APSAD 2024

Symposium on Alcohol and Other Drugs Use and Treatment Among Culturally and Linguistically Diverse Communities in NSW

Robert Stirling, Winifred Asare-Doku, Catherine Foley, Nirekha De Silva, Teguh Syahbahar, David Kelly, Robert Stirling, Stella Settumba Stolk

PRESENTATION 1

Who is culturally and linguistically diverse and how are they represented in alcohol and other drug treatment.

Presenting Author: Winifred Asare-Doku

Authors: Winifred Asare-Doku, Catherine Foley, Nirekha De Silva, Teguh Syahbahar, David Kelly, Robert Stirling, Stella Settumba Stolk.

I acknowledge I am a visitor on the lands of the Ngunnawal people. I came from Eora Nation where I live and work and I’d like to extend my acknowledgement to pay respect to the traditional custodians of Darug Nation where this work took place.

How is CALD defined in Australia?

- Culturally and linguistically diverse *[CALD]* is defined as being born overseas or having one/both parents born in countries other than those classified by the Australian Bureau of Statistics as ‘main English-speaking countries’ (ABS, 2021)

How is CALD defined in Australia?

Minimum Core Set Variables

- Country of birth
- Main language Other Than English Spoken at Home
- Proficiency of English
- Indigenous Status

Full Standard Set

- Ancestry
- Country of Birth of Father
- Country of Birth of Mother
- First language spoken
- Other languages spoken at home
- Main language spoken at home
- Religious affiliation
- Year of Arrival in Australia

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How is CALD defined in Research?

Systematic review of CALD definitions used in epidemiological research studies in Australia between 2015 – 2020 (Source: Pham et al, 2021)

Definitions of CALD	*n*	%
Country of birth (COB)	33	30.6
Language spoken at home (LSAH)	21	19.4
Indigenous status	3	2.8
Ethnicity/cultural/self-defined CALD background	15	13.9
Migrants and refugees	5	4.6
Combination of two or more definitions	31	28.7
The minimum core set of CALD definition *	0	0.0
Total	108	100.0

*The combination of four variables in the minimum core set (COB, LSAH, indigenous status, and English proficiency)

Representation in AOD Treatment

Unique experiences and challenges – systemic barriers, history of torture, trauma, grief and loss, acculturation stress, visa issues, literacy etc.

CALD populations are under-represented in alcohol and other drug(AOD) services:

- - A limited definition of variables for CALD
- - Service, cultural, and individual related barriers
- - Low help-seeking behaviors - stigma and shame

Study 1

- Aim: To explore risky substance use among people of CALD background compared to non-CALD groups
- 2019 National Drug Strategy Household Survey (NDSHS)
- N= 21,391
- 14+ years
- CALD status: COB and/or main language spoken at home apart from English
- Outcome measures

❑Risky substance use (ASSIST-Lite)

❑AOD-related harms

❑Access to AOD treatment

Table 1: *Demographic Characteristics of NDSHS Participants in 2019*

Variable	CALD n = 3,543 (19.7%)	Non-CALD n = 16,610	Total N = 21,391
Sex			
Male	52% (1,682)	74.5% (7,336)	49.3% (9,568)
Female	48% (1,861)	51.4% (9,274)	50.7% (11,823)
Region of Birth*			
Australia	7.5% (151)	87.1% (14,327)	72.3% (14,505)
New Zealand Oceania	1.2% (28)	4.1% (614)	3.6% (642)
United Kingdom	–	7.6% (1,483)	6.2% (1,485)
Americas	1.4% (42)	1.2% (186)	1.3% (229)
Europe	19.3% (800)	–	3.6% (800)
South-East Asia	21.1% (624)	–	3.9% (624)
Other Asia	37.9% (1,070)	–	7% (1,070)
North Africa and Middle East	4.7% (133)	–	1% (133)
Sub-Saharan Africa	6.7% (223)	–	1.2% (223)
Main Language Spoken at Home*			
English	39.4% (1,514)	100% (16,610)	88.8% (18,781)
Language other than English	60.6% (2,012)	–	11.2% (2,012)

Table 2: *Prevalence of Risky Substance Use by Drug Type Comparing CALD and Non-CALD Groups*

Drug Type	CALD % [95% CI]	Non-CALD % [95% CI]	Total % [95% CI]
Tobacco	227 7.2% [6.2–8.3%]	2,023 14.7% [14.0–15.5%]	2,392 13.3% [12.7–13.9%]
Alcohol	421 15.6% [14.0–17.2%]	4,216 33.1% [32.1–34.1%]	4,856 29.3% [28.5–30.1%]
Marijuana/cannabis	10 0.4% [0.2–0.7%]	278 2.3% [2.0–2.7%]	302 1.9% [1.6–2.1%]
Heroin and other opioids	31 0.9% [0.6–1.4%]	205 1.4% [1.2–1.7%]	249 1.3% [1.1–1.5%]
Meth/amphetamine	–	106 0.9% [0.7–1.1%]	113 0.7% [0.6–0.9%]
Any of the above drugs	592 19.9% [18.2–21.7%]	5,341 40.3% [39.3–41.3%]	6,238 35.8% [34.9–36.7%]

Table 3: *Comparison of Past 12-Month AOD-Related Harms and Treatment Access Among CALD and Non-CALD Participants with Risky Substance Use*

Treatment Program	CALD % [95% CI]	Non-CALD % [95% CI]	Total % [95% CI]
Information and support resources	11 2.1% [1.1–4.0%]	103 2.2% [1.7–2.8%]	119 2.2% [1.8–2.8%]
Pharmacotherapy	8 1.3% [0.6–3.0%]	86 1.8% [1.4–2.2%]	97 1.7% [1.3–2.1%]
Community support and psychotherapy	6 1.0% [0.4–2.2%]	56 1.2% [0.8–1.7%]	62 0.6% [0.4–0.8%]
Other	–	24 0.6% [0.4–0.9%]	28 0.6% [0.4–0.8%]
Any of the above treatment programs	20 3.8% [2.3–6.1%]	202 4.4% [3.7–5.2%]	230 4.3% [3.7–5.0%]
Never participated	406 90.8% [87.0–93.5%]	3,588 88.0% [86.8–89.1%]	4,152 88.4% [87.3–89.5%]

Study 2

Aim: Identify the availability of alcohol and other drug prevention and treatment programs specifically tailored for CALD populations.

PRISMA guidelines

Years: 2000 – 2023

Databases Medline, PsycINFO, Embase, and CINAHL

Inclusions: Evaluations of AoD treatment interventions, services, or initiatives in CALD populations

Countries: AUS, NZ, UK,USA and Canada

1189 articles – 35 included

Findings

Establish culturally appropriate assessments

Explore clients' cultural and religious beliefs and preferences

Acknowledge the value of a collectivist approach

Co-design with openness, purpose and respect

Provide effective outreach and education

Integrate cultural and religious beliefs and practices into care

Focus on holistic wellness

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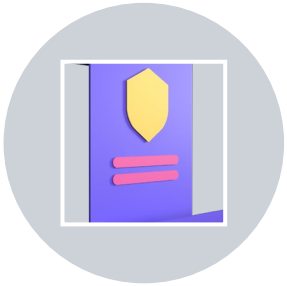
Key Issues

Lower rates of risky substance use

Less likely to report harms and access AOD treatment



Lack of studies on CALD specific treatment programs or frameworks in Australia.

A co-designed CALD specific framework is needed to improve access and engagement with services.

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Thank you

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PRESENTATION 2

Insights on Culturally Inclusive Alcohol and Drug Treatment from Odyssey Multicultural Program

Presenting Authors: David Kelly and Teguh Syahbahar

Authors: Dr. Winifred Asare-Doku, Dr. Stella Settumba Stolk, Dr. Catherine Foley, Dr. Nirekha De Silva, Teguh Syahbahar, David Kelly, Dr. Robert Stirling

A little about Odyssey

1 INTAKE
Each journey begins with an inquiry through our Intake Centre. Inquiries come from clients, family, clinicians, support service and more.

