLE?

Most people who use alcohol and other drugs do so in a non-problematic way, but some people experience harms related to their use. Problematic or risky AOD use can present many challenges, including physical and mental health issues, and can pose challenges to the management of HIV.

The Sydney Gay Community Periodic Survey (SGCPS), a biannual, Sydney based survey focused on gay and other homosexually active mens sexual and drug use practices (Hull *et al.* 2013), and the Sydney Women and Sexual Health Survey (SWASH), a biennial survey addressing women's general and sexual health (Mooney-Somers *et al.* 2013), both indicate significantly higher rates of substance use across all substance types.

Highlighted below, in **Figure 1**, are the rates of drug use amongst gay men (blue column) and lesbian, bisexual, and queer (LBQ) women (red column) against the general population figures from the NDSHS (green column). While the drug indicators are not consistent across studies in terms of how the questions are asked, a substantial disparity can be seen, primarily with methamphetamine, cocaine, ecstasy, marijuana, tobacco and alcohol.

**Figure 1:**  
*Drugs used by gay men, lesbians, and the general population over the last six months to one year. Data sourced from Hull et al. 2013, Mooney-Somers et al. 2012, and AIHW 2011.*



**Notes:**

- Drug use is often measured in different ways in different surveys. In SGCPS and SWASH, drug use refers to the proportion of participants who reported use in the previous six months. In the NDSHS, drug use refers to the estimated prevalence of use in the previous 12 months.
- *Alcohol*: daily drinks.
- *Other drugs*: captures different 'other drugs' in each survey.
- \*: no data available.



Measuring frequency does not necessarily capture an indication or level of harm. An appropriate way of measuring 'problematic' AOD use is by estimating the prevalence of substance use disorder, according to the Diagnostic and Statistical Manual (DSM) criteria (Ritter, Matthew-Simmons, and Carragher 2012).

Studies that measure drug use in this way are less common in the literature, but provide more telling information regarding the problems that these populations face in relation to AOD use (*Ibid.*).

The NDSHS only examined consumption and did not assess the prevalence of substance use disorders and harms from use (*Ibid.*). Australian studies on substance dependence are limited however, a recent study of same sex attracted young people aged 18 to 25 years in Sydney found that 9% of gay men were categorised as dependent on club drugs, as well as 5.5% of lesbian and 5.6% of bisexual women (Lea, Reynolds, and de Wit 2013).

The 2012 SGCPs reported a breakdown of drug use by type (Hull *et al.* 2013). The most frequently used drugs in the six months prior to the survey were amyl/poppers (40.9%), ecstasy (26.9%), marijuana (28.8%), Viagra (21.5%), cocaine (19.2%), and GHB (11.6%) (*Ibid.*). Since 2008, there have been significant decreases in the use of ecstasy, marijuana, crystal methamphetamine, amphetamine/speed, ketamine, and GHB (*Ibid.*).

Although declining for several years, methamphetamine use among gay men has risen recently from 11.1% in 2011 to 13.8% in 2012 (*Ibid.*). GHB use has declined slightly among gay men, although, at 11.8%, it is still high, comparative to the general population (*Ibid.*).

Recently, the rate of illicit drug use among gay and other homosexually active men has been declining, and SGCPs has shown that, over time, the proportion of men who have not used any drugs in the previous six months has increased significantly (*Ibid.*).

While the SGCPs figures show the rates of illicit drug use decreasing somewhat, ACON's Substance Support Program sees a growing number of LGBT clients presenting with dependency issues in relation to methamphetamine, cannabis and alcohol.

Figures from SWASH examining drug use amongst LBQ women found that almost half (48%) of the 2012 sample had used an illicit drug in the preceding six months (Mooney-Somers *et al.* 2012). Use of illicit drugs was several times higher among LBQ women than in the general community, and some of this drug use may be problematic (*Ibid.*).



In the 2010 NDSHS, homosexual and bisexual people had the highest rate of recent drug use (36%) among all sub-population groups (*AIHW 2011*). The Australian Longitudinal Study on Women's Health found that, compared to heterosexual women, LBQ women were more likely to have used illicit drugs (41% vs. 10%) and to have ever injected drugs (11% vs. 1%) (*Mooney-Somers et al. 2012*).

A recent international meta analysis of 18 studies of sexual orientation and adolescent substance use found that the prevalence of substance use by young LBQ women was four times higher than that of young heterosexual women (*Marshall et al. 2008*). Despite stark evidence that an LBQ identity appears predictive of drug use, LGBTI harm reduction efforts have largely focused on gay men (*Mooney-Somers et al. 2012*).

Evidence from Australian studies demonstrates that LBQ women are using illicit drugs at rates several times higher than women in the general community, and this demonstrates an urgent need for interventions targeting these women (*Mooney-Somers et al. 2012; Ritter, Matthew-Simmons, and Carragher 2012*).

Without a sophisticated understanding of the drivers of illicit drug use among LBQ women and the LGBTI community more broadly, and the conditions under which these practices become problematic, interventions are unlikely to succeed.

Additionally, research is needed to understand LGBTI people's utilisation of and satisfaction with drug treatment programs, as well as treatment outcomes. International research has shown that while LGBTI people may have greater unmet substance use treatment needs than non-LGBTI people, they are often reluctant to seek treatment because of expectations of prejudice and discrimination from health care providers (*Burgess et al. 2008, Couch et al. 2007, Grella et al. 2009, Senreich 2009*).

Few Australian studies have examined treatment utilisation for substance use among LGBTI people. A study of young same sex attracted women and men in Sydney showed that, while drug treatment utilisation was high compared to estimates in the general population, it was low relative to the proportion of participants reporting harmful patterns of substance use (*Lea, Reynolds, and de Wit 2013*).

Two Australian studies have provided incidental data on barriers to health care utilisation among LGB people reporting methamphetamine use (*Matheson et al. 2010*) and transgender people (*Couch et al. 2007*) that were broadly consistent with international findings. No study has conducted an in depth examination of experiences in, and barriers and incentives to, treatment among LGBTI people in Australia.

## Alcohol

The current Australian alcohol guidelines recommend consuming no more than two standard drinks on any one day to reduce the life time risk of harm from alcohol related disease or injury, and no more than four standard drinks on any one occasion to reduce the risk of harm from alcohol related injury on that occasion (*NHMRC 2009*).

