Increasing alcohol and other drug service access for asylum seeker and refugee communities

Developing a guide for community support and specialist alcohol and other drug workers
Acknowledgement

QNADA acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. We pay respect to Elders past and present, and extend this to all Aboriginal and Torres Strait Islander people reading this message.
QNADA is the peak organisation for the non-government (NGO) alcohol and other drug (AOD) sector. QNADA currently has 41 member organisations.
Overview

• Defining the issue and the piece of work that followed
• Some time for reflection
• Let’s talk about drugs (...in a culturally safe way)
• Some key issues to consider
• Treatment services
• Key contacts
We didn’t do it alone

Roundtable participants

• Ethnic Communities Council of Queensland (ECCQ)
• Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
• MDA Ltd.
• Mater Integrated Refugee Health Service
• Drug ARM Australasia

Individual clients / community members supported by organisations to participate.
Defining the issue

- Perceived increase in problematic substance use in refugee and asylum seeker communities
- Statistics say SU in refugee communities lower than general population and other migrant groups
- Do the statistics make sense?
- We connected with community services that work with asylum seeker and refugee populations to discuss what they were seeing
- These discussions informed the following piece of work.
It’s not about what we think

• Established expert reference group and held roundtable discussions with services which sought to identify:
  
  o The issues workers in the community were seeing
  o Barriers to asylum seeker and refugee communities accessing treatment
  o Help seeking barriers
  o What information would be useful to community workers and the specialist AOD workforce.
Sometimes it’s about being comfortable with not knowing where things will land. . .

- Expert reference group needed to give go-ahead on ToR and project plan
- Iterative process and feedback loop with reference group
- Consultation occurred with community leaders which was supported by the reference group
- Considerations:
  - Diversity of the group (e.g. creating a culturally safe and inclusive space for concerns around AOD to be shared)
  - Pros and cons of individual vs group setting
  - Providing multiple mechanisms for people to engage.
What we learned from the groups

- In order to improve AOD service access we needed a resource that is:
  - Specific yet sufficiently broad enough to properly represent the needs of the many asylum seeker and refugee communities
  - Include specialist AOD information yet be applicable to community workers
  - Include specialist asylum seeker and refugee support information yet be applicable to the AOD workforce
  - Helps to reduce some of the stigma around alcohol and other drug use
  - Most importantly, guided by and endorsed by the communities themselves.
Responding to need also means investigating what already exists

- Collated a range of existing resources and used this as the basis to identify gaps
  - AOD resources
  - Asylum seeker and refugee community resources
  - Combined information
  - Research
- Expert reference group and community participant feedback was synthesised to form a list of topics for inclusion.
Where we ended up

• A guide that caters to both the specialist AOD and community support workforce
  o Two sections relevant to each
  o Assumes no previous knowledge
  o Comprehensive list of organisations and resources
  o Covers issues such as harm reduction, AOD treatment, stigma, working with interpreters, torture and trauma, reflective practice.
Group reflection

- Take 5mins to consider the following questions with the person beside you:
  - What is my cultural background?
  - What are my cultural values, beliefs, attitudes and expectations about what is normal or natural?
  - How do I respond when there is a conflict between my cultural beliefs and those of my clients?
  - How do I make sure that I am practicing in a culturally safe way?
  - How could culture influence someone’s willingness to seek help for problematic substance use? (think authority, confidentiality, hierarchy, community connectedness).
Group reflection

- Take some time to consider the following questions with the person beside you:
  - What is my current level of knowledge around alcohol or other drugs?
  - Where do I get this knowledge?
  - What are my values and beliefs about alcohol or other drugs?
  - How might this impact my ability to work with someone who is using alcohol or other drugs?
  - How might this impact my ability to talk with someone about seeing a specialist alcohol and other drugs service?
  - Why do people use drugs?
  - When is drug use okay?
  - When is it not okay?
People use for a variety of reasons and in a variety of patterns

A few reasons might include:

- For fun
- To relax
- Boredom
- Peer influence
- Sense of belonging
- As a way to cope
- Trauma
- Mental health / illness

Patterns of use:

- Not using
- Trying or experimenting
- Occasional
- Regular recreational or social
- Regular intensive
- Dependent

From: www.youthaodtoolbox.org
Only a small amount of people who use psychoactive drugs will go on to develop problems

- What do we think are some risk factors for developing problems with alcohol or other drugs?
  - Displacement
  - Isolation
  - Trauma
  - Racism
  - Other co-occurring issues such as financial issues, homelessness, and mental illness.
A crash course