2 ASSESSMENT
A comprehensive assessment works out a collaborative care plan. The plan is person-lead.

3 TAILORED TREATMENT PLAN
We identify needs, risk factors and treatment goals. Clients can go to residential rehabilitation or into our community programs.

4 MONITORING PROGRESS
Progress is regularly monitored through clinical reviews, ensuring treatment remains effective and aligned with clients' goals.

5 SMOOTH TRANSITION OF CARE
As treatment nears completion, a transfer of care plan is developed to support continued progress.

6 CONTINUATION OF CARE
At the end of treatment, depending on each person's needs, we offer ongoing and continuing support in the community.

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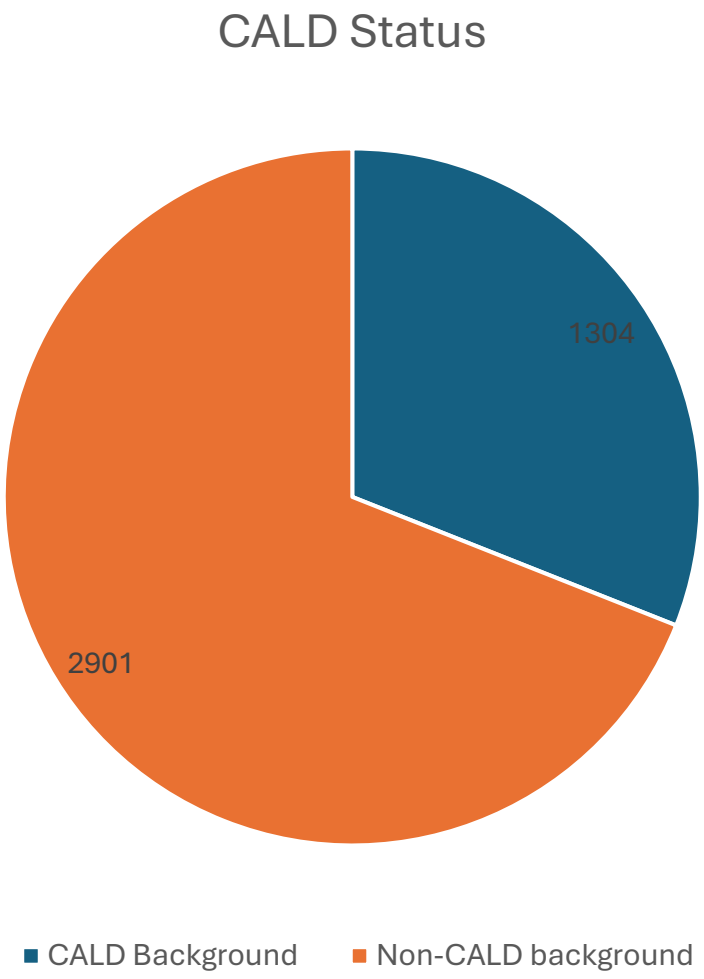
Supporting CALD clients in non-specialist programs



- Broadening definition of CALD
- Working with our and other specialist CALD organisations
- CALD staff in non-specialist programs
- Engaging Community and Family
- Ensuring cultural and faith needs are met and addressed
- Ensuring cultural and faith context is included in treatment care planning
- Training, support, mentoring, supervision for staff

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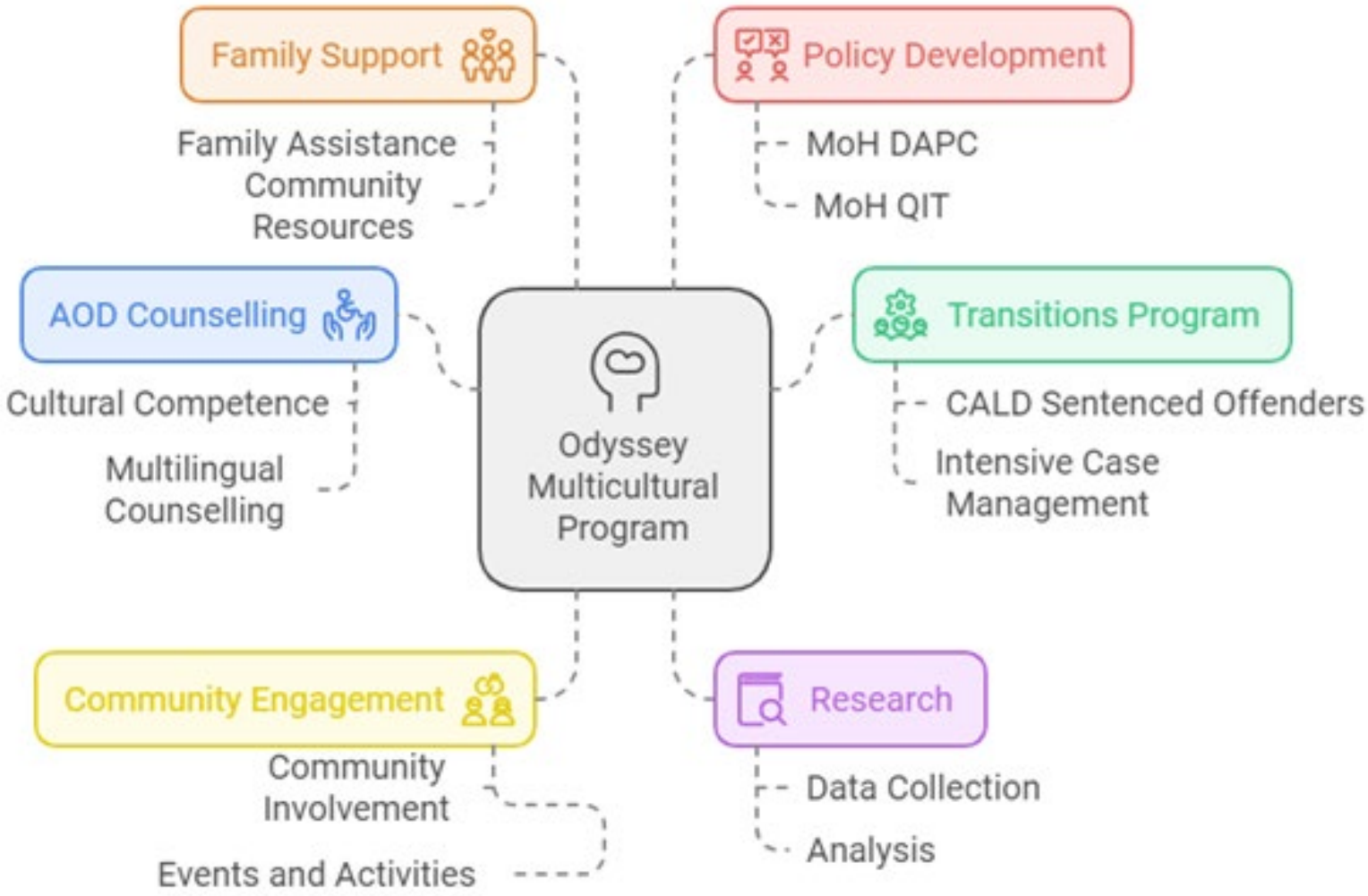
Supporting CALD clients in specialist programs



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What are our services?

Counselling

- Bilingual/multilingual counselling
- Group counselling – Multicultural SMART recovery, mindfulness/spirituality
- AOD and Psychosocial counselling
- Information and education including families and loved ones

Case Management

- Practical support e.g. Centrelink, vocational support
- Linkage to community services
- Linkage to cultural/faith-based organisations e.g. temple, church, mosque
- Co-case management with Corrective Services

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Our approach..

Equity

Access

Inclusion

Diversity

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Our response..