Risky alcohol use is higher among LGB people than heterosexuals (*AIHW 2011*). Lesbian and bisexual women show higher levels of risky alcohol consumption and problematic drinking than heterosexual women; however, the differences between gay and bisexual men and heterosexual men are not significant (*AIHW 2011*).

Research on the diagnosis of drug abuse and dependence among Australian LGB people shows the rates of both to be higher, although these differences are not statistically significant (*Ritter, Matthew-Simmons, and Carragher 2012*).

The vast majority of SWASH participants drank alcohol (*Mooney-Somers et al. 2012*). On a day when they drank alcohol, 53% of women reported usually drinking at levels that put them at a life time risk of alcohol related disease or injury (*Ibid.*).

Among younger women, 70% drank at these levels (*Ibid.*). One in five (20%) drank at levels that put them at risk of alcohol related injury on a single drinking occasion (*Ibid.*). A quarter of all women who drank, and 36% of young women, reported drinking at these levels at least weekly (*Ibid.*).

Further research is needed to understand the social and cultural context of alcohol use among LBQ women; this knowledge can inform targeted interventions. SWASH only reports on alcohol use, not on alcohol related harms or the utilisation of treatment programs.

While SGCPs asks men about drug use, alcohol is not usually listed as a substance option, except for the August 2013 survey. According to preliminary analysis of this data, 9% of men were categorised as non-drinkers in the previous 12 months, 33% as low risk drinkers, 42% as medium-risk drinkers, and 16% as high risk drinkers (*Lea and Holt, unpublished data*).

Of those who reported alcohol use, 33% reported drinking at levels that put them at a life time risk of alcohol related disease or injury on a typical drinking day, while 35% reported drinking at levels that put them at risk of alcohol related injury on a typical drinking day (*Ibid.*).

There is limited Australian research on AOD and mental health comorbidity (the concurrent presence of an AOD disorder and a mental health disorder) in LGBT communities; however, research from Australia and overseas suggests that comorbidity is more prevalent in LGB than heterosexual communities (*Ritter, Matthew-Simmons, and Carragher 2012*), indicating the need for LGBTI specific services and/or LGBTI sensitive mainstream services.

There is virtually no research on AOD use among transgender and intersex Australians, so our understanding of AOD issues in these populations is unclear. A new national survey of transgender people, funded by beyondblue will collect information on AOD use.

## Alcohol and violence

Alcohol related violence is a widespread issue that impacts on individuals and communities as a whole. Working in this area is complex and a range of approaches is needed to reduce the incidence and impacts of alcohol related violence.

While it continues to be a broad based issue, the impacts of alcohol related violence on LGBTI communities vary somewhat from the general population.

The main issues where alcohol related violence impact on LGBTI people include:

- Homophobic, transphobic, and anti-intersex abuse/violence directed at LGBTI people where alcohol is present,
- Domestic and family violence situations where alcohol is present, and
- The impacts of recent licensing laws in NSW that disproportionately affect LGBTI community venues and bars.

The ACON Anti Violence Project (AVP) is a service that provides information, support and referrals for victims of homophobic and transphobic violence and domestic and family violence. Of the online reports that the AVP have received since November 2012, AOD use is the third most common motivating factor, as perceived by the victim.

At the time of writing this document, the NSW Liquor Amendment Bill 2014, and the Crimes and Other Legislation Amendment (Assault and Intoxication) Bill 2014 had just come into effect. The purpose of the bills is to improve street safety by introducing new measures to tackle AOD related violence (*NSW, Parliament 2014a, 2014b*).

The raft of measures introduced includes 1:30 a.m. patron lock outs for hotels, nightclubs, general bars and registered clubs in the Sydney central business district precinct (*Ibid.*).

While the violence has largely been reported in areas such as the Rocks and Kings Cross, the application of these measures extends to parts of Surry Hills and Oxford Street, Darlinghurst (*Ibid.*).

These measures disproportionately affect the LGBT community, which has historically gathered and socialised in LGBT specific bars and clubs, most of which are located in the Darlinghurst area. There is no evidence to suggest that the venues in the areas of Oxford Street, Darlinghurst area have caused any issues leading to the recent Government intervention.

The NSW Bureau of Crime Statistics and Research demonstrated a decrease in the number of alcohol related crimes and assaults at the time of the new legislation (*Weatherburn 2014*).

Across a majority of reports, figures across the Sydney Local Government Area were either stable or decreasing, and this included assaults on police, non-domestic violence related assault, and domestic violence related assaults since 2008 (*Ibid.*).

Offensive behaviour was the single category where there was a recorded increase (*Ibid.*). This data would appear to contradict the purported purpose of the recently introduced bills.

## **Tobacco**

Limited Australian research indicates higher rates of smoking among LGBT people, particularly LBQ women (*AIHW 2011; Ritter, Matthew-Simmons, and Carragher 2012; Mooney-Somers et al., 2012*).

The poor health effects of smoking are well established. ACON has developed a separate Health Outcome Strategy document to specifically address smoking in LGBTI and HIV positive communities, and the varied approaches required to decrease smoking prevalence in these populations.



# WHY ARE THINGS DIFFERENT?

Although members of LGBTI and HIV positive communities use drugs and alcohol for many of the same reasons as the population at large, there is evidence to suggest that shared experiences of LGBTI related discrimination can lead to patterns of AOD misuse specific to LGBTI people (Leonard 2002, p. 46; Ellard 2010, p. 16). This includes the use of AOD at higher levels than the general population and potentially for longer durations (*Ibid.*).

The high rates of drug use among LGBT people are explained in a recent report from the National Drug and Alcohol Research Centre stating:

*“Within the literature examined for this report, a number of potential factors as to why GLBT individuals use alcohol and other drugs to a greater extent, or face higher rates of psychological disorders than the heterosexual population, have been identified.*

*Many, but not all of these risk factors for psychological disorder (for instance, victimisation) can apply equally to GLBT and heterosexual groups. However in many cases these factors are experienced to a greater extent by the GLBT population.”*

*(Ritter, Matthew-Simmons, and Carragher 2012)*

Additionally, there are other risk factors that may apply exclusively to LGBTI people, such as anti-LGBTI abuse, or issues surrounding coming out.