- Psychoactive drugs work on specific parts of the brain like a key (the drug) that fits in a lock (receptor in the brain)
- They can stimulate, imitate or prevent re-uptake (trap for a period of time) chemicals that already exist within the brain
- Psychoactive drugs generally tend to fit into one of three categories
  - Stimulants
  - Depressants
  - Hallucinogens
- Among other physiological effects, psychoactive drugs will trigger the brain’s reward system – the same system associated with food, shelter, connection and intimacy for example.
Some barriers to treatment for refugee and asylum seeker communities

- Lack of awareness and understanding of services
- Unfamiliarity with the Australian health system in general
- Lack of trust or concerns about the confidentiality of services
- Fears of disclosing problematic substance use on immigration applications
- Help and assistance outside of the family unit may be an unfamiliar concept for some people
- Shame
- Stigma.
Stigma and discrimination

• Stigma is perhaps the most pervasive issue for people seeking AOD treatment.

• This is compounded in some cultural communities where problematic use can lead to social ostracism and loss of face for the individual and their community.
Stigma and discrimination

• Alcohol and other drug use needs to be addressed sensitively
• Professionals with experience and knowledge in working with refugee or asylum seeker communities who provide fact based AOD information are best able to facilitate access to specialist AOD services
• Specialist services need to provide ongoing culturally safe AOD care.
There are a range of specialist AOD treatment options available

- Psychosocial interventions
- Residential rehabilitation
- Harm reduction services
- Medication assisted treatment
- Withdrawal management
There are a range of specialist AOD treatment options available.

Table 1: Key AOD treatment types

<table>
<thead>
<tr>
<th>Health Promotion &amp; Universal Prevention</th>
<th>Selective (at risk)</th>
<th>Indicated (high risk)</th>
<th>Secondary Prevention</th>
<th>Standard Intervention</th>
<th>Complex / Intensive Intervention</th>
<th>Maintenance / Stabilisation</th>
<th>Continuing Care</th>
<th>Exit / Universal Healthcare</th>
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</thead>
<tbody>
<tr>
<td><strong>PREVENTION &amp; EARLY INTERVENTION</strong></td>
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<td><strong>INTERVENTION</strong></td>
<td><strong>MAINTENANCE / AFTERCARE</strong></td>
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<td><strong>“Harm has not yet occurred”</strong></td>
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<td><strong>“Harm is occurring”</strong></td>
<td><strong>“Mitigating further harm”</strong></td>
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- Primary healthcare/general community
- GPs / Telephone and Email Advice lines
- Community & School Based Education
- Needle and Syringe Programs (Primary and Secondary)
- Parent / Carer and Family Services
- Counselling / Casework / Case Management
- Public Intoxication / Volatile Substance Misuse Services
- Assertive Outreach Services
- Peer Support Programs (incl '12 step')
- Opioid Treatment Programs
- Residential withdrawal, Rehabilitation Centres + Therapeutic
- Ambulatory / Outpatient Detoxification
- Specialist & Emergency Hospital Services

Statewide Workforce and Sector Development Programs
Statewide Policy and Systems Manager
Some tips for discussing AOD if the person is willing:

- Stick with facts, and avoid judgement
- What do they like about using? What do they dislike?
- Make sure they know that treatment is available and works if they want or need help
- Would the person be willing to talk with someone further (e.g. ADIS, may need support of an interpreter)
- Accept that they may not want to stop using
- Don’t assume they have a problem.

Parting thoughts

1. Collaboration and learning together is key both with clients and between services to improve help seeking, health literacy and uptake of AOD treatment in refugee and asylum seeker populations.

2. Avoid assumptions and stigma – start by thinking about your language to describe someone who is experience problems with AOD.

3. Treatment works!
Service Finder
If you are looking for an AOD service you can search the services offered by QNADA members through our Service Finder.

QNADA harm reduction resources
If you would like information about the potential interactions of commonly prescribed mental health medications and licit/illicit substances.

AOD helpline and other services
You can call the Alcohol Drug Information Service (ADIS) for support, information, advice, crisis counseling and referral to services in QLD. ADIS advisors understand the difficulties of finding appropriate drug and alcohol treatment and use their knowledge and experience to assist you. ADIS are available 24 hours a day, 7 days a week on (07) 3236 4214 (Brisbane) or free call: 1800 177 833 (For QLD regional and rural callers).

Parents/Carers and family members can call Family Drug Support for information, referral, counselling 24 hours a day, 7 days a week on the national free call number: 1300 368 186.