Welcoming Environment

Service Delivery

CALD Workforce

Community Engagement

CALD organisation collaboration

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Research

- Partnerships with NDARC and NADA
- Conduct AOD research in line with the NSW Health "Strategic Prioritisation Framework for AoD Research and Evaluation in NSW"
- Evaluation of internal programs

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Key Takeaways

Client-Centered & Holistic

- Prioritisation of family, friends and communities
- Aligning to AOD Clinical Care Standards

Cultural Competence

- Attracting and retaining CALD Workforce
- Flexibility in service

Community Representation

- Advocating for better access and treatment
- Enhance community wellbeing

Positive Outcomes

- High retention rates
- Increased client satisfaction and trust
- CALD data collection

Policy Implications

- Investment in specialist CALD programs
- Address inequity in service provision

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PRESENTATION 3

Evaluation of the Transitions Project of Odyssey Multicultural Program

Addressing Needs of Culturally Diverse Clients released from Prison with Alcohol and Drug Treatment Needs

Presenting Author: David Kelly

Authors: Dr. Winifred Asare-Doku, Dr. Stella Settumba Stolk, Dr. Catherine Foley, Dr. Nirekha De Silva, Teguh Syahbahar, David Kelly, Dr. Robert Stirling

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Transitions Program




The Transitions Program: Background

Program Overview

Support community reintegration for people of CALD backgrounds in custody influenced by AoD.

Key Components

- Pre and post custodial support
- Culturally Responsive Practices
- Equitable Service Access
- Holistic Well-being

Strategies

- Service Provision
- Practitioner Training
- Research and Advocacy

Expected Outcomes

- Reduced Recidivism
- Improved AoD Service Access
- Community Well-being

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The Transitions Program: Background

Understanding Culture and AoD Use

- Multifaceted Relationship
- Protective Factors
- Risk Factors

Culturally Sensitive Service Provision

- Adaptation of Approaches

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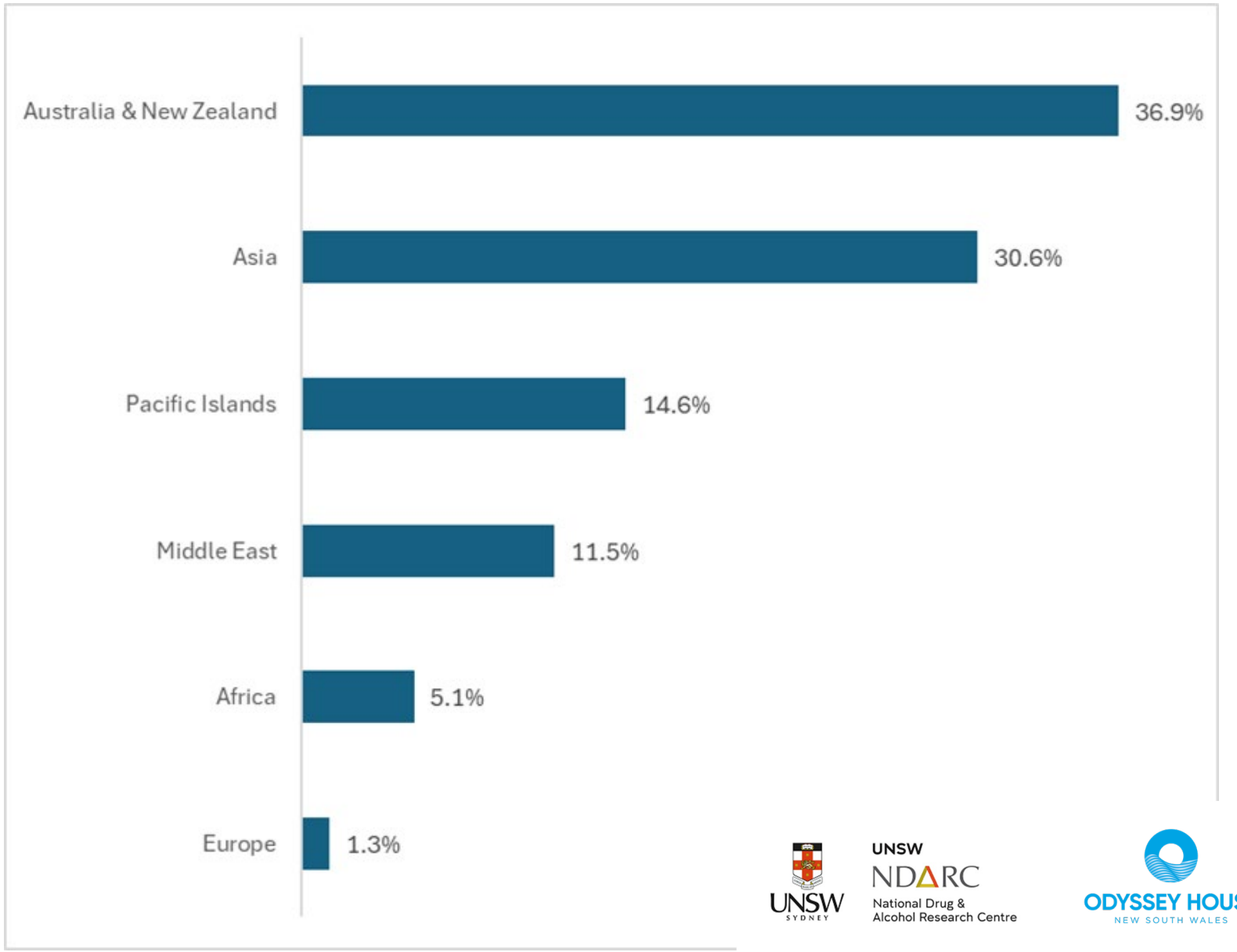
Transitions Program Place of Birth of Clients



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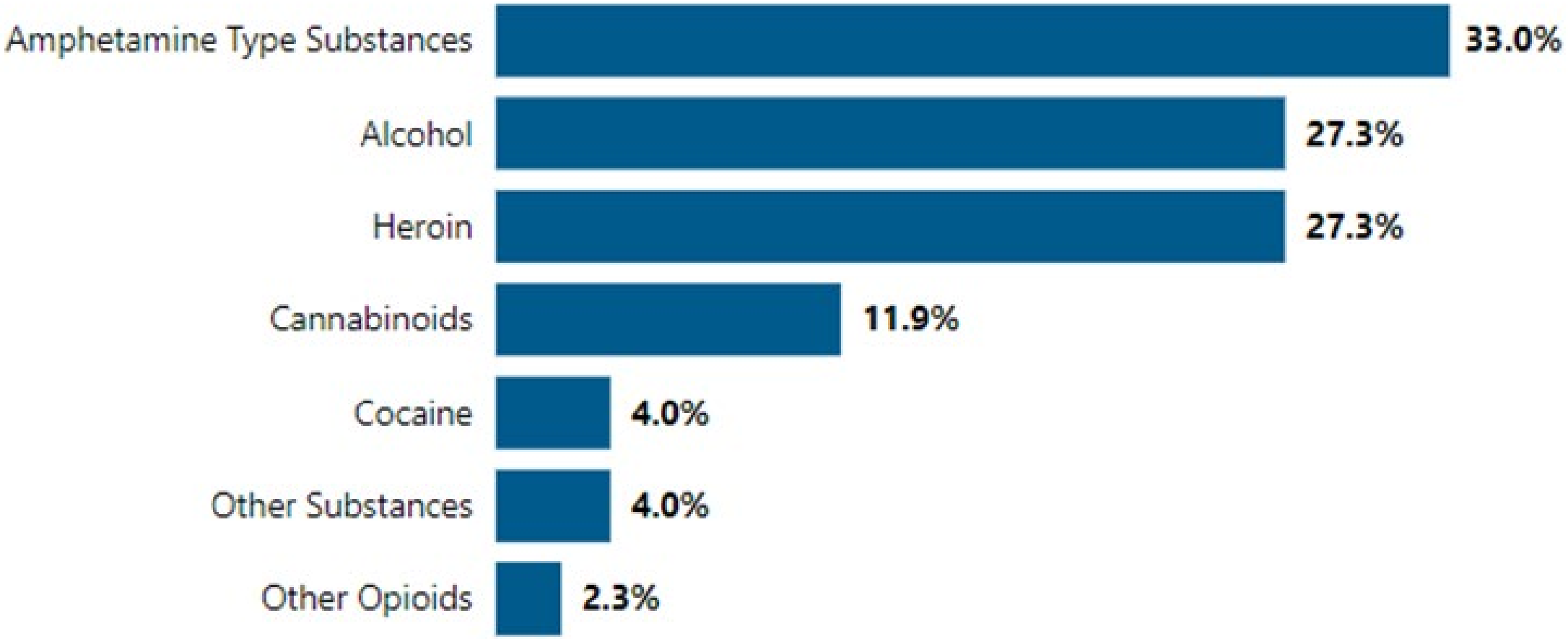
Transitions Program Principal Drug of Concern



