Beyond the Waiting Room: Stigma-Responsive Assertive Outreach in Alcohol and Other Drug Care

Authors:
Mrs. Michelle Edmondson[1] and Mr. Jordan Crouch[1]
[1]Life Without Barriers, Alcohol and Other Drug Program, South Australia

Presenter's email: michelle.edmondson@lwb.org.au

Background: Stigma continues to be a significant barrier to engaging with Alcohol and Other Drug (AOD) treatment, particularly for people who have experienced trauma, marginalisation, and repeated exclusion from services. Appointment-based models, clinical environments, and rigid notions of "readiness" can unintentionally reinforce shame, surveillance, and deficit-based narratives. For many Aboriginal and Torres Strait Islander peoples, these dynamics contribute to distrust of services and reduced access to culturally safe care.

Description of Model of Care/Intervention: Life Without Barriers' *Next Step Assertive Outreach Program* was designed to reduce stigma by shifting where, how, and on whose terms, care is delivered. The program removes the waiting room and prioritises outreach within community settings. A multidisciplinary team provides persistent, flexible support using relational, strengths-based practice and multiple modes of contact. Engagement is often through practical assistance, cultural connection, and social support, allowing substance use to be addressed within a holistic understanding of wellbeing.

Effectiveness/Acceptability/Implementation: The program has 97% engagement success rate for those who have previously disengaged or refused traditional treatment. Outcomes include reduced hospital presentations, improved continuity of care, and sustained engagement over time. Clients describe the service as non-judgemental, and fundamentally different, reporting increased trust, safety, and willingness to seek help.

Conclusion and Next Steps: By redesigning AOD care around relationships rather than appointments, Next Step demonstrates how stigma can be actively reduced through service structure and practice. Assertive outreach reframes engagement as a shared responsibility and aligns with First Nations principles of community-based, person-led, and culturally responsive care. This model offers transferable lessons for building more equitable, stigma-aware AOD systems across diverse contexts.

Implications on communities, practice, policy and/or First Nations communities: Stigma-responsive outreach has implications for policy and commissioning,

supporting service models that prioritise flexibility, cultural safety, and sustained relational engagement—particularly in regional and Aboriginal community contexts.

Disclosure of Interest Statement: The authors declare no conflicts of interest.