

22 July 2024

Alcohol and Other Drugs
Preventive Health SA
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Re: Feedback on the draft South Australian Alcohol and Other Drug Strategy 2024-2030

To Preventive Health SA,

Thorne Harbour Health (THH) welcomes the opportunity to provide feedback to Preventive Health SA's draft South Australian Alcohol and Other Drug Strategy 2024-2030.

Thorne Harbour Health is one of Australia's largest LGBTIQ+ community-controlled health services and is the largest provider of alcohol and other drug (AOD) services specifically targeting LGBTIQ+ communities. Thorne Harbour Health works primarily across South Australia and Victoria, but also leads on national projects.

In this feedback, we welcome the identification of LGBTIQ+ people as a priority population in the draft Strategy. However, the draft Strategy reads as including LGBTIQ+ people as a priority population as tokenistic – it fails to meaningfully and substantively account for LGBTIQ+ people in its Priority Areas and System Enablers, as well as the Priority Actions and Supporting Activities that underpin these.

As the Strategy that will guide the South Australian Government's alcohol and other drug response over the remainder of the decade, it is essential that LGBTIQ+ people are meaningfully included throughout the document to address ongoing inequities that our communities experience.

We look forward to collaboratively working with Preventive Health SA to improve the health and wellbeing of LGBTIQ+ South Australians and address their unique needs across the alcohol and other drug service system.



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Submission: South Australia Alcohol and other Drug Strategy 2024-2030

About Thorne Harbour Health

Thorne Harbour Health (THH) is one of Australia's largest LGBTIQ+ community-controlled health services and is the largest provider of alcohol and other drug (AOD) services specifically targeting LGBTIQ+ communities. Thorne Harbour Health works primarily across South Australia and Victoria, but also leads on national projects.

Thorne Harbour Health has extensive experience in health promotion and providing alcohol and other drug (AOD) and mental health supports for LGBTIQ+ people. THH operates AOD services funded by the Adelaide PHN free of charge under a comorbidity framework, alongside a separately funded specialist mental health service. In Victoria, THH offers a state-wide alcohol and other drug recovery support, intensive case management, and dual diagnosis outreach counselling.

THH further runs several therapeutic and peer-led alcohol and other drug groups and events throughout the year, including:

Anchor: a free eight-week program for gay, bi+, and queer men (including cis, trans and masc-identifying people) who want to change, control or stop their alcohol use.

Re-wired: a free eight-week program for men who have sex with men aimed at learning skills and strategies to change their methamphetamine use.

Drink Limits: a free six-week group for lesbian, bisexual and queer (cis and trans) and anyone female identifying who is concerned about their drinking.

TAPS: a fortnightly peer-led, goal-based support group for transgender, non-binary and gender diverse people looking to better manage their alcohol and other drug use.

Re-Wired 2.0: a fortnightly peer-led, goal-based group open to men who have sex with men who want support in a peer-led environment to change, control or stop their methamphetamine use.

Mixer Only Mixer: a sober community event for LGBTIQ+ people seeking to change their relationship with alcohol and form social connections with others.

Background

Data derived from both global and Australian contexts generally demonstrates higher rates of substance use among LGBTIQ+ individuals compared to the general population. In 2022–2023, 42 percent of lesbian, gay or bisexual people had recently used any illicit drug, compared with 17.3 percent of heterosexual people.

As with other minority populations, recreational substance use among LGBTIQ+ populations has sometimes been unfairly sensationalised within public discourses and coopted into narratives that pathologise LGBTIQ+ identities. Simultaneously, problematic substance use can shape a range of unique social, mental, physical and sexual health experiences, which differ from the mainstream population.

The disproportionate incidence of substance use among LGBTIQ+ populations can be understood within the context of using substances to cope with holding a stigmatised or socially disadvantaged sexuality or gender identity, as well as the normalisation of substance use within LGBTIQ+ subcultures.

However, this cannot be viewed in isolation – LGBTIQ+ people experience health inequities across a broad range of metrics, compounded by intersecting forms of marginalisation and vulnerability. What is more, barriers to accessing services, including real and perceived stigma and discrimination – particularly from faith-based providers – further curtail achieving positive health outcomes for LGBTIQ+ people.