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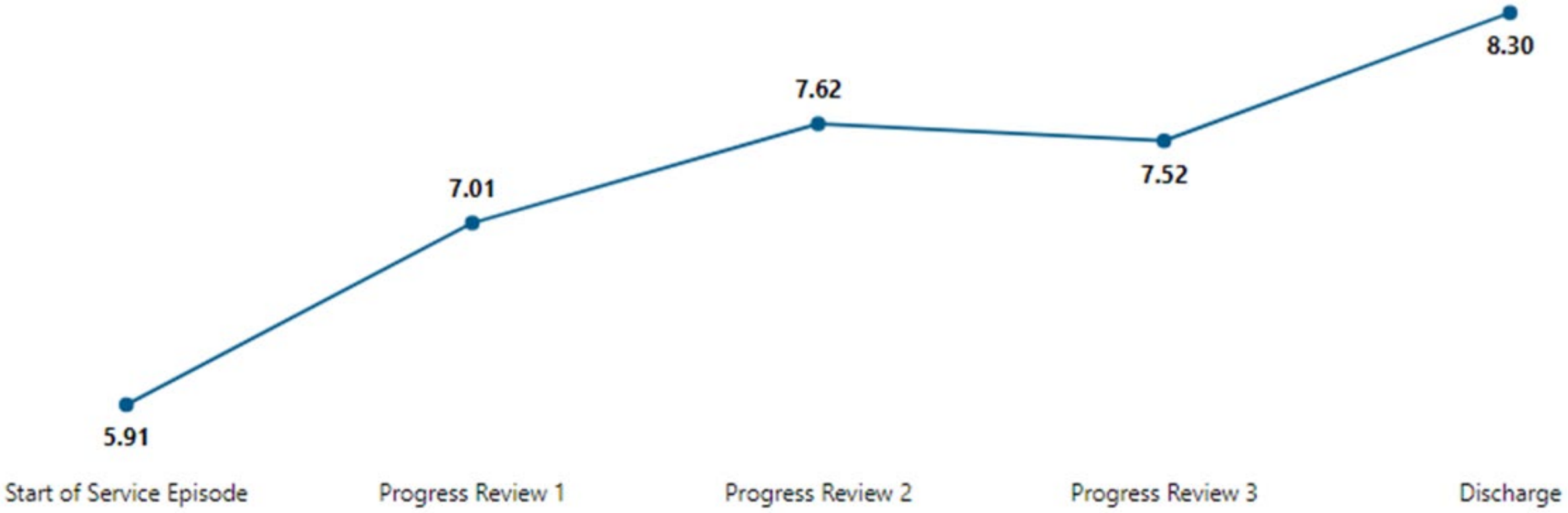
ATOP

Average Psychological Health Rating
(Average length of stay = 28 weeks)



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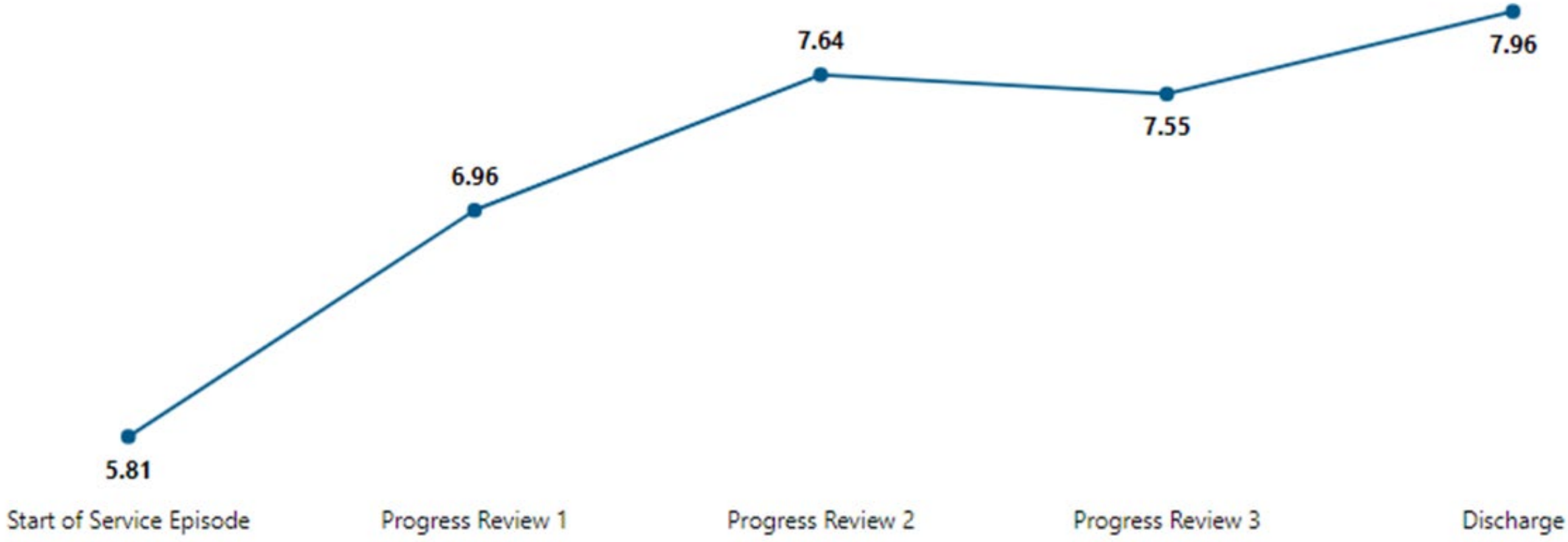
ATOP

Average Quality of Life Rating



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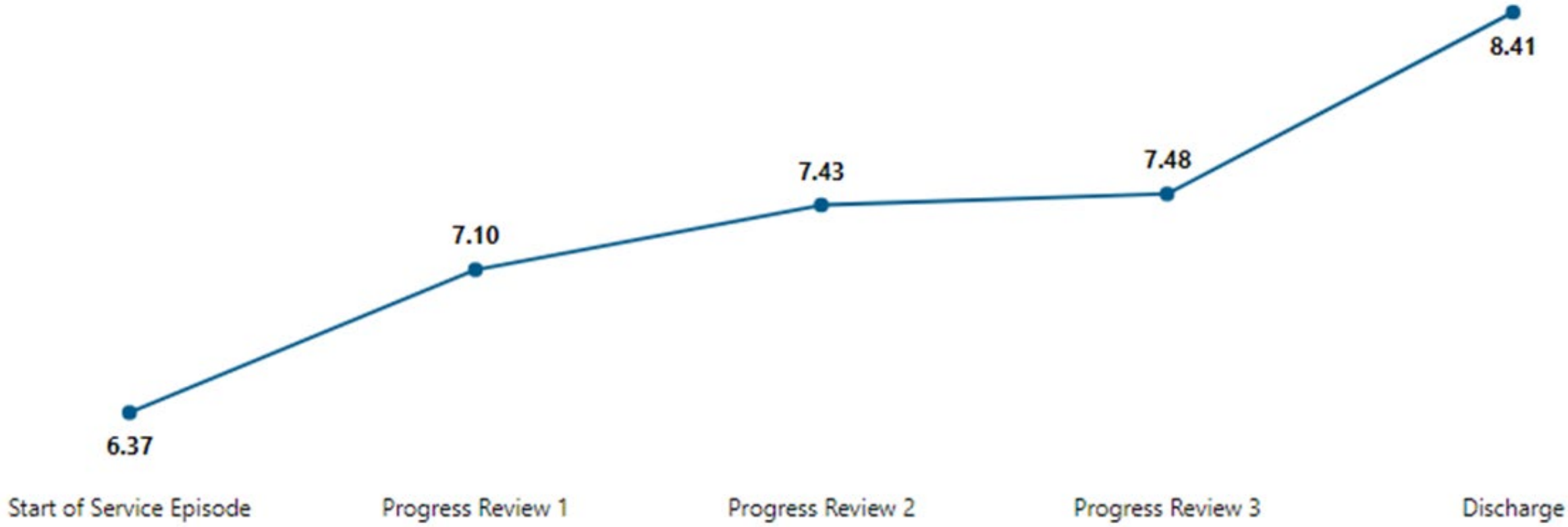
ATOP

