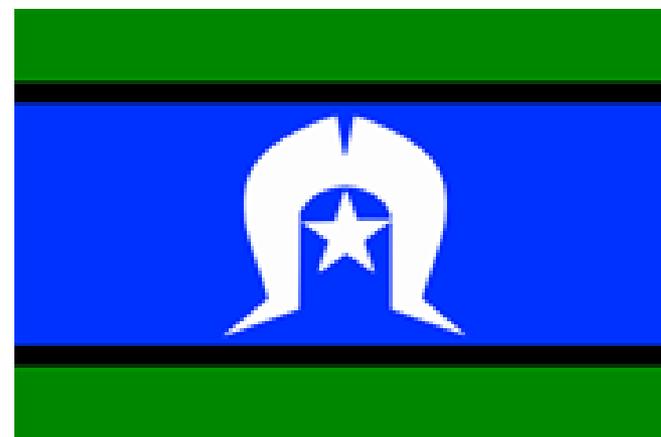




Amy Gentle – Substance Support Counsellor

# ACKNOWLEDGEMENT OF COUNTRY

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## CONSIDERING THE CULTURAL PERSPECTIVE

“my gayness is akin to my being born speaking a different language. I am capable of thinking, speaking, and behaving in “Heterosexual” – I used to be almost fluent in it – but it is not my mother tongue. My mother tongue is “Gay”, and I think, feel, and behave more spontaneously and naturally in that language. When I am in the “country” of heterosexuals, then everything I think, say, and do has to go through an internal translator; this can reduce my spontaneity especially with emotions, and result in my being quite guarded and defensive. Translating also takes a lot of energy, which is why I need time with my own “nationals” to rest and recuperate.”

(Dominic Davies, 117, 1998)

# Workshop overview

- 
- **What does the alphabet soup mean anyway?**
  - **How does minority stress impact LGBTQI folk?**
  - **Let's think about culturally sensitive practice**
  - **Barriers**
  - **Role Play**
  - **What works well at ACON?**
  - **Case Studies**
  - **What can we all do better?**



# ALPHABET SOUP? OTHER TERMS???

LGBTQIA2+

GSD

QUILT BAG

MSM

Intersex

Chemsex

PNP

Poly

Primary



CIS

Non-Binary

Genderfluid

Genderqueer

Trans

Agender

# MINORITY STRESS FOR LGBTQI

- Disconnection  
(think Johan Hari & the Portuguese response to AOD)
- Trauma
- Substance use
- Mental health
- Youth homelessness
- Hiding / Hating self (internalised homophobia / heterocentrism)
- Not accessing mainstream services
- Resilience
- Great acting skills
- Creative problem solving
- Use of peers & chosen family
- Word of mouth recommendations

# WHY CULTURALLY INCLUSIVE PRACTICE FOR LGBTQI FOLK?

- Culturally targeted interventions / services work eg youth, Aboriginal and Torres Strait Islander and CALD people
- Services should expect to see LGBTQI clients
- LGBTQI folk will check with each other and test services to find out which are “gay/queer friendly”
- LGBTQI inclusive services are person centred, open, respectful and welcoming of LGBTQI clients, demonstrating an absence of discrimination or stigmatising attitudes and behaviours
- Culturally competent services are those with detailed knowledge and understanding of LGBTQI issues
- ACON can support organisations and teams to be more LGBTQI inclusive

# BARRIERS

Role Play

## CLIENT STORIES

“I went to [rehab] and there was the usual homophobia. The staff were nice, but they didn’t know how to handle it. I stuck it out because I really want to be clean, but it’s already hard enough, you know?”

“I went to a psych and spent four sessions explaining my sexuality. I don’t want to have to educate my counsellor! I didn’t go back.”

“I saw another counsellor. I just felt judged when I talked about the sex I was having, like I shouldn’t be talking about it, or that he didn’t like to hear about it, it was embarrassing. And I felt like I had to explain it all too him, what the apps are, how hook ups work... it was really hard work.”

