

NDARC

National Drug &
Alcohol Research Centre

The Difference is Research

“Why don’t I see Aboriginal men who use substances in Primary Healthcare?”

A qualitative study of male Aboriginal and Torres Strait Islander drug and alcohol rehabilitation clients’ experiences with attending primary health care

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I would like to show my respect and acknowledge the Traditional Custodians of the Land, of Elders, past, present and future, on which this meeting takes place



Aims

“Why don’t I see these clients in primary healthcare (PHC)?”

To explore the perceptions of Aboriginal men who use substances about:

- Experiences speaking about substance use at PHC
- Preferences for accessing PHC around substance use

Methods

- Qualitative grounded theory
- Semi-structured interviews by Aboriginal researchers
- Aboriginal men in residential treatment for substance use
- Deductive and inductive analysis

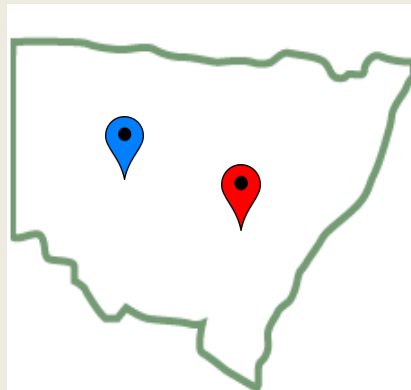
ETHNICITY



100% Aboriginal (N=20)