Average Physical Health Rating



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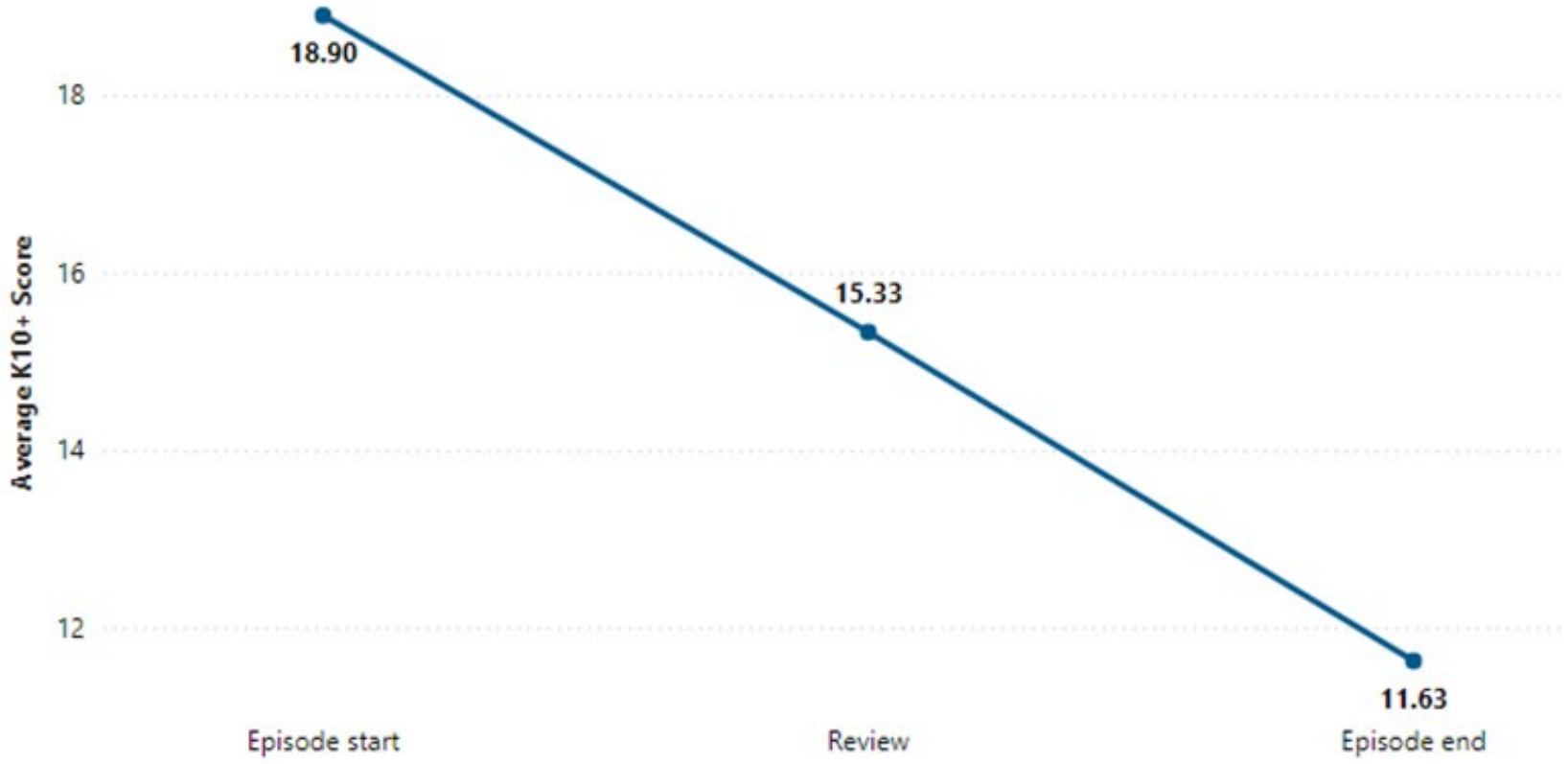
Severity of Psychological Distress



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The Transitions Program: Effectiveness

Substance Use Reduction

83.6% of clients reported a decrease in substance use.

Improved Psychological Health

81.8% of clients reported better psychological health score.

Enhanced Quality of Life

83.2% of clients reported an improvement in quality-of-life score.

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The Transitions Program: Client Experiences

From Focus Group Discussions

Accommodation

During my parole and conditional release process, the support I received in securing accommodation was substantial. It was crucial for my successful transition to stable living conditions.

- Client (Arabic Background)

Satisfaction and Travel

I deeply appreciate the service, and I'm willing to travel long distances to receive the support I need.

- Client (Arabic Background)

Employment

The Odyssey team helped me find a job by linking me to Centrelink and Jobseeker services. Their support was invaluable.

- Client (Vietnamese Background)

Legal

My Case Manager accompanied me to court for each hearing and provided emotional support. Treating me to lunch afterward made me feel supported and valued.

- Client (Vietnamese Background)

Payment of Fines

Through the opening of Work Development Orders, I received support in paying my fines. Each time I accessed services, my fines were progressively paid off.

- Client (Pacific Islander Background)

Medical

I appreciated the support I received in getting admitted to the hospital. My Case Manager even visited me during my stay, which meant a lot to me.

- Client (Pacific Islander Background)

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Case Manager Experiences

CALD service providers

- Live in same communities
- Religious and cultural group members and leaders
- Speak the languages

Providers have lived experience

- Supporting loved ones
- Have been in contact with the criminal justice system
- Persons who no longer uses drugs

Commitment to the program

- Staff retention - >10 years

Key Takeaways - The Transitions Program of OMP

Culturally Tailored Support

- Addresses unique AOD needs of CALD individuals leaving prison.
- CALD workforce and community involvement.

Areas for Improvement

- Recidivism monitoring and better access to tailored services post-release.

Positive Outcomes

- High participant satisfaction, improved substance use outcomes, and strong family/community support.

Policy Implications

- Emphasises the need for more resources, staff cultural competence training, and integration of AOD services with broader support systems. Continuous evaluation and community partnerships are essential for long-term success.

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PRESENTATION 4

Where to from here?

Working alongside people from a CALD background in New South Wales, Australia, to co-design an AOD treatment framework

Presenting Author: Catherine Foley

Authors: Catherine Foley, Winifred Asare-Doku, Stella Settumba, Teguh Syahbahar, Nirekha De Silva, David Kelly, Robert Stirling.

Recap

Integrate cultural competence into AOD treatment programs.

Ensure flexibility to address evolving needs effectively.