# BARRIERS TO TREATMENT AND GOOD OUTCOMES

- Previous poor experiences
- Perceived and/or real discrimination  
homo/bi/trans-phobia & heteronormativity
- Real or perceived HIV stigma
- Lack of understanding about HIV
- Lack of cultural understanding
- Lack of conversations about sexual practices and  
behaviour
- Lack of acknowledgement of LGBTQI relationships  
and chosen family structures

## THE UNIQUE CONTEXT OF AOD + LGBTQI

“Given the strong association between sexual behaviours and drug use, and use of substances to cope with marginalisation and stigma mean that substance use treatment requires explicit discussions and attention to the relationship between sexual behaviour, sexual orientation and drug use”.

(Senreich 2010 in Ritter et al 2012)

# FACTORS THAT INFLUENCE AOD USE IN LGBTQI COMMUNITIES

- Disconnection
- Discrimination and stigma
- Internalised homo/bi/transphobia
- Minority stress
- Part of socialisation – ‘social lubricant’
- Where our communities are easily found – pub / club scene
- Normalisation and Access
- Self medication for negative feelings associated with being HIV positive (US data)
- Heteronormative education campaigns are less successful

# WHAT WORKS WELL AT ACON?

- Connection
- Culturally sensitive and inclusive (language, terms, symbols, location)
- Understanding the unique LGBTQI context and how AOD fits into this (relationships, experiences of oppression, sex, terms and language)
- Strong community presence = trust and referrals
- LGBTQI Employer
- Peer approach (Rovers, NSP, Claude, HowHard, Sexperts)
- Person Centred
- Harm Minimisation
- Joined up and colocated services (NSP, NUAA, SWOP, SCheck, a[TEST])
- Partnerships (St Vincent's, Sydney Sexual Health, Twenty10)
- Multiple entry/re-entry points

# CASE STUDIES



## CASE STUDIES - QUESTIONS

How could you potentially alienate this client?

How could you engage well with this client?

How do you open up conversations about gender, sex and sexuality with this client?

What do you know and/or feel comfortable discussing?

What do you NOT know and/or feel comfortable discussing?

How do you find this information out?

Where else can you send them?

# CASE STUDY - BRAD

42 year old cis gendered gay man. Preferred pronouns he / him. Single, but accesses casual sex through Apps. He invites men to his apartment for sex approximately 2 x / month and chats on Apps most days. He does not go to beats or other houses for sex. HIV negative, not on PrEP, always uses condoms and is regularly tested for STDs.

Brad presents with difficulties forming and maintaining relationships. He is keen to have more friends and a boyfriend, but he has a clingy and abrasive personality and can wear people out quickly. Presents as reactive, hypervigilant and emotional. Diagnosis of anxiety and bipolar, but also presents with features of borderline personality disorder and /or complex PTSD. Poor memory and difficult processing information suggests cognitive issues.

Extensive history of trauma due to his sexuality. Expresses feeling unsafe around other service users (aggressive heterosexual men – real or perceived?) at some services. Some unresolved internalised homophobia present.

Initially self-referred to another AOD service, who referred him to ACON Substance Support for counselling and another Mental Health support service. Daily use of alcohol, approximately 20 standard drinks. Daily tobacco, approximately 70 cigarettes. Monthly use of meth, approximately 1 point. Gambles when on meth. Daily Valium (prescribed and compliant with regime). Goals around controlled drinking – to reduce alcohol to 3-4 SD, 2 days per week. Further goal to achieve abstinence from meth, gambling and cigarettes.

Has 2 other cis-female heterosexual workers helping him. Initial counselling sessions are conducted with one of the workers present at Brad's request, as he is anxious around meeting new people. He initiates engagement with the counsellor by joking about the heterosexuality of the other worker.

At later case planning meetings, this same worker regularly brings up her concerns around his sexual practises and wants to add this to his case plan.

# CASE STUDY - ADAM

Adam is a 38 year old cis gendered gay male. He is single, but he has two semi-regular partners and has casual sex with others. He is a SAM (sexually adventurous man) who enjoys chemsex and “blasting” (injecting meth). He is comfortable with his sexuality and discussing and joking about his sex life. He is in the process of accessing EPIC (PrEP trial). His meth use has slowly increased over the past three years and escalated over the past 6-12 months.

Adam is intelligent and well educated. He is not currently working due to an injury, but he has a strong employment history, has run his own business and has a stable home. He has a supportive core group of friends, but they are largely unaware of his AOD use, and he is afraid of them finding out.

