ACON SUBMISSION TO

House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into the health impacts of alcohol and other drugs in Australia

September 2024

About ACON

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.

We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected voice.

Members of Australia's sexuality and gender diverse communities experience health disparities when compared to health and wellbeing outcomes experienced by the total population.

We recognise that members of our communities share their sexual and gender identity with other identities and experiences and work to ensure that these are reflected in our work. These can include people who are Aboriginal and Torres Strait Islander; people from culturally, linguistically and ethnically diverse, and migrant and refugee backgrounds; people who use drugs; mature aged people; young adults; and people with disability.

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ACON acknowledges the Traditional Owners of the lands on which we work. We pay respect to Aboriginal Elders past, present and emerging.

Introduction

ACON welcomes the opportunity to provide a submission to this inquiry into the health impacts of alcohol and other drugs in Australia.

ACON runs several programs related to alcohol and other drugs (AOD). These programs span: harm reduction services, like the needle syringe program and the ACON Rovers at dance events; tailored resources and information for sexuality and gender diverse communities hosted on our AOD website Pivot Point; the only LGBTQ+ specialist community-based substance support counselling service in NSW, and a peer-led brief intervention service and group program for people engaging in sexualised drug use. All of our programs are under-resourced and in high demand.

We have also produced LGBTQ+ inclusive and affirming practice guidelines for alcohol, substance use and mental health services, support and treatment providers to inform best practice across the sector.

This submission is informed by our extensive expertise in providing AOD services to LGBTQ+ people, and collaborating with our partners across the sector to ensure services in NSW and across Australia are equipped to meet the needs of LGBTQ+ people requiring support around their alcohol and other drug use.

a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;

b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services;

Equity and access

Services in the alcohol and other drugs sector currently do not adequately meet the demand for specialist LGBTQ+ service provision. 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. While many in our communities use alcohol and other drugs in ways not perceived as problematic, problematic use occurs, and is often linked to experiences of trauma, mental distress, and minority stress and discrimination associated with being sexuality and/or gender diverse.

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]

Many services are just not set up to be LGBTQ-inclusive when working with our communities. For example, residential rehabilitation programs are often segregated by gender, making them unsafe places for some trans and gender diverse people.[13]

Outcomes, effectiveness, and value for money

Government funding for LGBTQ+ specific drug and alcohol services is often limited and short-term, hindering the ability to provide consistent and comprehensive care. However, when these services are funded, albeit not enough to meet demand, such as our substance support counselling program, clients consistently experience improved outcomes. 70% of clients using our Substance Support Service achieve improvements either because of decreased substance dependence and/or substance use, decreases in mental health symptoms and an increased sense of satisfaction in their health, social and personal relationships and circumstances.

ACON has largely self-funded its critical Rovers program – a volunteer-based community led initiative that promotes a culture of care and harm reduction at LGBTQ+ dance parties and events – since its inception in 2002 and delivered successful annual harm reduction campaigns with ad-hoc micro-grants. This is unsustainable and has not met the scale of need for our communities.

The lack of consistent funding is likely a product of the disproportionate spending under the pillars of the National Drug Strategy. A recent analysis of 2021-22 Federal Government spending in the four domains of law enforcement, prevention, treatment and harm reduction, showed that over 64% of the national budget on illicit drug countermeasures was spend on law enforcement, with only 1.6% of the budget being spent on harm reduction, down from 2.2% in 2009-10.[14]

Given the extensive evidence for the effectiveness of harm reduction in not only addressing the harms of illicit drug use, but also doing so in a cost-effective way,[15,16] and criticisms of law enforcement for being ineffective and potentially contributing to the harms,[17,18,19,20,21] this is a disappointing, though not surprising, finding. Government spending on treatment and harm reduction must increase in order to effectively improve outcomes.

The recently released Final report into the Parliamentary Joint Committee on Law Enforcement's *Inquiry into Australia's illicit drug problem: Challenges and opportunities for law enforcement* notes the spending imbalance, and recommends reviewing the pillar spending with a view to increase spending on harm and demand reduction strategies.