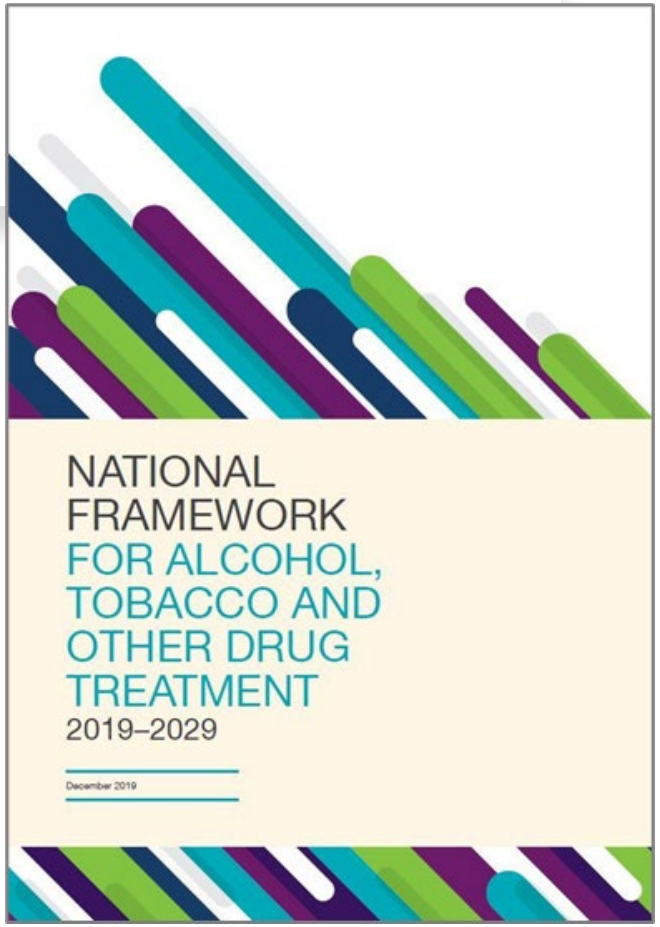
Involve people from CALD communities and religious/community leaders in developing AOD treatment and in driving change.

Co-design

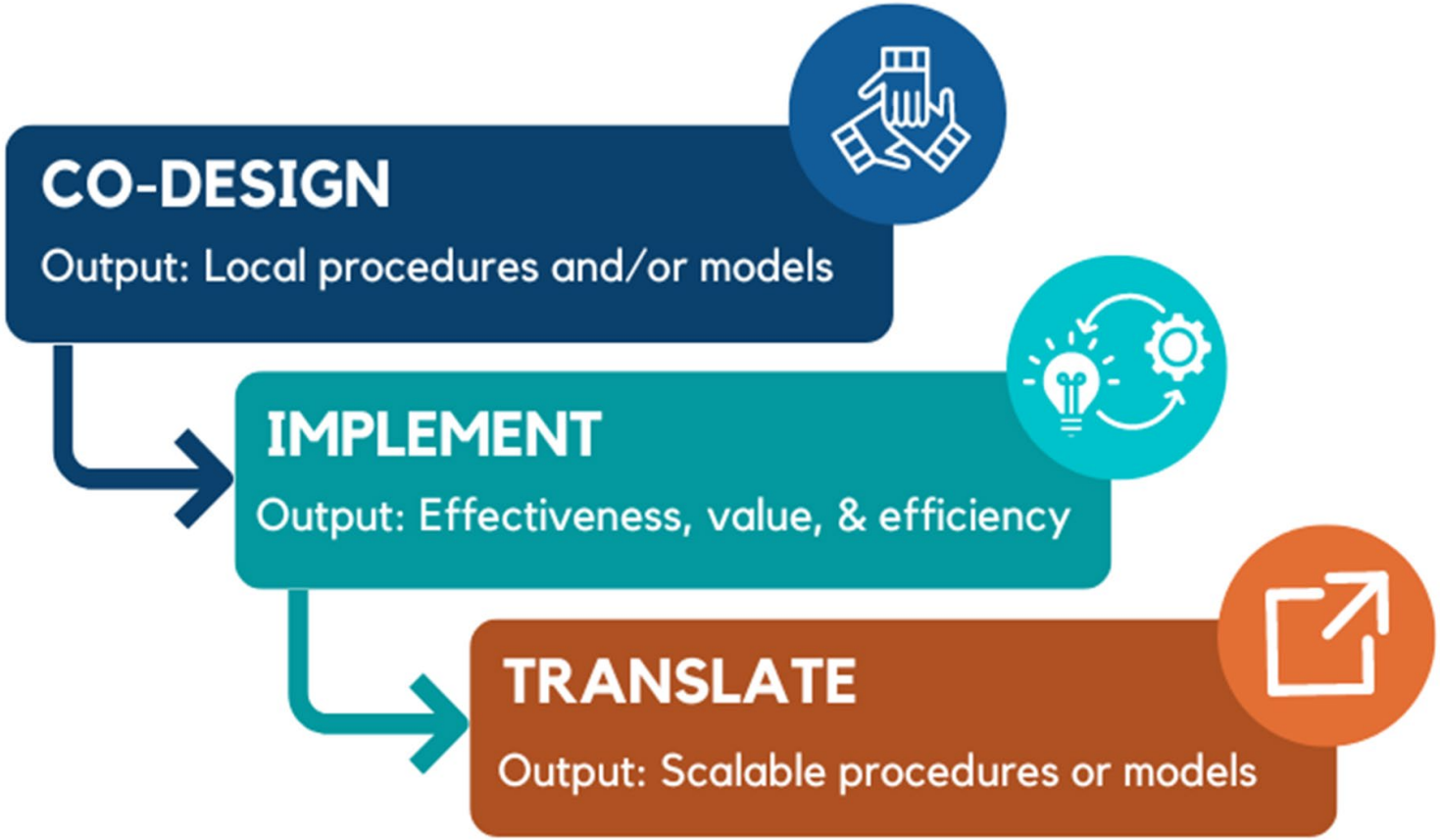
- People who have a CALD background
- Religious and community leaders
- AOD service providers and researchers

Alignment

- Culturally responsive and appropriate.
- Training in culturally responsive practices
- Work within an appropriate treatment framework.



Next steps



Foley et. al., 2023, PMID 37372904 | Farnbach et. al., 2021 PMID: 33858384 | Farnbach et.al., 2024, PMID: 38634165 | Shakeshaft et.al., 2024 [under development]

Alignment

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DOI: 10.1111/dar.13883

ORIGINAL PAPER

Drug and Alcohol Review | AFSAD | WILEY

Understanding cultural inclusion in alcohol and other drug services in New South Wales, Australia and assessing the acceptability of a cultural inclusion audit

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Funding information
NSW Ministry of Health

Abstract

Introduction: Cultural inclusion and competence are understood at the most basic level to be the practice of considering culture so as to provide effective services to people of different cultural backgrounds. In order to work better with clients from diverse backgrounds, alcohol and other drug (AOD) services need to offer a service that is designed to be accessible to all people, where systems in place operate in a way that considers different cultural needs. This research aimed to assess the extent to which non-government AOD services in New South Wales are positioned to support cultural inclusion as well as to evaluate the acceptability of a cultural inclusion audit across four AOD sites.

Methods: The research adopted a mixed methods approach comprising of a pre-audit online survey ($n = 85$) designed to assess AOD services' attitudes and practices towards cultural inclusion, and in-depth interviews that were conducted with nine AOD service staff and four cultural auditors to explore the acceptability

Discussion

- Value in coming together.
- Interest and urgency to do so.
- Potential to direct clinical-practice change.
- Expansion and testing is underway.

PRESENTATION 5

Engagement with CALD consumers, religious leaders, and community leaders in on AoD challenges and treatment needs.

Presenting Author: Teguh Syahbahar

Authors: Winifred Asare-Doku, Teguh Syahbahar, Catherine Foley, Nirekha De Silva, Rania Omar, Pacifique Ndayisaba, David Kelly, Robert Stirling, Stella Settumba.

Background

CALD communities face unique AOD challenges: stigma, cultural barriers, and limited access to services.

Engaging community leaders is crucial to address these issues.

Leaders offer cultural insights and promote prevention and recovery support.