Among LGBTIQ+ people, there is a significant association between AOD risk and having experienced sexual assault, as well as AOD risk and poor mental health or psychiatric disorders. Discrimination and intimate partner violence are both additionally associated with recent AOD use. This highlights the importance of holistic and comorbidity supports that can provide accessible, culturally safe and trauma-informed supports to this priority population.

Existing research also highlights AOD service preference among LGBTIQ+ adults. *Rainbow Realities*, by the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University, found that one fifth of research participants expressed a preference for a service that catered specifically to LGBTQA+ communities, and half expressed a preference for a mainstream service that was known to be LGBTQA+ inclusive. LGBTQA+ adults were more likely to hold a preference for an LGBTQA+ service if they were trans men, trans women or non-binary; and lived outside of inner urban areas. This stresses the need for more resourcing - particularly outside of inner-city Adelaide - to appropriately build the capacity of mainstream services to meet the diverse needs of LGBTIQ+ communities; and greater resourcing of LGBTIQ+ specific AOD services.

Summary

The *South Australian Alcohol and Other Drug Strategy 2024-2030* serves as an important framework for state-level action over the rest of this decade, and so must ensure that no South Australians are left behind. It is promising to see LGBTIQ+ people identified as a priority population, however – and unfortunately – this prioritisation is not reflected throughout the document, particularly in the Strategy’s Priority Actions and Supporting Activities.

Including LGBTIQ+ people in this Strategy cannot be tokenistic. If we are to address AOD-related health inequities experienced by LGBTIQ+ South Australians, government actions must meaningfully engage and partner with LGBTIQ+ community-controlled health services, which are best positioned to access and support those members of our community, and those that most need LGBTIQ+ specialist care.

The draft Strategy rightly places a strong emphasis on the experiences of Aboriginal people, and the need for tailored, culturally appropriate and community-led services. There are incomparable histories and present realities, however the principles underlying many of these Priority Actions and Supporting Activities are equally applicable to LGBTIQ+ people: the focus on health inequities; the importance of interventions being community-led; and cultural safety and proficiency of mainstream workforces. And yet, these core features of appropriate responses to LGBTIQ+ AOD use, and treatment go overlooked.

The Strategy must explicitly acknowledge the systems of oppression which underpin health inequities experienced by LGBTIQ+ people to avoid the implication that LGBTIQ+ identities are the “problem”. This includes intersectional marginalisation and vulnerabilities, minority stress, discrimination and exclusion, not only regarding sexual orientation and gender identity, but also cultural and linguistic diversity, indigeneity, (dis)ability, HIV status, and other factors that can cumulate to form complex needs and barriers to support and healing.

Thorne Harbour Health looks forward to working with the South Australian Government in a genuine and meaningful way to minimise alcohol and other drug related harm and improve equitable health outcomes and supports for LGBTIQ+ South Australians.

Priority area 1: Health promotion and prevention

Alcohol and other drug use within LGBTIQ+ communities have their own unique drivers and are often used and experienced in ways which are distinct from the general population. Effective health promotion within LGBTIQ+ communities requires deep and nuanced contextual understanding of this, as well as connection to and rapport with LGBTIQ+ communities.

While the draft Strategy acknowledges the need to increase community awareness of AOD risks and harms among priority population groups, it fails to identify any concrete Priority Actions or Supporting Activities to engage LGBTIQ+ communities as a priority population.

A significant number of LGBTIQ+ people experience stigma and discrimination from mainstream organisations and providers, necessitating the involvement of LGBTIQ+ community-controlled organisations, which have established a reputation amongst community members as trusting, affirming and safe, to lead health promotion and prevention efforts in this space.

As an LGBTIQ+ community-controlled organisation, Thorne Harbour Health has been producing award winning health promotion for over 40 years across a broad spectrum of LGBTIQ+ health issues and HIV and sexual health, including our [Touch Base](#) AOD website for LGBTIQ+ communities. LGBTIQ+ people are experts in their own lives, and health promotion by community, for community, is the most effective, agile and responsive to community need.

What should be articulated in the Strategy is meaningful engagement with LGBTIQ+ community-controlled organisations to undertake AOD health promotion and prevention.