LGBTQ-specific services have been found to produce better outcomes than mainstream AOD services.[22] 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.[23,24]

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.[25]

Central to the success of community-led organisations in a number of health interventions is the cost-effective role that peers play in this work, and the clinical expertise of practitioners within this field.[26] 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.[27] A collaborative approach between peers and clinical practitioners allows for holistic care that better recognises the client's needs, and manages their service provision accordingly. A workforce built on a strong foundation of clinical and peer collaboration ensures that lived expertise is valued, and the client's whole self is considered in their care.

Peer-led interventions typically allow for a holistic approach. Community organisations, such as ACON and NUAA, provide needle and syringe program (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.[28]

These kinds of peer-led interventions typically allow for an earlier entry point into interventions and services, via brief, peer-led, non-judgemental interactions that encourage people to consider reducing their use. ACON's M3THOD program is a peer-to-peer intervention addressing sexualised drug use for gay and bisexual men (cis and trans), trans women, and non-binary people who use crystal methamphetamine and/or GHB in combination with sex.

M3THOD also features a 6-session group workshop, devised by M3THOD peer workers and ACON Substance Support counsellors. The group program focusses on psychoeducation and chemsex management and was created in response to findings from the M3THOD formative evaluation which underscored participants' desire for ongoing peer engagement and connection to fellow peers seeking chemsex support.

Across the sector, there is a need for a larger suite of treatment options beyond residential rehab facilities and abstinence based programs. Early intervention and harm reduction options provide a non-stigmatising way to address the impacts of drug and alcohol use, potentially before they become problematic. However, with systems operating in silos, and not sufficiently funded to meet demand, often people from marginalised communities, such as LGBTQ+ people, are left behind.

Furthermore, funding limitations mean that opportunities to evaluate our services to make them more efficient at producing good outcomes is often outside our capacity. While ACON has been fortunate enough to partner with research institutions to rigorously evaluate our services in the past,[a] we are not

[a] See, for example:
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

able to do this in a business-as-usual manner within our current funding structures. Funding built-in for rigorous evaluation and research, while more costly in the short term, will lead to a more efficient use of resources and consistently better service outcomes.

However, as well as LGBTQ-specific services, LGBTQ+ people need to be able to safely access mainstream services as well. There is a need, therefore, for mandatory training of service providers in LGBTQ+ inclusive and affirming practice, as well as cultural safety more broadly.

Data collection and research

All services, mainstream and LGBTQ-specific, must be set up to meaningfully collect data on client gender and sexuality. Monitoring sexuality and gender identity poses benefits to population health and the development of responsive, evidence informed policies, programs and services, and ensures effective treatment outcomes for a priority population of the National Drug Strategy.[29] The need for this data has been articulated in the *NSW LGBTIQ+ Health Strategy 2022-2027*, and is likely to feature in the 2026 Census. Implementing appropriate data collection must be accompanied by training for staff to feel confident to collect this data.

Research on treatment outcomes among LGBTQ+ populations, including research to conduct rigorous service evaluation, is lacking. Adequate data collection, as well as funding to incorporate systematic evaluation into program delivery, will improve the evidence base we have with which to effectively treat LGBTQ+ populations and their drug and alcohol use.

Ultimately, to ensure effective outcomes, value for money, and equity for all Australians, including LGBTQ+ communities, collaboration between state and federal jurisdictions and across Government portfolios is necessary to ensure that services are holistic, innovative, evidence-based, and able to meet demand, further addressed under the next term of reference.

c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia; and

ACON has long advocated for a whole-of-government approach when it comes to supporting people who use alcohol and other drugs. It is hoped that the forthcoming NSW Drug Summit will foster a holistic approach, leading to a whole-of-government Alcohol and Other Drugs Strategy in NSW, which was a proposed initiative following the Government response to the *Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants*, in 2022, but has not come to fruition.

The final report from the *Inquiry into Australia's illicit drug problem: Challenges and opportunities for law enforcement* recommends the re-establishment of a governance structure under the National Cabinet framework that will bring together health and law enforcement representatives across states and territories to collaborate on multi-sectoral approaches. This framework should also ideally include

: Chan C, Patel P, Johnson K, Vaughan M, Price K, McNulty A, Templeton D, Read P, Cunningham P and Bavinton BR. (2020). Evaluation of ACON's community-based a[TEST] HIV and STI testing services, 2015-2019. Kirby Institute, UNSW Sydney: Sydney, Australia DOI: 10.26190/5f0ff88e20f47

representatives from social services and education to ensure an approach that addresses the social determinants of alcohol and other drug use.