Aim

Explore enablers and barriers to alcohol and other drug treatment

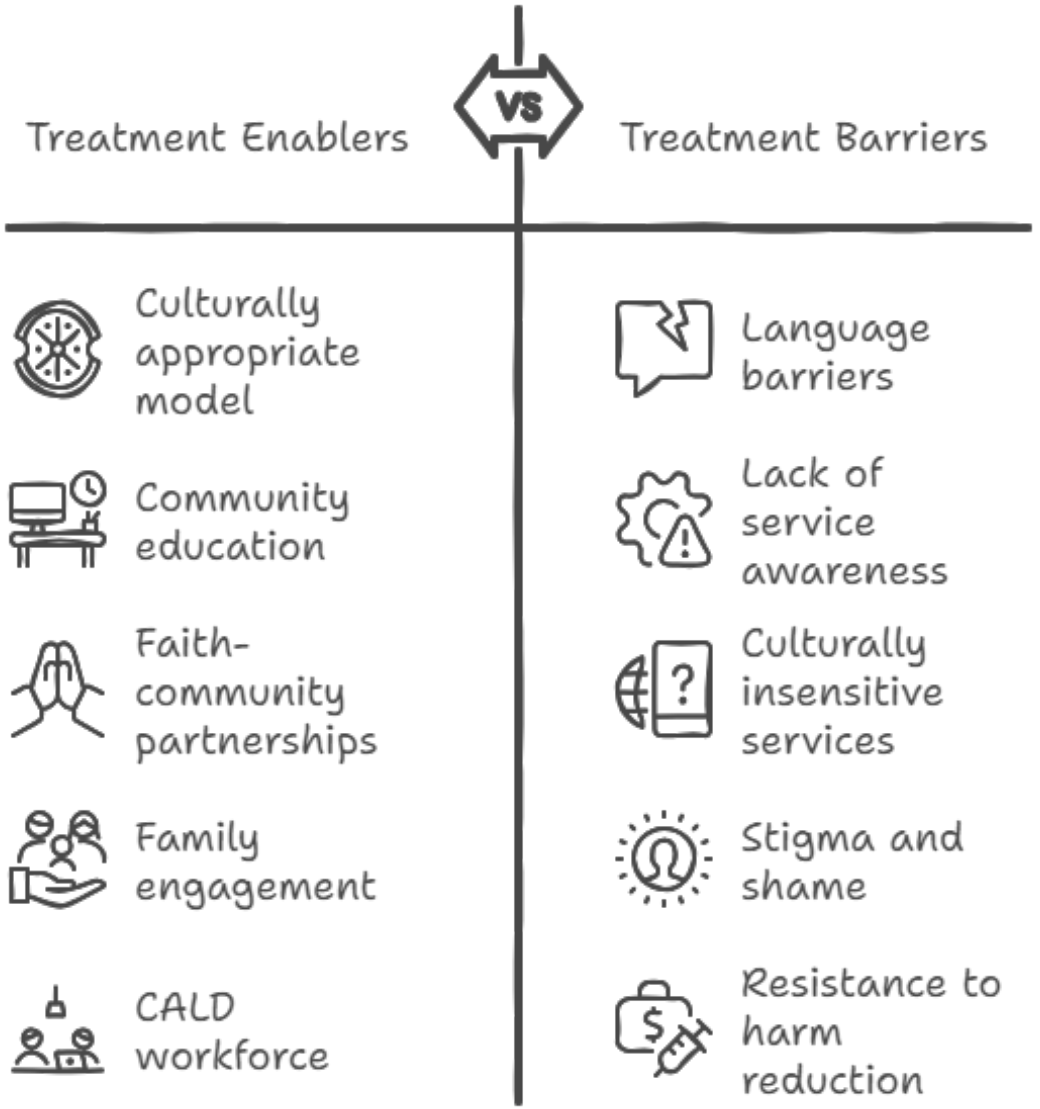
CALD Key Communities Engaged

- Cultural Backgrounds - African, Asian, Pacific Islander
- Various Language groups - Arabic-speaking, Vietnamese speaking, and others.
- Faith based groups - Buddhist, Islamic, Christian

Methods

- Ethics: UNSW HREC
- Interview: CALD religious and community leaders (N=8)
- Focus groups: CALD consumers (N=30)
- Resident in South-West Sydney and Western Sydney
- COB - Sub-Saharan African; North African and Middle Eastern; East Asian; and Pacific Islander descent
- Thematic analysis

Key Findings



Treatment Enablers
Culturally Appropriate Treatment Model

"Come up with a plan to build **a treatment model for CALD communities** and within the CALD communities as well that's also relevant to the community"

[RL]

"**...have like a cultural wellbeing plan...I think, from our community's perspective, people value returning to faith and realigning their sense of values.** And, if we're *[the Services]* not accepting that and we don't align their sense of values with our treatment, it's planning to fail. You've got to align their values with treatment and then our treatment will be a lot more effective, whatever it is that we're providing"

[CL]

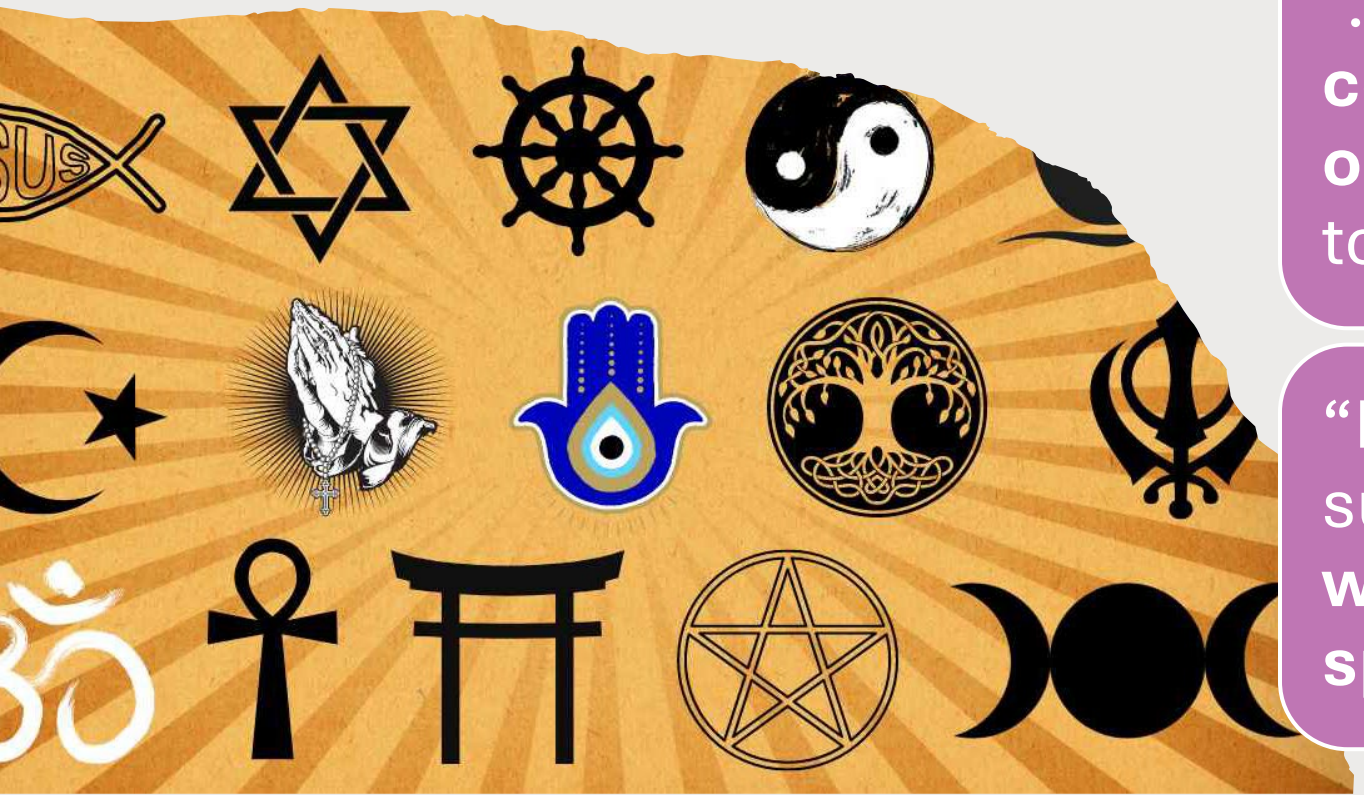
"**...we need more services to be culturally appropriate and help people**"

[Consumer]

Treatment Enablers
Community Education

“having people within the community to educate about the drug and alcohol” *[Consumers]*

