

# Theme 10: Addressing the needs of specific populations

Often service users face intersectional issues that can present additional challenges and may create barriers to accessing your service or remaining engaged in a program of treatment or harm reduction. Where a clinician is aware of these issues and able to make appropriate adjustments to service provision, better outcomes can be achieved.

Socio-cultural, environmental, and commercial determinants can overlap with individual motivations, to increase the likelihood of some populations of people experiencing greater harms from gambling or substance use.



**Environmental determinants** include those various external physical factors within a person's surroundings that can influence their gambling or substance use and the likelihood of experiencing associated harms. An example of an environmental determinant is the geographic concentration of liquor stores or gambling venues.



**Socio-cultural determinants** include those various external cultural or social factors in a person's life that may make them more or less susceptible to gambling or substance use harms. An example of a socio-cultural determinant is the gendered ideals of masculinity that may contribute to greater risk-taking in young men.



**Commercial determinants** include those factors that are driven by a commercial profit imperative and contribute to greater harms in people using usually legally available products such as alcohol, gambling or pharmaceuticals. An example of a commercial determinant is exposure to advertising.

This practice guide provides you with a non-exhaustive list of service user cohorts that may require specific consideration. For services or additional resources to support the needs of specific populations go to [www.atoda.org.au](http://www.atoda.org.au).



## ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

There are a range of issues that service providers will want to consider when working with Aboriginal and Torres Strait Islander peoples, including the trauma inflicted by colonisation, the profound impact of the Stolen Generations and the ongoing effects of racism. These factors can amplify the harms of gambling and substance use and can make accessing services more difficult. The stigma and discrimination experienced by Aboriginal and Torres Strait Islander peoples can intersect with the stigma and discrimination around gambling and substance use in ways that can make co-occurrence of harms harder to disclose.

Many Aboriginal and Torres Strait Islander peoples will prefer to access Aboriginal Community Controlled Organisations (ACCOs), citing a lack of cultural safety in mainstream services.<sup>1</sup> However, all services should be striving to embed cultural safety and ensuring that, where treatment or harm reduction needs are best met in a mainstream service, there are no barriers to access and engagement by Aboriginal and Torres Strait Islander peoples.

CULTURALLY SAFE SERVICES WILL CONSULT WITH LOCAL ABORIGINAL LEADERS AND ORGANISATIONS TO LISTEN AND LEARN ABOUT HOW THEIR COMMUNITY MIGHT BEST BE SERVED.

## PEOPLE WITH ADDITIONAL COMPLEX HEALTH NEEDS

PEOPLE WITH A DISABILITY ARE MORE LIKELY TO USE ALCOHOL AND OTHER DRUGS BUT LESS LIKELY TO ACCESS TREATMENT SERVICES THAN THE GENERAL POPULATION.

People who are experiencing co-occurring gambling and substance use harms are more likely to have additional complex health needs including: experiencing poorer mental health; living with a form of neurodiversity (ADHD, ASD, etc.); having a disability; or suffering a chronic illness.<sup>2</sup> These can create a barrier to accessing services and can impact treatment outcomes.

## PEOPLE WHO IDENTIFY AS BEING GENDER OR SEXUALITY DIVERSE (LGBTQIA+)

Although the proportion of LGBTQIA+ people who drink alcohol is decreasing, in line with the general population, people who identify as being of diverse sexuality are 1.2 times as likely as heterosexual people to consume alcohol at what is considered 'risky levels' (1.3 times for trans and gender diverse people).<sup>3</sup> Use of other drugs is higher amongst people who identify as LGBTQIA+ for a host of reasons, ranging from modalities of pleasure to experiences of marginalisation.<sup>4</sup> The higher proportion of substance use and intersectional issues such as stigma and discrimination or weaker support networks, can place LGBTQIA+ people at risk of greater harm from substance use.

Where a person identifies as gender or sexuality diverse and experiences harm from gambling, they are more likely to also be experiencing substance use harms than their peers.<sup>5</sup> Studies have shown that people who identify as being gender or sexuality diverse may experience greater risk of harm from gambling, including a significantly higher underlying risk of suicidality.<sup>6</sup> Older sexual minority men have particularly elevated risk of gambling harm, as do gender diverse youth.<sup>7</sup>

Accessing appropriate services can be complicated by stigma and discrimination in relation to gender or sexual diversity or by the perception of services as not culturally safe, relevant or accessible.

