

Findings from an evaluation of ACON's Substance Support Service

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Why evaluate ACON's Substance Support Service?

Lesbian, gay, bisexual, transgender & intersex (LGBTI) people report higher rates of alcohol and other drug (AOD) use and harms compared to non-LGBTI people and have been identified as a priority population in the *National Drug Strategy 2017-2026*.¹⁻² Higher rates of AOD among LGBTI people are often understood to be due to stigma and discrimination, as well as the normalisation of AOD use in LGBTI communities.

In Australia, there has been little research on AOD treatment among LGBTI people. Questions on sexual and gender minority status are not part of the minimum data routinely collected by mainstream AOD services across Australia, although from 2016 the Network of Alcohol and other Drugs Agencies (NADA) has recommended optional questions about gender and sexual identity should be included when reporting client outcomes at non-governmental organisation (NGO) AOD services in New South Wales (NSW). In addition, services tailored for LGBTI people have rarely been evaluated, so it is unclear whether the needs of these communities are being met by current services.

ACON, in partnership with the University of New South Wales (UNSW), was successful in obtaining an Alcohol and Other Drugs Evaluation Grant from the NSW Ministry of Health's AOD Innovation Fund to evaluate our Substance Support Service. This provided ACON with the opportunity to better understand client experiences of our service and to assess treatment outcomes. It also presented us the opportunity to complete the first comprehensive evaluation of a LGBTI-specific AOD counselling service in Australia.

The Model of Care

ACON's Substance Support Service aims to reduce the impacts and associated harms of problematic substance use in LGBTI communities and ensure that clients can achieve safety and stability with their substance use. The model provides up to 12 individual sessions on mutually agreed goals, with clients able to re-enter treatment as required. It uses a harm reduction and stages of change approach and operates in a stepped-care model, offering brief intervention, tapering of support in preparation for discharge and the ability to work in parallel with care coordination services delivered either by ACON's care coordination team or specialist Local Health District/Primary Health Network (PHN) mental health or AOD services. The service provides treatment frequency and intensity of support that is individualised according to clients' needs. It is available via face-to-face, by telephone or online via videoconferencing.

The service can be delivered as a stand-alone intervention or as a complement to detoxification services, residential rehabilitation and opioid treatment programs or aftercare for these programs. Clients of the service are supported to access detoxification and residential rehabilitation as required and are followed up in preparation to leaving as part of a transition plan.

The Evaluation

The evaluation aimed to examine characteristics and treatment outcomes among clients attending ACON's Substance Support Service and compare them with clients of comparable mainstream services. It was a mixed method process and outcomes evaluation which included two components: quantitative analysis of treatment outcomes and in-depth interviews with clients, staff and key stakeholders.

a. Quantitative analysis of treatment outcomes

Eligible clients for the quantitative analysis commenced treatment between January 2016 and December 2018, were aged at least 18 years of age and were seeking support for their own substance use. As ACON is a LGBTI-specific service, all clients identify as LGBTI, non-heterosexual or gender diverse. Eligible clients in the comparison group sought support from comparable mainstream services (e.g. those providing free, individual outpatient counselling services, using a harm reduction framework, employing qualified counselling staff, located within greater Sydney region and collecting data on

¹ Roxburgh, A., Lea, T., de Wit, J., & Degenhardt, L. (2016). Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. *International Journal of Drug Policy*, 28, 76-82.

² Australian Government Department of Health. (2017). *National Drug Strategy 2017-2026*. Canberra: Commonwealth of Australia.

sexual identity and treatment outcomes). There was no requirement that clients meet criteria for dependence in order to access these services or to be included in the present analysis.

Primary outcomes in this study were changes from baseline in:

- Days of use of principal drug of concern in the previous four weeks
- Severity of Dependence Scale scores.

Secondary outcomes examined changes from baseline in:

- Kessler Psychological Distress Scale (K10) scores
- Quality of Life index (EUROHIS-QOL-8) scores

The treatment outcomes analysis included 284 ACON clients and 1011 clients of mainstream AOD counselling services over the study period. ACON clients complete outcome measures during the initial session and every 4 sessions thereafter. Mainstream services follow different protocols for when outcome measures are collected. Fifty-seven percent of ACON clients and 28% of mainstream clients had completed at least one progress interview during treatment within 14 and 365 days of commencing treatment.

The mean age of ACON clients was 38 years, the majority were gay and bisexual men (79%), the most common drugs of concern were methamphetamine (58%) and alcohol (26%), and the median duration of treatment was 112 days. Despite mainstream services having similar treatment philosophies and modalities, comparison of the characteristics of ACON and mainstream clients at treatment entry showed that the client profiles were very different in terms of employment and housing, principal drug of concern, recent substance use, and source of referral into treatment, with mainstream clients being more likely to be in unstable housing or be unemployed, for example, or to have been referred into treatment from the criminal justice system. In addition, only six (0.6%) mainstream clients were identified as LGBTI, primarily due to sexuality or gender identity not being recorded at mainstream services. For these reasons, treatment outcomes could not be compared between ACON and mainstream services.