Associations between LGBTI identities and psychological disorders are likely to be mediated by these causal factors, and some research has shown that, once these factors are accounted for, there is often little difference between LGBTI and non-LGBTI groups (Ritter, Matthew-Simmons, and Carragher 2012).

The report went on to argue that:

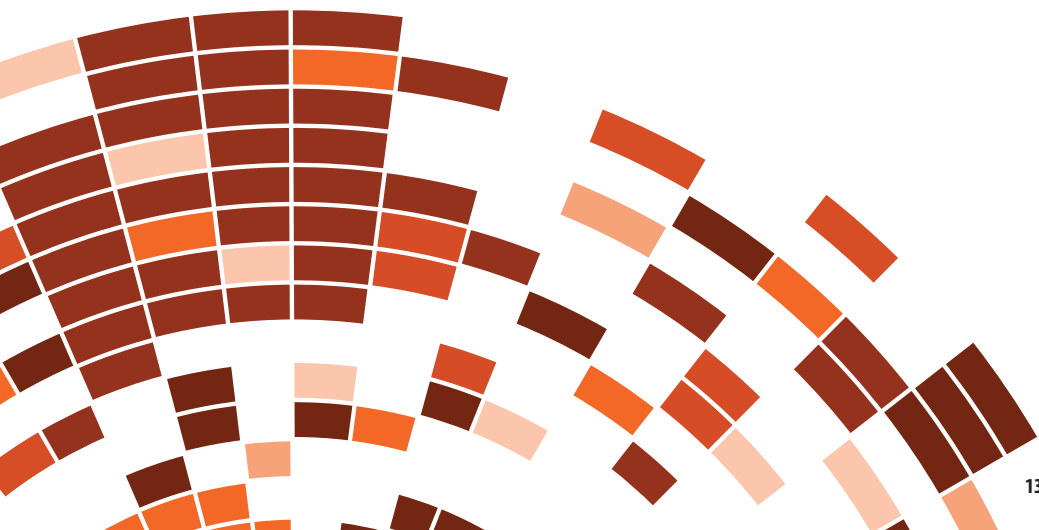
*“Preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD (Alcohol and Other Drugs) and MH (Mental Health) problems amongst GLBT. For example, there is small but compelling literature that demonstrates the relationship between recognition of same-sex marriage and improved mental health status and reduced AOD problems. Measures which reduce the stigma and discrimination against GLBT people are likely to have powerful public health impacts.” (Ibid.)*

Many researchers have suggested that a history of exclusion from a range of social settings has led LGB people to make bars and clubs an important social focus (*Leibel et al. 2011*). Health research examining alcohol use among LGB patrons who frequent bars provides further evidence of the significance of bars in many LGB communities (*Ibid.*).

Qualitative research by Parks (1999) in lesbian communities suggests that bars and social drinking are important aspects of building relationships in the community, creating a welcoming environment, and may create pressure to fit in through the adoption of similar drinking practices (*Ibid.*).

While this research was primarily addressing the use of alcohol and tobacco, similar correlations could exist with the normalisation of other drugs being used in these settings.

Further research is needed to understand the social and cultural context of AOD use across LGBTI communities in order to develop appropriate interventions. Addressing where substance use is problematic and, where there is also potential harm, will be critical to building effective harm reduction strategies for LGBTI communities informing them how to build the capacity of mainstream treatment services, to address the needs of LGBTI clients correlations, could exist with the normalisation of other drugs being used in these settings.



# WHAT WORKS?

While problems such as AOD use are not unique to LGBTI people, the higher prevalence in these populations requires special public health attention and unique approaches for investigation, prevention and treatment (*Meyer 2001*).

Often, models explaining these risks fail to account for the unique social or behavioural dynamics of these populations, but attention to these characteristics may explain the high prevalence of these risks (*Ibid.*).

Little research has been undertaken on treatment specific interventions targeting LGBTI people.

Peer based interventions and support programs are critical to the delivery of programs aimed at reducing drug related harms, particularly with injecting drug users.

A comprehensive literature review on the prevalence of mental health issues, AOD problems, and intervention responses in the LGBT community conducted by NDARC in 2012 concluded that:

- Prevention is a priority principle with LGBT people; both AOD and mental health (MH) problems are preventable, and interventions such as supportive counselling during adolescence are likely to reduce the risk of later mental health or substance misuse problems.
- Preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD and MH problems among LGBT people.
- All AOD and MH services should be LGBT sensitive. This entails ensuring an adequately trained work force, culturally appropriate services and a non-judgemental attitude by all staff across the service. The variety of treatment interventions, such as cognitive behavioural therapy (CBT), motivational interviewing, 12 step programs, and the community reinforcement approach have all been shown to be effective with LGBT people.
- Research has shown some superior outcomes with LGBT specific services, especially for methamphetamine dependent users. LGBT specific services provide positive role models, strategies for coping with stigma, tailored interventions for AOD and/or MH, and are largely staffed by LGBT practitioners, which is a preference of many LGBT people.
- While it may be possible that a reform of the MH and AOD service network may be sufficient to effectively address needs, strong linkages between LGBT specific services and mainstream MH and AOD services are also required within an LGBT sensitive service system.



- A diversity of service types is required. Not all LGBT clients want an LGBT service, but others will achieve better treatment outcomes, across both MH and AOD, in the context of a LGBT specific service (*Ritter, Matthew-Simmons, and Carragher 2012*).

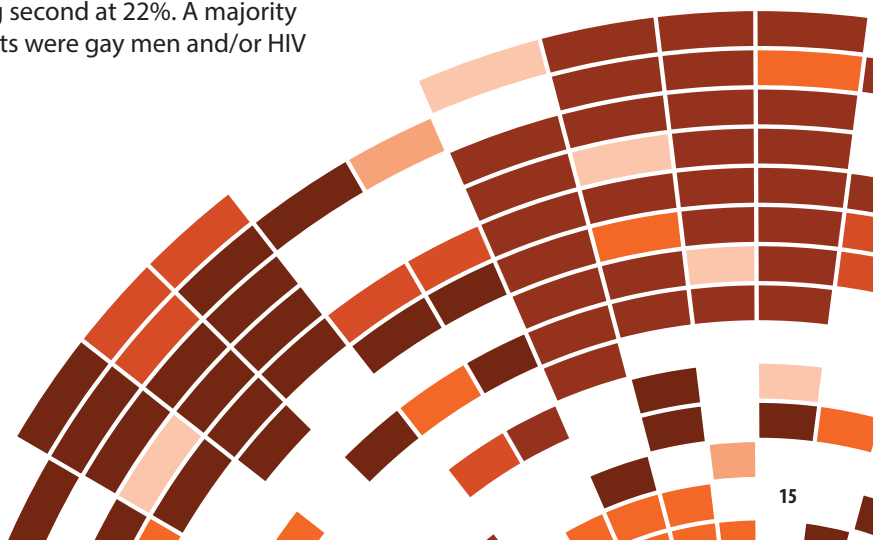
ACON currently runs a range of unique AOD related programs that target HIV positive people and LGBTI people.