Treatment Enablers **Faith-community partnerships**



"So, members would know to come to myself. **We're the first contact** when it comes to trying to find ways to overcome alcohol and drugs" [RL]

"…**have partnership with community and religious organizations** because we're going to need your help" [RL]

"But, when the problematic issue surfaces as a crisis, you know, we, **we tend to gravitate towards a spiritual leader**" [CL]

Treatment Enablers
Family engagement

"**Yeah, if they *[family]* know about this, about the issue, they 100 per cent should be involved.** If they know about the substance and fully know about the issue, and there, there isn't any concern of confidentiality, then I think there definitely can be a lot of support" [CL]

"Should the *family* be involved? Definitely, should be involved, because the only way to, I believe, as I said to you, my personal experience, it helps the process of the, the, the treatment to succeed "[CL]

"And it's like a disappointment, you know" [Consumer]

Treatment Enablers **CALD workforce in services**

"I would encourage that there should be **more people with CALD background who are trained** or skilled to deliver programs" [CL]

"Yeah, just, you know, have a good heart. **Be culturally aware**. Be genuine. Be more understanding. Be patient." [RL]

"Its very good to have **representation of people with a CALD background** in clinics" [RL]

"There should be representation from like each culture" [Consumer]

My client officer is Vietnamese. And the smile on his face is worth a million dollars." [Consumer]

Treatment Enablers

Creating safe spaces

“Need to have community consultations and co-design around what the Centre needs to look like as soon as someone walks in.

So, the look and the feel of the Centre. So, when you walk in, what do you see and how does it make you feel? **This will then determine whether you would feel comfortable to engage or not”** [CL]

Treatment Barriers - **Language barriers**

- *“If they have a drug treatment, a drug problem, better they go to … to get treatment soon as possible, yeah. But, as I said,* ***one barrier is language****…So, that’s a barrier for them”* [CL]

Treatment Barriers - **Lack of awareness of services**

“Lack of support is a … There isn’t a lot of support. ***There isn’t a lot of information around how to access support; what services are available in the mainstream.*** *Also, just lack of information around understanding the nature of substance-use addictions”* [CL]

“*I reckon just making it more accessible*. ***Like I feel like before getting help or like being put into like a program, you kind of don’t know where to look for a Service or Program****…So, I guess just that: making it more like available and easily accessible”* [Consumer]

Treatment Barriers - **Lack of culturally sensitive services**

"*have a **model that's specific for Muslims and those who are in the CALD community uptake would be at least tenfold**."* [RL]

Treatment Barriers - **Stigma and shame**

*"And they don't want people to see them in a treatment due to **shame**"[CL]*

*"...So, **there is shame**, you know, that's attached to it, you know. So, yes, people will not openly come out and say, "Yes, I'm actually struggling with this,..." [CL]*

Treatment Barriers - **Resistance to harm reduction approaches**

"Some people do not want medications because they feel its just replacing their addiction with another substance*... But, if you're on opioids and you're on heavy opioid use, and you can have a medicated-assisted detox, and some sort of intervention for the next month or two, to help ease the initiation of your recovery, I agree"[CL]*

CALD Community Engagement Strategies

Cultural Sensitivity

- Dates, time and venue needs to be to be strategically comfortable, convenient and safe
- Culturally appropriate food, decorations
- Content of community engagement activities to be culturally sensitive and trauma informed.
- Flexibility in approach

Faith Considerations

- Welcome acknowledgements of diverse faith based groups present
- Opportunity to engage in prayers
- Considerations during religious observations e.g. Ramadan

Community Involvement

- Key representatives sourced with community groups
- Program co-designed and co-led
- Work with community and religious leaders as gate keepers

Education and Outreach

- Resources in various languages
- Translated and interpreters
- Dialogue

CALD Community Engagement Outcomes

Improved engagement and relationship with diverse communities:

Grassroot organisations

Community gatekeepers

Trust

Enhanced understanding of cultural and religious influences on AoD use:

AoD use in cultural ceremonies

Spiritual use of AoD

Taboo

Stigma and shame

Role of family and communities in healing

Cultural and religious connection as healing

Migration experiences

Trauma informed care

Increased access to OH's AoD services:

Increased CALD client referrals

Co-design of service delivery

Community information and education

Peer support networks

Conclusion

Cultural Sensitivity

Culturally tailored AOD services are essential for addressing unique needs within CALD communities.

Religious and Community Leaders

These leaders play a crucial role in destigmatizing AOD issues and can act as gatekeepers, offering pastoral care and community influence.

Barriers

Shame, mistrust, and embarrassment are significant barriers to treatment engagement for many consumers.

Partnership Potential

Strengthening partnerships with religious and community leaders can enhance prevention, support, and access to AOD services within CALD communities.

PRESENTATION 6

Client preferences for AoD treatment for people from a CALD background in New South Wales, Australia

Developing attributes and attribute-levels for a Discrete Choice Experiment.

Presenting Author: Winifred Asare-Doku

Authors: Stella Settumba, Catherine Foley, Nirekha De Silva, David Kelly, Robert Stirling, Teguh Syahbahar, Winifred Asare-Doku

Background

- CALD (Culturally and Linguistically Diverse) is defined as:
  - Being born or having one/both parents born in a non-English speaking country
  - Language other than English as the primary language spoken at home
- 50% of Australian population is CALD
- People with CALD backgrounds have unique experiences that put them at risk of AoD harm
  - Trauma, acculturation, lack of social connection, financial hardships, etc
- Underrepresented in AoD treatment
  - Lack of culturally sensitive services among other factors
  - The relative importance of the factors that might influence the decision-making process regarding treatment uptake remains unclear.
  - Important to understand client treatment preferences consistent with their values
  - Consider the heterogeneity within CALD populations

Background

A discrete choice experiment (DCE) is an economic method used to understand preferences by presenting respondents with a set of choices that involve different attributes or features.

Lancaster's theory of Consumer Choice underpins DCEs by emphasizing that consumers derive utility from the attributes of a service rather than the service itself.

DCEs are particularly useful for understanding decision-making processes and predicting how changes in services might influence consumer behavior.

Study Aims

Aim of main study: DCE

- To assess AoD treatment preferences, value, and trade-offs for people from a CALD background

Aim of this sub-study:

- Identify DCE attributes
  - characteristics that clients consider when making a treatment choice
  - Preferred and not preferred
- Identify DCE attribute levels
  - Possible ranges within which attributes lie

Methods

Main method is a Discrete Choice experiment

To identify attributes and levels - FGDs

- 4 groups, 16 participants
- Sub-Saharan African, Pacific Islands, North Africa and the Middle East, and East Asia
- Current or previous AoD treatment clients
- Resident in Western and Southwest Sydney
- Semi-Structured questionnaire

Methods

- Issues discussed included:
  - Participants positive and negative experiences with AoD services.
  - How AoD services can be adapted to better serve people from a CALD background.

- Main question posed:
  - *How would you like AoD treatment services for people from a CALD background to look like?*
- Cost
  - *Would you be willing to pay an out of pocket or gap fee to access an AoD treatment service that meets the needs and preferences of people from a CALD background?*
  - *Assuming you had a job how much do you think is reasonable and you would be willing to pay per attendance?*
- Time
  - *How far from your home are you willing to travel to access a service like the one you have just described?*

Results

List of Attributes and their Levels

Attribute	Levels
Type of provider	With a CALD background, Without a CALD background
Treatment type	Education/Information, Individual psychotherapy, Group psychotherapy, Pharmacotherapy
Treatment space	With CALD resources, Without CALD resources
Support	Peers, Someone with lived experience, CALD community and family
Treatment outcome	Reduced AoD use, Connection to religion/culture, Improved relationships, Reduced contact with the justice system, Employment opportunities
Out of pocket cost per appointment	$0, $25, $50, $100
Travel time	15 minutes, 30 minutes, 45 minutes, 60 minutes

Discussion Questions

1. What more can be done to increase AOD service access for people from a CALD background?

2. Would it be helpful to have a CALD specific framework for provision of AOD services?