For ACON clients, the proportion reporting abstinence increased from 14% at treatment entry to 28% at the fourth counselling session and 39% at the 12th session. The median number of days that the principal drug of concern was used in the previous four weeks declined from eight days to four days at session four and five days at session 12. Clients also reported reductions in psychological distress and improvements in perceived quality of life between treatment entry and at each subsequent assessment during treatment (conducted every fourth counselling session).

b. Qualitative component

Interviews were conducted with 22 current and former clients of ACON's Substance Support Service, 12 LGBTI clients of mainstream AOD services, 6 ACON staff, and 12 professionals from other AOD and related services (e.g. clinicians, managers). Clients who had accessed ACON's Substance Support Service were generally very satisfied with the service and said they were motivated to access a tailored service because they felt it would be more likely meet their needs, including having clinicians that understood LGBTI issues related to AOD use. For some mainstream clients, their main imperative in choosing a service was gaining access to AOD treatment, and a focus on their LGBTI identity was less important, although they appreciated services that provided culturally appropriate care. While client satisfaction with mainstream services was generally good, some interviewees reported that they would like to see more visual signifiers at mainstream services demonstrating LGBTI-inclusivity and showing that staff were knowledgeable of AOD issues specific to LGBTI people.

Health professionals who were interviewed agreed that the availability of tailored AOD services was beneficial for LGBTI people. Interviewees also saw the value of providing AOD support for LGBTI clients at mainstream services, as long as those services were equipped to provide culturally appropriate care for LGBTI people. This could be achieved by services participating in LGBTI inclusivity training, for which AOD-specific training is available. While external professionals' perceptions of ACON were generally very positive, some thought that the Substance Support Service was not well known by clinicians at mainstream services. It is important to note that government treatment organisations could not be contacted to facilitate stakeholder interviews due to the requirement for ethical approval from each Local Health District where a service was located. Some of these services are important and regular referral pathways for clients to access ACON's Substance Support Service.

What are the key evaluation outcomes?

The findings of this evaluation showed improved substance use outcomes and psychological wellbeing during treatment among LGBTI people attending ACON's Substance Support Service. The qualitative findings also showed that current and former ACON clients were satisfied with the service that they had received and valued the availability of an AOD counselling service that was tailored to the needs of LGBTI people. The findings also demonstrated that clients of ACON's service have a different sociodemographic and substance use profile compared to clients of mainstream AOD counselling services.

There were very few LGBTI clients at the mainstream services identified in the quantitative component of this evaluation (six clients in total), which may be indicative of underutilisation of these services by LGBTI people but is more likely to reflect underreporting of LGBTI clients in routine clinical data collection. However, interviews with LGBTI clients of mainstream AOD services showed that mainstream services can and do meet the needs of LGBTI people. This underscores that LGBTI people want good quality, supportive AOD treatment, irrespective of who delivers it.

Moving forward, ACON is keen to consider ways to enhance promotion of the service to LGBTI communities, in order to increase engagement with people who may not be aware of the service or are experiencing barriers to accessing support. Most clients of ACON's Substance Support Service were gay men seeking treatment for methamphetamine use. This may reflect current community need but could also indicate underutilisation of the service by other groups within LGBTI communities, including lesbian and bisexual women, bisexual men, and trans and gender diverse people. Similarly, ACON is considering ways in which we can enhance promotion of the service to mainstream AOD and related services. This would increase awareness of the service among clinicians at mainstream services and strengthen referral pathways to and from ACON.

The evaluation also highlighted that for the AOD sector, considering ways to improve data collection about sexual and gender identity at mainstream services is critical to understanding service utilisation, outcomes and experiences for sexual and gender minority populations. The Australian Alcohol and Other Drug Treatment Services National Minimum Data Set does not have a question about sexual identity and the question about gender includes the limited options of "male", "female", and "other".³ NADA has recommended more detailed questions on sexual and gender identity for NSW non-government AOD services since 2016, but our evaluation found that these data were not being collected systematically by services during the study period. This suggests barriers to asking these questions among service providers, and a need for additional training and support so that services understand the importance of obtaining these data.

Work has already begun to support the sector in improving data collection. ACON, in partnership with NADA and Central Eastern Sydney PHN, has developed these freely available resources:

1. [Asking the question: Recommended Gender and Sexuality Indicators](#) an online training module for frontline staff and managers working in AOD service provision
2. [AOD LGBTIQ Inclusive Guidelines for Treatment Providers](#)

Ongoing resourcing for mainstream AOD frontline staff and managers to attend LGBTI-inclusivity training programs (<https://lgbtihealth.org.au/trainingpackages/>) would also be beneficial to offer high quality services, be knowledgeable about AOD issues specific to LGBTI people and to promote their services as LGBTI-inclusive, as well as to understand the importance of collecting sexual and gender identity data and building their confidence in 'asking the questions'.

³ Australian Institute of Health and Welfare (2018b). Alcohol and Other Drug Treatment Services National Minimum Data Set: Data Collection Manual 2018–19. Version 2.0 (June 2018). Cat. no. DAT 9. Canberra: AIHW.