ACON's Substance Support Program currently works with a number of LGBT clients presenting with dependency issues such as methamphetamine, cannabis and alcohol. This program, looking at the frequency of drug use, dependency, and psychological distress in relation to substance use, is focused on reducing the impacts and associated harms of problematic AOD use in LGBTI communities.

Between 2012 and 2013, 92 clients used ACON's Substance Support Program to deal with dependency issues, 69% declaring methamphetamine the principal drug of highest frequency, and alcohol being second at 22%. A majority of these clients were gay men and/or HIV positive.

A majority of these clients presented to the program with what is considered 'very high' psychological distress on the Kessler Psychological Distress Scale (K10) and reported significantly high levels of substance dependence. Following treatment from the program, the levels of psychological distress and dependence have been shown to decline considerably, particularly for those who progress through each stage of treatment support.

In addition to what appears to be the only LGBTI community AOD treatment service in Australia, ACON offers health promotion and harm reduction programs, such as the ACON Drug Rovers, which uses volunteers to support people experiencing AOD issues at community events.



The background is a dark red color, overlaid with numerous geometric shapes in various shades of orange and white. These shapes include squares, rectangles, and curved segments, some of which are arranged in concentric arcs, creating a dynamic, mosaic-like pattern.

# HOW WILL ACON RESPOND?

ACON's expertise in health promotion and engagement with LGBTI communities provides a strong basis for working with the wider AOD sector to ensure that substance related interventions are effectively targeted and engage LGBTI communities, and that mainstream services provide an inclusive service and supportive environment for those in our communities.

ACON's strengths are in health promotion and social marketing, community mobilisation/development, capacity building and service provider training, and advocacy and awareness raising. ACON is a key strategic partner for others seeking to engage with LGBTI communities.

The balance of service delivery offered in ACON's AOD program is slightly different to other health promotion work in that we deliver a mix of individual therapeutic and group work alongside building community awareness through health promotion messaging.

Additionally, ACON has also run community health promotion campaigns focusing on AOD use in relation to HIV risk. Over the life of this Strategy, we will continue to work on building health promotion messaging focused on AOD harm prevention, including how substance use can enable risky behaviours in relation to HIV/STI transmission.

**The NSW State Plan identifies the priority action of tackling high risk alcohol abuse by providing statewide alcohol education campaigns, including 'Know when to say when' and 'What are you doing to yourself?' (Department of Premier and Cabinet 2011). The NSW State Plan's alcohol related targets include reducing the proportion of people aged 16 or older who drink more than two standard drinks on any day to below 25 per cent (*Ibid.*).**

**It will be critical that communities with high rates of risky alcohol use, such as LGBT communities, are specifically targeted in order for the success of broader alcohol education campaigns to have effect towards meaningful behavioural change.**

**ACON will seek opportunities to work with the NSW Government and other mainstream providers to ensure that our communities will also benefit from alcohol education and health promotion programs across NSW.**

The attached program logic outlines our approach to addressing disparities among our communities. In the following table, a set of potential activities are outlined that we believe will assist in reaching the shared goals of improved health and wellbeing of people with HIV and the LGBTI communities. The areas in which we believe we can make the most impact in the short term are:

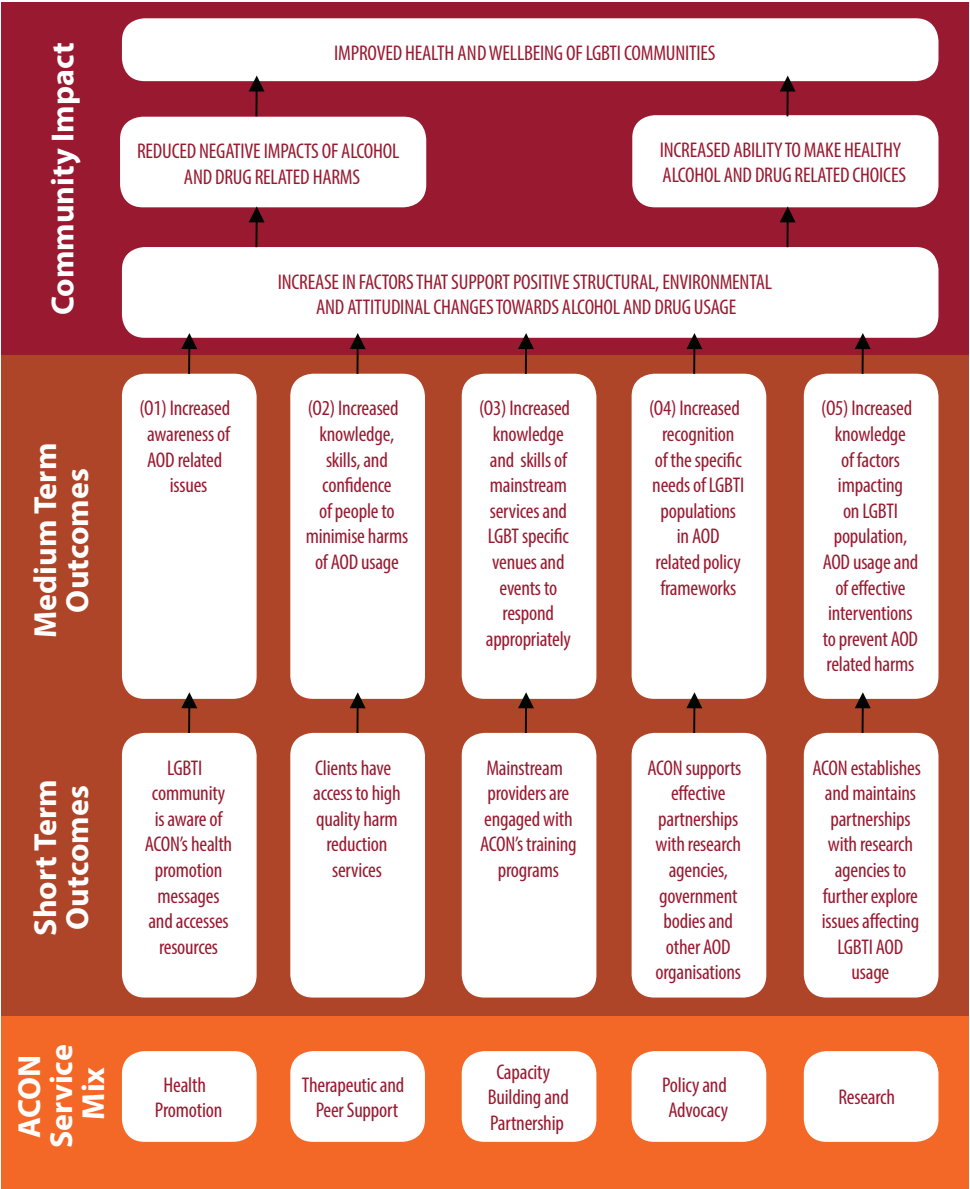
- Sustaining our current unique service offerings and documenting their impact to make our learning available to the wider sector,
- Developing appropriate interventions and building broader sector capacity to deliver effective services to LGBTI people,
- Advocating for appropriate inclusion of LGBTI populations in relevant research and policy frameworks, and
- Building our capacity to engage, educate, and equip LGBTI communities with the knowledge and skills to avoid or minimise AOD related harms.