Adam has self-referred to ACON for Substance Support counselling. His local sexual health centre told him about ACON’s counselling options and assisted the referral. Adam has goals to cease meth use and improve his mental health. He is experiencing anxiety and depression related to his AOD use and a recent death in the family. Later sessions reveal Adam’s concerns around his AOD use also include mounting debt. Adam drinks alcohol most days at low levels, has recently resumed smoking cigarettes after a long absence and uses MDMA and cannabis socially approximately 2 x / month.

During the first three counselling sessions, Adam spends a lot of time talking about how upset he feels with his very good friend. She is heterosexual, cis-female and they have been close friends for many years. There has been some changes recently to how she has been treating him. He notes that she has become single in the past year.

There was an incident recently where she loudly yelled out words to the effect that Adam “sucked dicks”. At the time they were in a pub in Cronulla. He is very upset about it, but struggles to articulate why. He describes feeling “obsessed” with the incident.

WHAT CAN WE ALL DO BETTER?

—  
THANK  
YOU

AMY GENTLE

9206 2000  
[WWW.ACON.ORG.AU](http://WWW.ACON.ORG.AU)

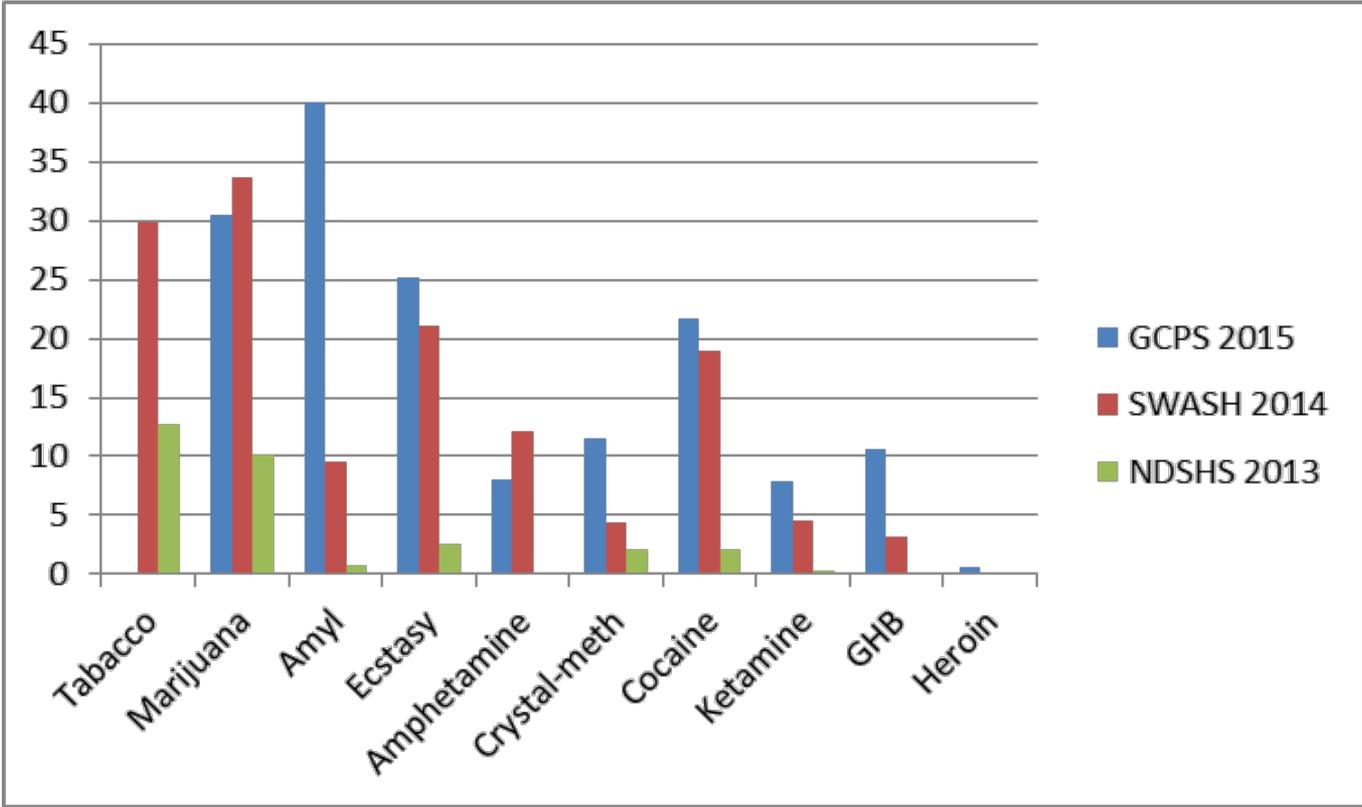


Hand Outs

# DATA OVERVIEW

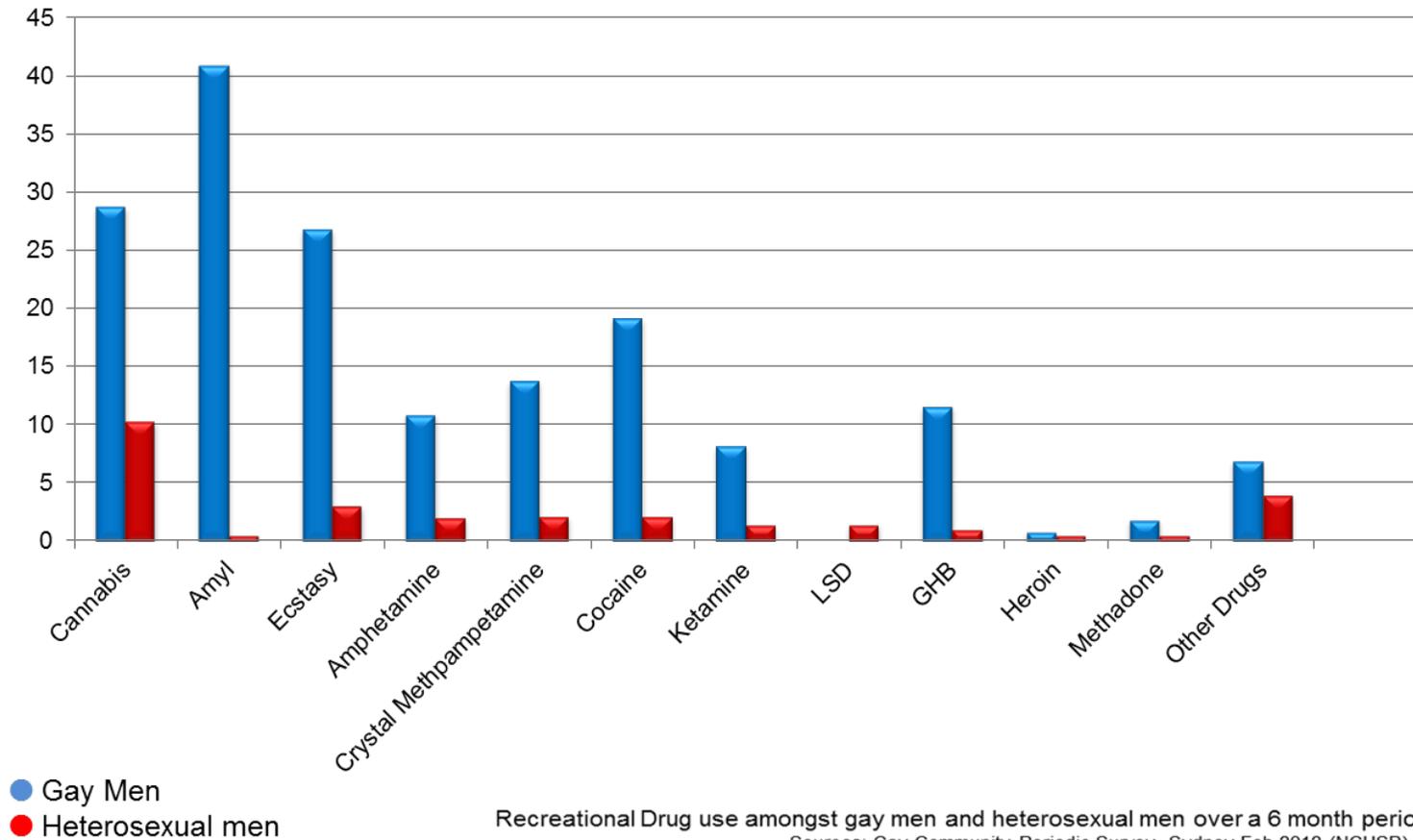
- Most research is LGB rather than T or I
- Significantly higher rates of both drug use and diagnosed drug use disorders (abuse, dependence etc.)
- More than twice as likely to have anxiety disorders
- Higher rates of depression and suicidality