Key to cross-sectoral collaboration is the need to address stigma, discrimination, and criminalisation surrounding alcohol and other drug use, especially for LGBTQ+ people and others with compounding experiences of stigmatisation.

Stigma toward people who use drugs is pervasive, and reinforced by legislation, policy, funding and community attitudes. To effectively improve health outcomes for all people in Australia, these areas must be addressed.

In NSW, and across Australia, many current policies and legislation are stigmatising and discriminate against people who use drugs. There is a direct relationship between policy and stigma, with more punitive policy associated with higher levels of stigma.[30] This further impacts a person's ability to access essential services such as health care, housing and employment.

Stigma towards people who use drugs exists in the general community, and concerningly in the health care system. People who inject drugs (PWID) consistently report high levels of stigma, particularly in healthcare settings.[31] 86% of the general public, and 56% of healthcare workers self-report their own negative attitudes towards PWID.[32,33]

This is compounded for those who experience stigma in a multitude of ways, such as people living with HIV, Aboriginal and Torres Strait Islander people, LGBTQ+ people, sex workers, people who have been incarcerated, people experiencing mental distress, people living with disabilities and people who experience homelessness. These intersecting forms of stigma further discourage people accessing support.[31,34]

Efforts to reduce stigma, discrimination, and criminalisation will work to ensure that alcohol and other drug use is addressed in a holistic, rather than punitive, way across our communities.

In addition, it is well known that alcohol and other drug use can have a large impact on other areas of government policy and service provision, including in social services to address sexual, domestic, and family violence, mental health, and housing.

There are known links between alcohol misuse, mental health concerns and child experiences of abuse to intimate partner and sexual abuse victimisation and perpetration.[35] Research has demonstrated that LGBTQ+ people use drugs and alcohol, experience childhood sexual abuse, higher rates of mental distress, than the general population.[36,37] Some research has also demonstrated that among LGBTQ+ populations, those who had experienced intimate partner violence were more prone to drug and alcohol use than those who hadn't.[38,39]

Treatment for drug and alcohol use has been associated with the reduction of DFV and improved relationship functioning in heterosexual couples. We predict that, consistent with research on heterosexual couples, drug and alcohol treatment would lead to fewer instances of DFV in LGBTQ relationships.

Despite the known links between mental health, drug and alcohol use, domestic and family violence, and housing, these services are generally funded and regulated separately, even though they are usually co-presenting issues. Silos in service provision are a major impediment to coordinated services for clients with co-occurring issues. Coordination at this level can result in improved access to high quality

and effective services for these problems. Specialist LGBTQ services must be funded across a range of areas in order to address coexisting issues affecting individuals. This includes addressing alcohol and other drug use, sexual domestic and family violence, financial hardship, access to housing, and adequate mental health care.

d) Draw on domestic and international policy experiences and best practice, where appropriate.

Throughout this submission, we have drawn on best practice policy and evidence to substantiate our claims around ways to improve equity of access to services, and treatment outcomes for LGBTQ+ communities, including by increasing access to peer-led services, Government spending on harm reduction initiatives, LGBTQ+ specific AOD services, and LGBTQ+ inclusive mainstream services.

It is also important to note that there is growing domestic and international evidence that suggests law enforcement models, including drug detection dogs and punitive criminal measures, can contribute to, rather than reduce, the harms of illicit drug use.[40,41,42,43,44] There is also extensive evidence of the disproportionate harm that arises from a criminal conviction – and even unpaid fines – for personal possession or use of drugs.[45,46,47]

LGBTQ+ communities, especially in NSW, have a slowly improving relationship to policing in NSW that is historically associated with police targeting, violence, abuse, corruption, and neglect[48,49] and documented experiences of discrimination, and prejudice motivated violence in carceral settings.[50]

This growing body of evidence indicates the need to move away from law enforcement models of seeking to reduce the harm of alcohol and other drug use, especially with regard to communities disproportionately impacted by policing, including LGBTQ+ people, but also First Nations communities and people experiencing complex mental distress.