It should be noted here that ACON's contribution to the population level outcomes in the framework can only ever be partial, and much depends on the actions of many other stakeholders and decision makers.

We will, however, hold ourselves accountable for achieving the lower level objectives identified in the attached table, which we believe can contribute significantly to this ultimate goal, given adequate resourcing and the support of key partner organisations.



# PROGRAM LOGIC: ALCOHOL AND OTHER DRUGS





# OBJECTIVES, STRATEGIES AND ACTIVITIES

## IMPLEMENTATION

Over the life of this Strategy, we will continue to monitor rates of AOD use, including through SWASH, SGCPs, and other population health surveys; advocate for more inclusive AOD services and seek funding to use our considerable social marketing and peer education expertise to identify and address the high rates of AOD use in our communities.

This Strategy outlines a comprehensive response and is contingent on maintaining current funding sources while seeking new resource and partnership opportunities over its life. Some of the work outlined here remains unfunded at the present time. ACON will monitor funding opportunities and work with partners to deliver on this work as and when opportunities arise.

The following table represents the strategies and activities that ACON can currently deliver independently and/or in partnership **(P)**, within current resource and funding limitations in this area. Priority areas for development are in orange text. Current activities being delivered under existing grants are in black text.

Additional and potential activities that ACON aims to implement throughout the life of this Strategy, but that are contingent on securing additional funding, are outlined in the subsequent table, titled Potential Activities.

# OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES

Objectives	Strategies	Priority Activities
1. Increased awareness of AOD related issues	1.1 Develop campaigns and resources that will educate our communities to be able to identify problematic AOD use and comorbidity	1.1.1 Seek funding for alcohol awareness/binge drinking interventions targeting LGBTI audiences
		1.1.2 Develop and implement health promotion campaigns and interventions that address gay men's drug use and its potential impact on sexual decision making
	1.2 Develop education and information resources that educate the community about complex issues, such as drug and alcohol interactions, emerging psycho-actives, and GHB overdose	1.2.1 See Potential Activities Table
	1.3 Develop community engagement strategies that include targeted forums and social media to increase community knowledge and information about AOD related issues	1.3.1 Develop and produce a gay men's drug use and sex forum, including an online format, to explore how men can better manage drug use and HIV/STI risk
	1.4 Maintain engagement with community media to ensure that media coverage reflects an evidence base in relation to LGBTI people's AOD use and the associated consequences and harms	1.4.1 Place at least two stories regarding AOD issues in community media per year
	1.5 Work with partners including governments and NGOs on education and information campaigns to make sure they are relevant to LGBTI communities	1.5.1 Seek funding for an LGBTI AOD harm reduction/health promotion position that would enable effective engagement with and adaptation of mainstream campaigns for LGBTI audiences
		1.5.2 Provide advice to other agencies seeking input regarding LGBTI communities for broader drug harm reduction and health promotion campaigns and other interventions

Objectives	Strategies	Priority Activities
2. Increased knowledge, skills, and confidence of clients and communities to minimise harms of AOD usage	2.1 Deliver quality interventions to clients who present for AOD services	2.1.1 Continue to deliver the substance support and care coordination programs to a high level of quality
	2.2 Maintain good practice programs and services that address early warning signs for problematic AOD use and the possibility of comorbidity, and promote appropriate care pathways	2.1.2 Ensure ACON's care coordination staff continue to work with the AOD program to deliver high quality, client centred care
	2.3 Build community capacity to support harm reduction approaches and respond to drug risk events	2.2.1 Maintain the delivery of brief and early interventions through relevant ACON services, including the NSP
	3.1 Deliver LGBTI cultural sensitivity training to mainstream AOD and comorbidity services (P)	2.3.1 Continue to deliver outreach activities responding to GHB overdose and risks of other AOD interactions via the Rovers Project (P)
3. Increased knowledge and skills of mainstream services and LGBTI specific venues and events to respond to client and community need	3.2 Continue to work with GPs and AOD and mental health specialists to support their AOD work with our communities in Sydney and regionally	3.1.1 Continue to offer and promote LGBTI sensitivity training to mainstream AOD service and comorbidity providers (P)
	3.3 Continue to provide AOD education training to community venues and event party promoters on relevant issues	3.2.1 Continue to offer ACON's outreach care coordination service to high HIV case load GPs (P)
	3.4 Work with relevant LHDs, Medicare Locals, and NGOs who work in AOD to ensure the development of localised services for LGBTI communities	3.2.2 Continue to promote the availability of ACON's substance support and care coordination services to other relevant agencies
		3.2.3 Continue to deliver the 'Snakes and Ladders' comorbidity education program to service providers
		3.3.1 Maintain partnerships with community venues and community based party promoters to provide education and resources on safe AOD use practices
		3.4.1 Explore partnerships with mainstream AOD providers to provide culturally appropriate/LGBTI sensitive services (P)

# OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES (continued)

Objectives	Strategies	Priority Activities
4. Increased recognition of the specific needs of LGBTI populations in AOD related policy frameworks	4.1 Advocate for increased recognition of LGBTI populations in AOD related policy and for routine collection of sexuality, transgender, and intersex data among key AOD related service providers	4.1.1 Partner with key AOD organisations to improve the routine collection of LGBTI related AOD service-use data
		4.1.2 Establish and support partnerships to advocate for increased recognition of LGBTI populations in AOD related policy
		4.1.3 Work in partnership with peak and professional bodies to increase the awareness of LGBTI people's AOD use and comorbidity issues
5. Increased knowledge of factors impacting on LGBTI population AOD usage and of effective interventions to prevent AOD related harms	5.1 Seek opportunities to work in partnership with researchers to undertake AOD research	5.1.1 Engage systematically with researchers to identify possibilities for collaboration on or support for research into AOD issues as they affect LGBTI populations
		5.1.2 Seek funding for the cocaine use research proposal developed through Community Mental Health Drug and Alcohol Research Network (CMHDARN)
		5.1.3 Advocate to ensure the continued and improved inclusion of LGBTI populations in general-population AOD related research
	5.2 Work with research agencies to increase our knowledge around motivations for and factors that may influence sustained high rates of AOD use, and factors that may enable engagement with AOD reduction or prevention interventions, where relevant	5.2.1 Partner with researchers to conduct exploratory research on the knowledge and behaviours of LGBTI people in relation to AOD use and the cultural factors that facilitate the high rates of substance use in these populations
	5.3 Monitor rates of AOD use among LGBTI populations	5.3.1 Continue to ask questions regarding AOD use in SWASH and SGCPs
	5.4 Work with researchers to improve shared knowledge of effective interventions	5.4.1 Identify a potential research partner to evaluate and document the effectiveness of our Substance Support service



# OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES

Additional activities, contingent on securing new funds, that ACON aims to implement throughout the life of this Strategy

Objectives	Strategies	Potential Activities
1. Increased awareness of AOD related issues	1.1 Develop campaigns and resources that will educate our communities to be able to identify problematic AOD use and comorbidity	1.1.1 Seek funding for alcohol awareness/binge drinking interventions targeting LGBTI audiences
		1.1.2 Conduct population specific focus groups for each LGBTI group to determine knowledge and cultural differences related to AOD use and to identify potential strategies for prevention messaging to the different groups
		1.1.3 Develop online information resources and 'self check' interventions to encourage awareness about and capacity to reflect on individual and community drug consumption patterns and potential harms
	1.2 Develop education and information resources that educate the community about complex issues, such as drug and alcohol interactions, emerging psychoactives, and GHB overdose	1.2.1 Seek funding for ongoing harm reduction/community awareness campaigns regarding new and emerging recreational drugs
		1.2.2 Develop capacity to respond to complex and emerging AOD issues
	1.3 Develop community engagement strategies that include targeted forums and social media to increase community knowledge and information about AOD related issues	1.2.3 Develop an online portal to deliver high quality and relevant information about AOD use for our communities
		1.3.1 Review online platforms/website potential to deliver up to date, targeted information about new and emerging drugs (P)

# OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES (continued)

Objectives	Strategies	Potential Activities
2. Increased knowledge, skills, and confidence of clients and communities to minimise harms of AOD-usage	1.4 Maintain engagement with community media to ensure that media coverage reflects an evidence base in relation to LGBTI people's AOD use and the associated consequences and harms	1.4.1 Place at least two stories regarding AOD issues in community media per year
	1.5 Work with partners including governments and NGOs on education and information campaigns to make sure they are relevant to LGBTI communities	1.5.1 Seek funding for an LGBTI AOD harm reduction/health promotion position that would enable effective engagement with and adaptation of mainstream campaigns for LGBTI audiences
		1.5.2 Provide advice to other agencies seeking input regarding LGBTI communities for broader drug harm reduction and health promotion campaigns and other interventions
		2.1.1 Continue to deliver the substance support and social work programs to a high level of quality
	2.1 Deliver and maintain quality interventions to clients who present for AOD services	2.1.2 Ensure that ACON's case coordination staff continue to work with the AOD program to deliver high-quality client-centred care
		2.2.1 Maintain the delivery of brief and early interventions through relevant ACON services, including the NSP
	2.2 Ensure ACON's case coordination staff continue to work with the AOD program to deliver high quality client centred care	
	2.3 Maintain best practice programs and services that address early warning signs for problematic AOD use and the possibility of comorbidity, and promote appropriate care pathways	2.3.1 Continue to deliver outreach activities responding to GHB-overdose and risks of other AOD interactions via the Rovers Project (P)

Objectives	Strategies	Potential Activities
3. Increased knowledge and skills of mainstream services and LGBTI specific venues and events to respond to client and community need	3.1 Deliver LGBTI cultural-sensitivity training to mainstream AOD and comorbidity services <b>(P)</b>	3.1.1 Continue to offer and promote LGBTI sensitivity training to mainstream AOD service and comorbidity providers <b>(P)</b>
	3.2 Continue to work with GPs and AOD and mental health specialists to support their AOD work with our communities in Sydney and regionally	3.2.1 Continue to offer ACON's outreach social-work service to high HIV case load GPs <b>(P)</b>
	3.3 Continue to provide AOD education training to community venues and event party promoters on relevant issues	3.3.1 Maintain partnerships with community venues and community based party promoters to provide education and resources on safe AOD use practices
	3.4 Work with relevant LHDs, Medicare Locals, and NGOs who work in AOD to ensure the development of localised services for LGBTI communities	3.4.1 Explore partnerships with mainstream AOD providers to provide culturally appropriate /LGBTI-sensitive services <b>(P)</b>
4. Increased recognition of the specific needs of LGBTI populations in AOD related policy frameworks	4.1 Advocate for increased recognition of LGBTI populations in AOD related policy and for routine collection of sexuality, transgender and intersex data among key AOD related service providers	4.1.1 Partner with key AOD organisations to improve the routine collection of LGBTI related AOD service use data
		4.1.2 Establish and support partnerships to advocate for increased recognition of LGBTI populations in AOD related policy
		4.1.3 Work in partnership with peak and professional bodies to increase the awareness of LGBTI people's AOD use and comorbidity issues

# OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES (continued)

Objectives	Strategies	Potential Activities
5. Increased knowledge of factors impacting on LGBTI population AOD usage and effective interventions to prevent AOD related harms	5.1 Seek opportunities to work in partnership with researchers to undertake AOD research	5.1.1 Engage systematically with researchers to identify possibilities for collaboration on or support for research into AOD issues as they affect LGBTI populations
		5.1.2 Seek funding for the cocaine use research proposal developed through CMHDARN
		5.1.3 Advocate to ensure the continued and improved inclusion of LGBTI populations in general population AOD related research
	5.2 Work with research agencies to increase our knowledge around motivations for and factors that may influence sustained high rates of AOD use, and factors that may enable engagement with AOD reduction or prevention interventions, where relevant	5.2.1 Conduct population specific focus groups for each LGBTI sub-group to determine knowledge and cultural differences related to AOD use and to identify potential strategies for prevention messaging to the different groups
		5.2.2 Partner with researchers to conduct exploratory research on the knowledge and behaviours of LGBTI people in relation to AOD use and the cultural factors that facilitate the high rates of substance use in these populations
		5.2.3 Partner with researchers to identify, pilot and evaluate the effectiveness of AOD use interventions among LGBTI populations
	5.3 Monitor rates of AOD use among LGBTI populations	5.3.1 Continue to ask questions regarding AOD use in SWASH and SGCPs
	5.4 Work with researchers to improve shared knowledge of effective interventions	5.4.1 See Priorities Activities Table

# POPULATIONS

ACON's historical engagement with LGBT people means that we have experience in connecting with, and providing health services that are meaningful to these populations, especially around HIV and STIs.

Some of this expertise may vary when it comes to the broader health issues affecting LGBTI people, and we do not expect to always have the answers or the connections. This is why it is important that we partner with other health and community organisations that have the technical and social expertise to help us build the tailored interventions necessary to target the sub-population groups within LGBTI communities.

Within the context of funding constraints, our main communities of focus will include:

- LGBT people, and
- People with HIV.

In relation to individual and group therapeutic interventions, priority access will apply to LGBTI people who experience:

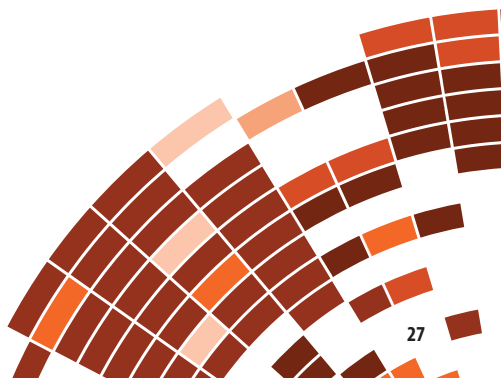
- Complex AOD use requiring specialist community AOD services,
- Health conditions, including HIV and mental health comorbidities,
- Unstable social circumstances, and
- AOD use in recreational and party settings.

Where the evidence suggests disproportionality in health outcomes for the following diverse backgrounds, ACON will partner with key organisations to build health promotion programs and services for:

- Young people,
- Mature aged people,
- Aboriginal and Torres Strait Islander people, and
- People who are culturally and linguistically diverse (CALD).

It is important to note here that intersex is not a category of sexual or gender identity. People who are intersex may identify as women, men, gay, lesbian, bisexual, heterosexual, transgender, and any number of other sexual and gender identities.

This Strategy, therefore, does not propose specific intersex AOD interventions and relies on interventions targeting LGBT people to speak to intersex people. We will also ensure that research conducted for this Strategy asks about the intersex status of participants, thus potentially building the foundations of an evidence base about LGBT intersex people and AOD use.



# PRINCIPLES

## Harm minimisation

The principle of harm minimisation has formed the basis of successive phases of Australia's National Drug Strategy since its inception in 1985 (*Ministerial Council on Drug Strategy 2011*), and is the framework that informs ACON's AOD program. Harm minimisation does not necessarily condone drug use but, rather, refers to policies and programs aimed at reducing drug related harm.

Harm minimisation aims to improve health, social, and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence and cessation oriented strategies (*Ministerial Council on Drug Strategy 2011*).

As a health organisation, ACON's focus is on both demand reduction, including prevention of the uptake of harmful drug use and the reduction of use through treatment programs, and harm reduction, which involves strategies to reduce the extent to which drug use causes harm to individuals and LGBTI communities.

## Peer based

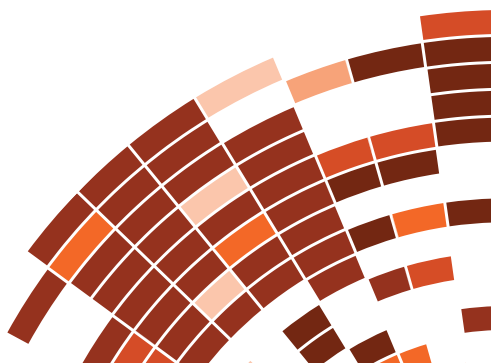
ACON is informed by a peer based approach, meaning that affected communities are best placed to speak on behalf of their own health needs. Where required, ACON will seek input from other peer based organisations and consumers to provide information and services that are meaningful and targeted.

## Diversity

Working with LGBTI communities to deliver effective and culturally relevant health services means identifying and addressing common issues that impact the community collectively, as well as recognising the diverse range of experiences and health disparities that disproportionately affect individual groups within the LGBTI acronym, which necessitates more tailored and targeted responses.

This means acknowledging that experiences of sexuality, sex and gender diversity vary, as does the extent to which an LGBTI identity is central to self definition and community affiliation, and how experiences of social stereotypes and prejudice can impact on health outcomes.

These differences need to be taken into account when building targeted and effective public health interventions. As such, ACON will utilise different strategies and approaches to ensure that messaging and targeting is relevant to each key sub-population.



## Evidence based

Evidence based responses are essential to maintaining the effectiveness of our work and the trust of our communities and funders.