# SUBSTANCE USE IN LGBTQI COMMUNITY



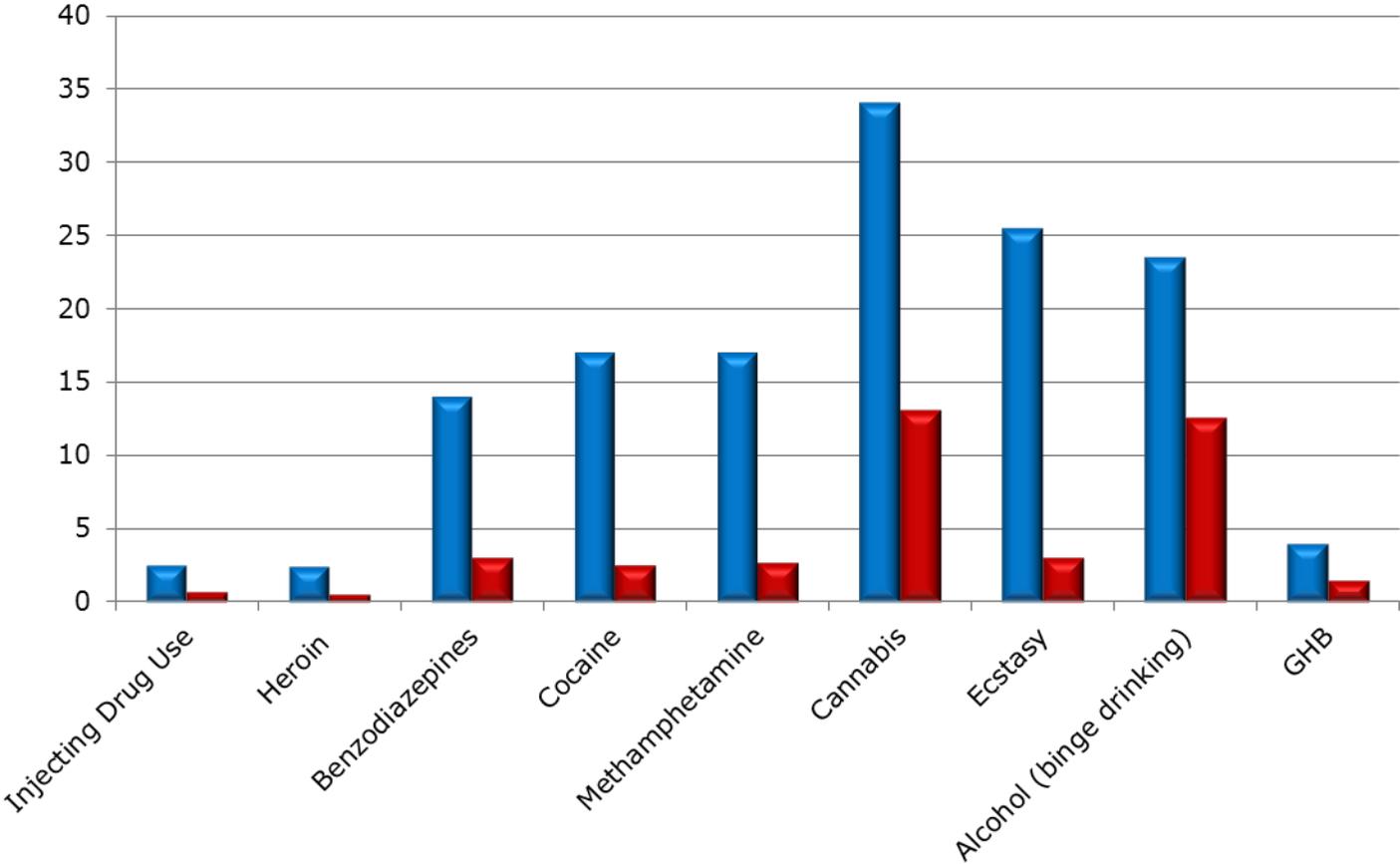
- GAY COMMUNITY PERIODIC SURVEY: SYDNEY 2015 : CENTRE FOR SOCIAL RESEARCH IN HEALTH, UNSW AUSTRALIA
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2014. NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY DETAILED REPORT 2013. DRUG STATISTICS SERIES NO. 28. CAT. NO. PHE 183. CANBERRA: AIHW.
- WOMEN IN CONTACT WITH THE GAY AND LESBIAN COMMUNITY IN SYDNEY: REPORT OF THE SYDNEY WOMEN AND SEXUAL HEALTH (SWASH), SURVEY 2014. SYDNEY: ACON & VELIM, UNIVERSITY OF SYDNEY.