The harm of law enforcement models, especially with drug regard to drug possession and personal use, have been recognised in the *Inquiry into Australia's illicit drug problem: Challenges and opportunities for law enforcement*, which calls for longitudinal research to understand the impacts decriminalisation could have in Australia. Any such research should consider impacts on different priority populations, including those who are disproportionately targeted by police, especially Aboriginal and Torres Strait Islander populations.

Recommendations

Based on our experience within the sector, the evidence base, and our deep understanding of LGBTQ+ communities, ACON makes the following recommendations for ways in which the Commonwealth Government can collaborate with state and territory governments to reduce the impact of alcohol and other drugs on LGBTQ+ communities:

Reform and resourcing:

1. **The National Drug Strategy 2017-2026 is renewed, with:**
    a. a stronger focus on harm reduction than the current strategy.
    b. a continued recognition of lesbian, gay, bisexual, trans and gender diverse, and queer people as a priority population, with attention to the specific needs and issues our communities face.
    c. a whole-of-government approach, recognising the role that social services, education and community sectors can play in reducing the harms of alcohol and other drugs, as well as health.
    d. adequate allocation of resources to address and implement the strategy, including toward efforts to improve gender and sexuality data collection at AOD services.
    e. Robust evaluation mechanisms built into the Strategy, and into the services it will fund.
    f. A governance body similar to the Ministerial Drug and Alcohol Forum is re-established under the National Cabinet framework to oversee the implementation of the new Strategy, from a multi-agency perspective including representatives from health and social services across all jurisdictions.

2. **A nationally coordinated approach to decriminalise drug quantities for personal possession in all jurisdictions that:**
    a. Does not include police discretion in the application of relevant policies and initiatives.
    b. Consults meaningfully on what constitutes “personal possession” amounts.

3. **Commitment to investment in the sustainability of AOD NGOs and their clinical and peer workforces, including:**
    a. Grants and funding allocations are improved to give organisations adequate time and sustainability to deliver on the outcomes- i.e. 5-10 year grant terms, consultative KPI development, and funding that accounts for investment in technology, infrastructure, service overheads, and developing capacity for reporting and evaluation to inform research, policy, and planning.
    b. Priority populations are supported by funding relevant existing organisations such as LGBTQ+ and Aboriginal community-controlled organisations.
    c. Long term strategies to support sustainability including partnership approaches between state and federal funding.

4. **Increased funding and decreased barriers to delivering evidence-based programs and services including:**
    a. Sustainable and increased funding for existing harm reduction programs and new harm reduction programs.
    b. Reduce barriers for peer distribution of injecting equipment.

Harm reduction and treatment:

5. **Significantly increase access to treatment services:**
    a. Provide regional, remote and outer metro access to specialised care for LGBTQ+ communities, including counselling, treatment and at home detox and withdrawal services.

6. **Improve capacity of mainstream AOD services to provide care for LGBTQ+ clients, by:**
    a. Implementing mandatory cultural safety training and training to ensure LGBTQ-inclusive and affirming care
    b. Improved collection of gender and sexuality data at all AOD services, including training to upskill practitioners to ask these questions
    c. Robust and ongoing evaluation of services to ensure good outcomes for all clients, including LGBTQ+ clients.

7. **Implement drug checking services as a priority including:**
    a. Work with states and territories to create fixed site services across the country
    b. Location based services at festivals, to be implemented ahead of this summer.
    c. A model that includes harm reduction and peer support including LGBTQ+ peer workers.

8. **Increase and replicate the delivery of existing harm reduction programs including:**
    a. Secondary / smaller medically safe consumption sites – including injecting centres, in areas where people need them, including carceral settings, not just in the inner city.
    b. Sexualised drug treatment and support.
    c. Needle and syringe programs to be implemented in custodial settings.

9. **Increased provision of AOD education and campaigns including:**
    a. Harm reduction campaigns and interventions with specific priority populations messaging, including for LGBTQ+ people.
    b. Peer education and community capacity building programs and initiatives that are specifically targeting priority populations, including LGBTQ+ people.

Reducing contact with the criminal justice system and police

10. **Collaborate with states and territories to secure reform to police practices across the country, and:**

a. Immediately cease harmful police practices including drug dog operations, and strip searching.
b. Remove police discretionary powers for policing individual drug possession.
c. Fund an independent legal observer to observe police at music festivals, LGBTQ+ parties, and other locations where evidence of harmful police practices have occurred.

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