Recommendation

Add to Priority Actions: Partner with LGBTIQ+ community-controlled organisations to develop and promote effective alcohol and other drug public health responses.

Priority area 3: Early intervention and targeted intervention

Priority area 3 rightly highlights the importance of early intervention and targeted intervention. However, the importance of how priority populations are engaged needs to be mentioned here. Targeted interventions for priority populations, including LGBTIQ+ people, need to meaningfully include and work with the communities concerned. This spans from identification of issues through to implementation of solutions. The South Australian Government should work with LGBTIQ+ communities to lead early intervention and targeted intervention work.

Recommendation

Under *Why is this important?* acknowledge that 1) targeted interventions are needed for priority populations including LGBTIQ+ people and Aboriginal people; and 2) should be led by those communities.

Recommendation

Amend Supporting Activity 23

from: “Co-design with LGBTIQ+ communities and agencies tailored prevention and harm reduction strategies to reduce substance use and harm amongst this group”,

to: “Work collaboratively in the co-design and implementation of effective LGBTIQ+ community-led tailored prevention and harm reduction responses to reduce the use and harms of alcohol and other drugs.”

Priority area 4: Treatment and support

There are many unique ways that LGBTIQ+ communities engage with alcohol and other drugs that are not understood or are missed in mainstream services. Lacking contextual knowledge, they can often be stigmatising of LGBTIQ+ experiences of AOD, particularly when used in sexual contexts.

Treatment and supports needs to recognise the unique drivers of alcohol and other drug use among LGBTIQ+ people, as well as distinct barriers that LGBTIQ+ people experience across the AOD service system. One fifth of LGBTIQ+ people express a preference for an AOD service that caters specifically to LGBTIQ+ communities, and half express a preference for a mainstream service that was known to be LGBTIQ+ inclusive.

Coordination of treatment and care for alcohol and other drug and multiple comorbidities are essential for LGBTIQ+ people, who face stigma, discrimination and barriers to care at multiple points across different services systems. One example is that research has consistently identified mental ill-health and substance use disparities among trans young people. *Rainbow Realities* found that most trans and gender diverse (TGD) young people who have ever received a substance use disorder diagnosis have also received a comorbid psychiatric disorder diagnosis (69%-99%, depending on the psychiatric disorder). These findings illustrate that the mental health and substance use treatment and prevention needs of trans and gender diverse young people should be addressed in an integrated fashion, considering the critical affirmative role of peers, partner, and family. This is further supported by the higher preference among TGD people for LGBTIQ+ specific services.

LGBTIQ+ community-controlled health services are an entry point into LGBTIQ+ communities. Delivered for community, by community, they understand the nuance of their clients' needs, and by their nature maintain the trust and rapport with community that mainstream services sometimes lack.

LGBTIQ+ people require improved access to, and quality of treatment if we are to address disparities in AOD related harms, and health inequities broadly.

Recommendation

Add as a Supporting Activity: Work with LGBTIQ+ community-controlled health services to integrate AOD supports with colocated services to address comorbidities.

Recommendation

Add as a Supporting Activity: Strengthen LGBTIQ+ community-controlled health services to better provide culturally safe AOD services for LGBTIQ+ Aboriginal and culturally and linguistically diverse people.

Recommendation

Add as a Supporting Activity: Work with LGBTIQ+ community-controlled health services to build the capacity of mainstream alcohol and other drug service providers to appropriately support LGBTIQ+ clients.

Priority Area 5: Engaging communities

Community engagement must be meaningful, collaborative, and ongoing. LGBTIQ+ community-controlled organisations, as trusted services providers and access points to wider LGBTIQ+ communities, are well positioned to collaborate with government in its engagement with this priority population group.

Meaningful partnerships with community are particularly important in the context of prevalent stigma, discrimination and other barriers to accessing services. These barriers are particularly evident among faith-based providers, which constitute a significant proportion of alcohol and other drug service providers in South Australia.

LGBTIQ+ people must be partners in the solutions to the problems that affect them.

Recommendation

Explicitly mention LGBTIQ+ people as a priority population within Priority Area 5: Engaging communities, e.g., *Our Commitment* could read: The South Australian Government seeks to tailor services and support to high-risk communities and priority populations including Aboriginal people and LGBTIQ+ people by supporting community involvement in planning and implementing health policies and services.”