# SUBSTANCE USE AMONGST GAY MEN

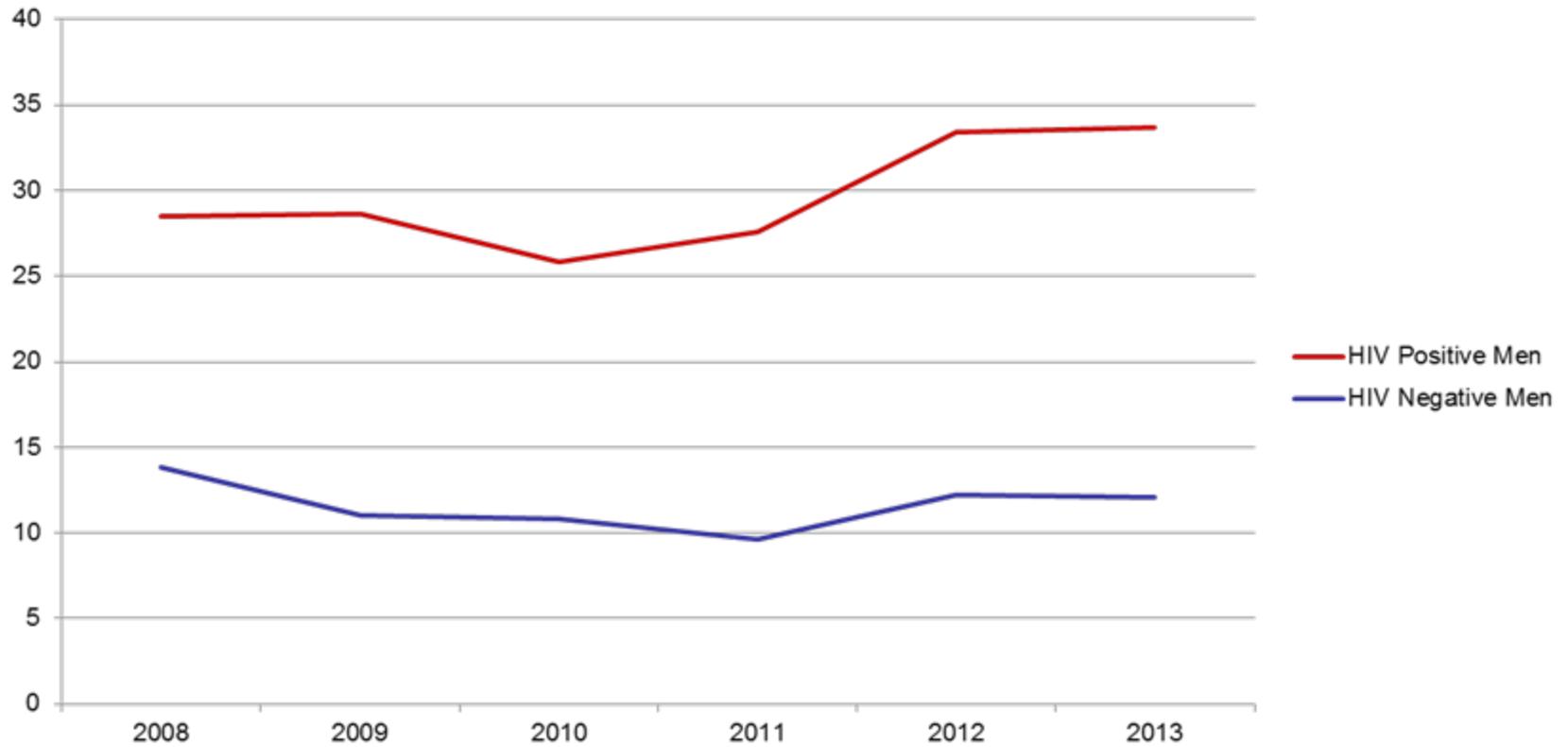


Recreational Drug use amongst gay men and heterosexual men over a 6 month period  
Sources: Gay Community Periodic Survey, Sydney Feb 2012 (NCHSR) & National Drug Strategy Household Survey Report (AIHW)