## YOUNG PEOPLE

Young people experience different risks than those over the age of 24, with a generally higher susceptibility to risky behaviour. The earlier a young person starts gambling or using substances, the more likely this becomes entrenched and the greater risks they experience. While support and treatment for young people is likely to look similar to that provided for older cohorts, there are some specific life course considerations including the role of the family in treatment and capacity to provide ongoing support; engagement with formal education or training; and shorter histories of gambling or substance use.<sup>8</sup>



**ACT Spotlight:** In the ACT, family members accounted for 55.1% of those who reported impacts from other people's gambling. Affected family and friends can access information and support by contacting Family Drug Support or Relationships Australia / ACT Gambling Support Service (AGSS).<sup>9</sup>

## AGING POPULATIONS

Gambling and substance use can pose challenges in aging cohorts. The median age for people who use illicit drugs in Australia is increasing. Older age groups are more likely to have used illicit drugs in the past 12 months, and those who consume alcohol are more likely than other age groups to do so on a daily basis.<sup>10</sup> Long term substance use can cause significant harms to health which can further complicate the health-related impacts of aging. High levels of loneliness and social isolation in older Australians can increase risks of gambling and substance use harm.<sup>11,12</sup>

## PEOPLE EXPERIENCING DOMESTIC AND FAMILY VIOLENCE

There are complex intersections between gambling and substance use on the one hand and domestic and family violence (including other forms of intimate partner violence and sexual violence) on the other. While experiences of gambling and substance use harm do not directly or solely cause domestic and family violence, where drivers of violence in interpersonal relationships exist, the risk of violence is significantly exacerbated by gambling and substance use.<sup>13</sup>

Violence can be a consequence of the pharmacological effects of various substances; loss of inhibition and impulse control; increased threat perception and the emergence of withdrawal symptoms.<sup>14</sup>

GREATER ALCOHOL USE HAS BEEN SHOWN TO INCREASE THE LIKELIHOOD OF MEN USING PHYSICAL OR SEXUAL VIOLENCE IN THEIR INTIMATE RELATIONSHIPS.<sup>15</sup>

Where the person gambling is also managing the family's finances (or there are gendered expectations that they do so), the risk of economic abuse is high.<sup>16,17</sup>

Both gambling and substance use can also be a form of escape from domestic and family violence and a response to the trauma of being in a relationship where there is violence or coercive control.



ACT Spotlight: In the ACT, 44.6% of female ATOD service users and 15.9% of male service users report having experienced domestic and family violence in the past 12 months.<sup>18</sup>

## PEOPLE IN CONTACT WITH THE CUSTODIAL SYSTEM

People in contact with the custodial system tend to have high self-reported rates of alcohol and other drug use. Nationally, approximately 45% of detained adults say that their alcohol and other drug use contributed in some way to their current detention, while prevalence of substance use in prisons is persistently high. At the same time, it is estimated that close to a third of adults in the custodial system have experienced or are currently experiencing gambling harms. Rates of gambling harms in prisons are consistently and significantly higher than rates of gambling harms recorded among the general population.<sup>19</sup>



ACT Spotlight: ATOD and gambling support services work within the ACT custodial system to provide treatment and harm reduction / prevention services to detainees and others within the system.

## PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

A growing body of research suggests that while those from culturally and linguistically diverse backgrounds are less likely to take part in gambling activities overall, those who do gamble may be at greater risk of experiencing harms.<sup>20</sup>

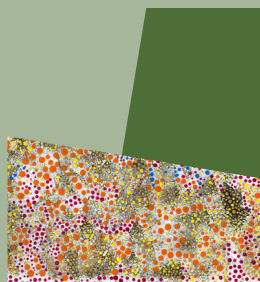


ACT Spotlight: In the ACT, people who speak a language other than English as their main language at home, and people born outside of Australia gamble less but are over-represented in gambling losses across the most harmful products.<sup>9</sup>

Data from the National Drug Strategy Household Survey (NDSHS) indicates that people who speak a language other than English at home are less likely to use alcohol and other drugs.<sup>21</sup> However, the harms from alcohol and other drugs may be exacerbated for some people from culturally and linguistically diverse backgrounds due to higher exposure to stressors such as isolation, unemployment or under employment, language barriers, loss of cultural practices or connections, histories of trauma, lack of awareness of support availability and lack of familiarity with the principles and policies of ATOD services (such as non-disclosure).



**ACT Spotlight:** Just 8.4% of service users accessing ATOD services in the ACT were born overseas and 9.0% speak a language other than English at home.<sup>18</sup> There are complex reasons why people from CALD communities may be less likely to seek support for their alcohol or other drugs use.



**Knowledge point:** The diverse backgrounds and experiences that service users come with may present an additional barrier to treatment access and engagement.

**Practice point:** Familiarise yourself with resources and services that can support service users of diverse backgrounds and experiences.