Recommendation

Priority Action 48 currently reads: “Embed routine client experience measures across all alcohol and other drug services to improve client outcomes”.

For Priority Action 48 to be meaningful for LGBTIQ+ communities, client experience measures would need to collect and disaggregate client demographic data by sexual orientation, gender identity, and variations of sex characteristics if we are to measure changes to existing inequities. To achieve this, sexual orientation, gender identity and variations of sex characteristics client data needs to be consistently collected across the service system (see recommendation in **System enabler – evidence and data systems**).

Recommendation

Our commitment states, “Co-designing services supports a more flexible service provision for populations. This includes seeking greater involvement of the peer workforce across service systems to increase the responsiveness of services.” This should form the basis for a Supporting Activity under **System enabler – Workforce development**, which fails to consider the peer workforce.

Recommendation

Add as a Priority Action: Co-design tailored services with LGBTIQ+ community-controlled organisations to improve appropriateness of service provision.

System enabler – Workforce development

The strategic development of the alcohol and other drug service system workforce is fundamental to ensuring the needs of LGBTIQ+ people are met, and health inequities addressed. Too often, LGBTIQ+ people experience stigma and discrimination in services where cultural safety has not been prioritised. However, this problem does not only affect service users - LGBTIQ+ people within the AOD workforce also encounter challenges related to discrimination and workplaces being not being inclusive of diversity. The workforce can be further strengthened by the lived experience of peers, which is particularly important for peers within priority populations, including LGBTIQ+ people.

Recommendation

Add as a Supporting Activity: Require that SA Health funded alcohol and other drug treatment services have systems in place that demonstrate their commitment to LGBTIQ+ cultural safety, capacity, and proficiency of their workforce with LGBTIQ+ people and communities.

Recommendation

Add as a Supporting Activity: Support inclusive and targeted recruitment strategies to attract peer workers from priority populations, including LGBTIQ+ people, to the alcohol and other drug sector.

Recommendation

Add as a Supporting Activity: Support alcohol and other drug service providers in becoming inclusive and safe workplaces for diverse staff, including LGBTIQ+ people to assist with retention.

System enabler – Evidence and data systems

As stated in the draft Strategy, data is essential to inform evidence-based decision making and identify emerging areas of concern. Unfortunately, there is a paucity of data relating to LGBTIQ+ health and wellbeing, including AOD use and service needs.

Sexual orientation and gender identity are not yet collected in the Australian census. Further, sexual orientation, gender identity and variations of sex characteristics are inconsistently collected – if at all – across health, hospital, and nonprofit data systems.

The Australian Bureau of Statistics (ABS) has released the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020) ('the ABS Standard'). It is critical that data collection processes are consistent across all agencies and services that respond to alcohol and other drugs to ensure decisions are informed by robust data, and priority populations receive appropriate treatment and support. The ABS Standard has undergone extensive testing to ensure that data collected is useful and is not burdensome to gather. Implementing the ABS Standard also allows for LGBTIQ+ AOD data to be more easily compared with population data collected in the census.

There is a need for greater support and investment in research into LGBTIQ+ engagement with alcohol and other drugs, and AOD services, to build robust evidence. There are key longitudinal studies that produce a large amount of the data including the *Private Lives* series, the *Writing Themselves In* series, the *GBQ+ Community Periodic Survey (GCPS)* series, and the *SWASH* series on lesbian, bisexual and queer women's health. It is particularly important to improve research into LGBTIQ+ subgroups such as trans and gender diverse people and LGBTIQ+ women, given that much of the existing research relates to gay, bisexual, and other men who have sex with men (GBMSM).

Recommendation

Add as Supporting Activity: Ensure all alcohol and other drug agencies and services apply consistent data standards relating to gender and sexual diversity, and variations of sex characteristics.

Recommendation

Add as Supporting Activity: Enhance identification of LGBTIQ+ clients in mainstream services to improve appropriate referral pathways to LGBTIQ+ specialist services.

Recommendation

Add as a Supporting Activity: Support longitudinal research and subpopulation specific research into LGBTIQ+ alcohol and other drug use, health outcomes and service use.

Kind Regards



Rebecca Ellis