# SUBSTANCE USE AMONGST LESBIAN WOMEN



# METHAMPHETAMINE USE AMONGST MEN LIVING WITH HIV



# ACON'S SUBSTANCE SUPPORT SERVICE

## HERE FOR SUBSTANCE SUPPORT

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Do you want to have more control over your drug or alcohol use? Cut down? Take a break? Quit? Do you identify as LGBTI?

### **Our Substance Support Service provides:**

- FREE specialist counselling (up to 12 sessions)
- FREE support for partners, family and friends
- FREE sterile injecting equipment
- FREE referrals to drug and alcohol services
- ACCESS to St Vincent's Stimulant Health Check service



[www.acon.org.au/substance-support](http://www.acon.org.au/substance-support)



Funded by the Australian Government Department of Health

# 2012-2-14 DATA CLIENTS METH USE

Client Characteristics	n= 78 (65%)
Mean age	39.9
Male	95%
Gay/Lesbian	97%
Australian-born	74%
Full time employee	45%
Social Welfare	33%
HIV positive	53%
Repeat client	40%
Mean sessions	6.4

Characteristics of Use	N=78 (65%)
Ever injected	76%
Injecting main route	54%
Smoking main route	35%
Other drugs of concern	56%

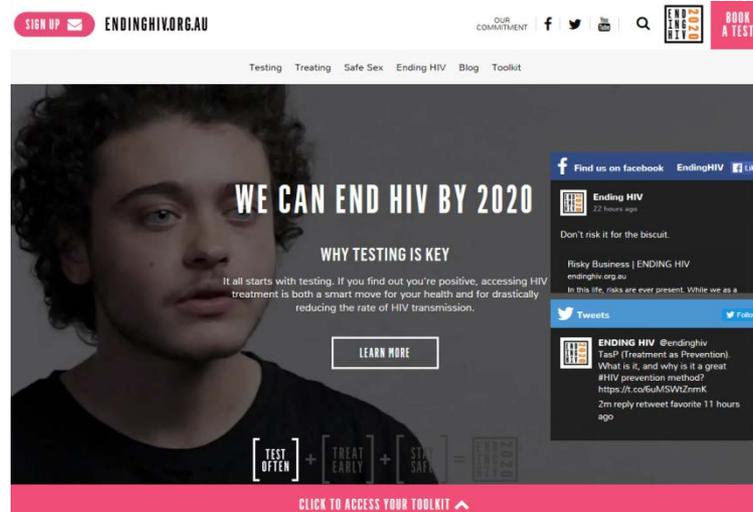
# ACON RESOURCES

<http://www.stimcheck.org.au>



<http://knowtherisk.org.au/over-18>

<http://endinghiv.org.au>



# ACON AOD SUPPORT SERVICES

## Substance Support

9206 2000

[www.acon.org.au](http://www.acon.org.au)

## S-Check@ACON

St Vincents S-Check Outreach

[www.acon.org.au](http://www.acon.org.au)

## Needle and Syringe Program

Surry Hills, Hunter and Northern Rivers

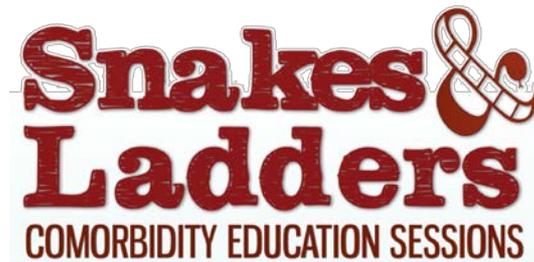


# LGBTI INCLUSIVE PRACTICE

LGBTI Inclusive Practice Training



Safe Place Program



Comorbidity LGBTI education

# OTHER RESOURCES

<http://www.tweaker.org>

<http://theinstituteofmany.org/index.php/home/turning-tina>

<http://www.chemsexsupport.com/for-professionals>