ACON maintains close collaborative ties with key research centres within Australia and incorporates new evidence and research into strategic, organisational, and program planning.

## Statewide approach

As a statewide, community based organisation, our aim is to provide programs and services to people across NSW. We do this through our offices located in Sydney, the Hunter Region, and the Northern Rivers.

A great deal of work also occurs via outreach services across regional and rural NSW. This includes Port Macquarie, Coffs Harbour, the Illawarra, and Southern and Western NSW.

We will continue to allocate resources where they will have the greatest population level impact and ensure that our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

## Partnerships

Working in partnership is integral to ACON's success in delivering effective programs across the diversity of our communities, as well as our ability to deliver a statewide reach of these programs.

Maintaining and building partnerships involves collaborating with key partners including governments, NGOs, healthcare providers, researchers and communities, to maximise the inclusiveness and relevance of health promotion strategies. In relation to this strategy, key partners include:

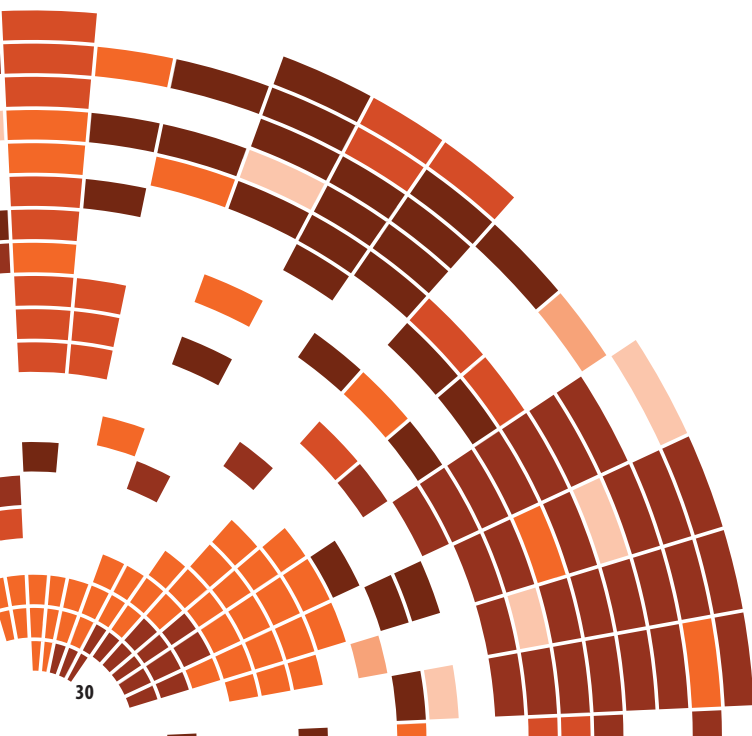
- National Drug and Alcohol Research Centre (NDARC)
- NSW Ministry of Health, Mental Health and Drug and Alcohol Office (MHDAO)
- Stimulant Treatment Program (STP)
- The Centre for Social Research in Health (CSRH)
- The Kirby Institute
- Network of Alcohol and Drugs Agencies (NADA)
- Hepatitis NSW
- The Kirketon Road Centre
- Medically Supervised Injecting Centre (MSIC)
- NSW Users and AIDS Association (NUAA)
- St. Vincent's Alcohol and Drug Service
- The Langton Centre
- City of Sydney
- Positive Life NSW

# MONITORING AND EVALUATION

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review. This enables us to consistently evaluate interventions and programmes as they are implemented.

The nominated objectives are areas where ACON can feasibly measure the impact of our work. We will conduct a midterm review in order to assess the extent to which its objectives have been realised, and to adjust our immediate priorities in the light of the progress made to date.

At the conclusion of this Strategy, the data collected from all contributing programmes and projects will be reviewed and evaluated in order to determine the extent to which we have achieved the outlined objectives.





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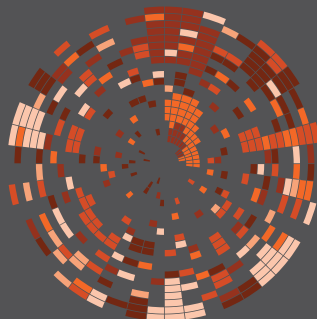
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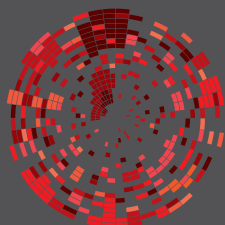
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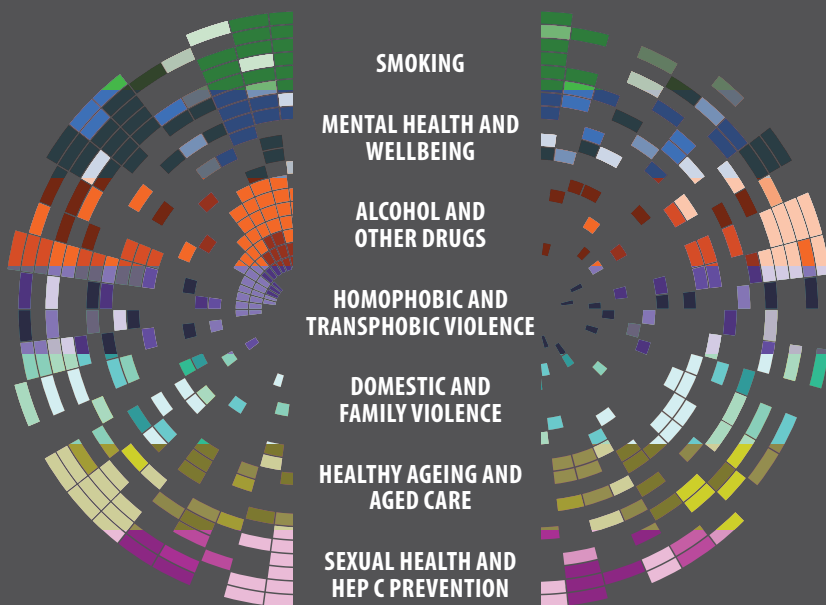
## ACON STRATEGIC PLAN 2013-2018



## HIV ACTION PLAN 2013-2018



## LGBTI HEALTH OUTCOME STRATEGIES



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BUILDING OUR COMMUNITY'S  
HEALTH & WELLBEING