0% Torres Strait Islander

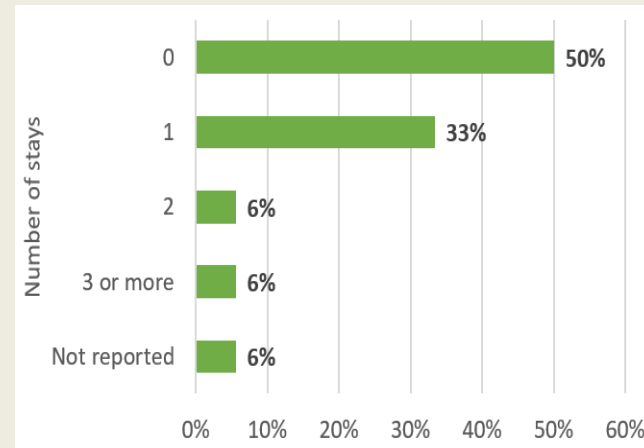
USUAL RESIDENCE



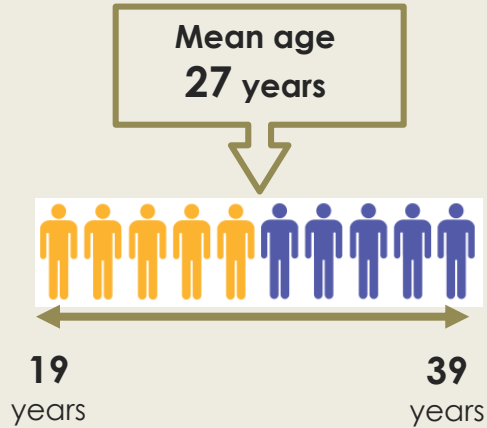
75% Rural, remote, regional

25% Sydney/Newcastle

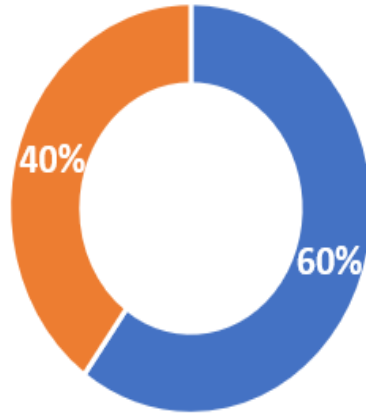
PREVIOUS TREATMENT STAYS



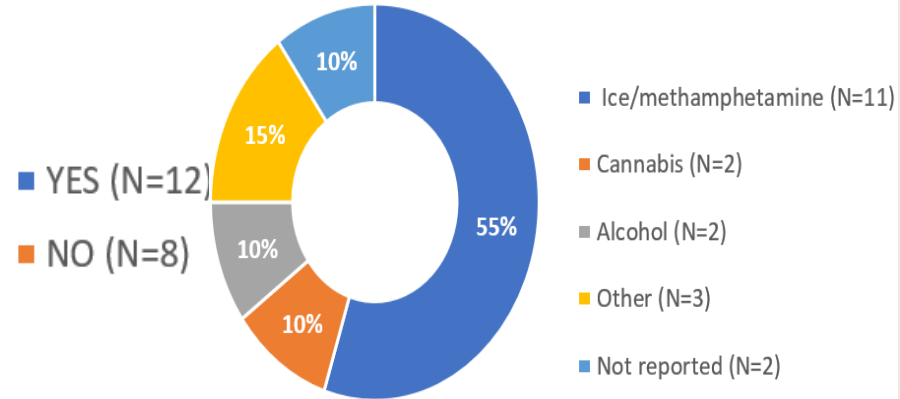
AGE



FULL OR PART TIME JOB (PAST 12 MONTHS)



MAIN DRUG OF CHOICE



Themes (saturation was reached)

1. Asking for help for substance use (or mental health problems linked with substance use)
2. Developing a supportive and enabling PHC setting

Asking for help for substance use

- Half had spoken to PHC staff about substance use
- When it caused a problem
- Half knew the GP (previous visits)

Well last time I went there [to PHC], I was pretty high on ice. I told him I was hearing things and I was that paranoid I got four people following me around [describing the effects of ice].

28 years, not in full time work before stay, self-referred, alcohol, #1

Asking for help for substance use

- Some not offered any treatment
- Some referred to treatment - positive or negative

I said [to the GP], “mate, I don’t like this life, I don’t like who I am”, I’m crying aloud, and he goes, “morally you’re halfway there. I don’t think you need rehab ... you’ll be right, just tough it out.”

34 years, in full time work, self-referred, alcohol, #15

Asking for help for substance use

- Some not offered any treatment
- Some referred to treatment - positive or negative

It was like “pass the buck on”. You go there for help and you get passed onto someone else. I suppose that’s why I didn’t feel I didn’t get the help I needed ... he [GP] just referred me to a drug and alcohol service.

39 years, full time work, justice system referral, heroin #4

Subthemes

1. Unable to tell the whole story
2. Unable to access PHC because of substance use

- Fear

*A long time ago, I opened up to a couple of doctors 'cause I was trying to get help, I was so lost. I didn't explain it 'cause I was scared to tell him I had a drug problem. I was thinking, "what if these c**ts call DOCs [Department of Child Safety]?" I don't use around the kids.*

34 years, full time work, self-referred, cocaine/alcohol #15

Subthemes

1. Unable to tell the whole story
2. Unable to access PHC because of substance use

In the drug world, I didn't really worry about myself. So I knew what [appointments] I had but I didn't keep them, I just cancelled them.

32 years, full time work, medical officer/self-referred, alcohol, #12

- One client: concerned about confidentiality

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Aboriginal staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

You're walking into a room and you've just got to pour your heart and soul out to a stranger. That's not the easiest thing to do.

29 years, full time work, justice system referral, ice, #9

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Aboriginal staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

Cause they're [non-Aboriginal staff] just not on the same level. They don't realise the causes of things, the reasons why you do things. They just look at what you are now and the choices you make, let alone [understanding] what led up to all of that.

25 years, not in full time work, family/friend referred, marijuana #11

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Aboriginal staff
3. **Support person (family or friend)**
4. Seeking cultural support or men's group

- Understand health information
- Prompt positive action
- Most had a support person

Developing a supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Aboriginal staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

- Culture was stolen
- Develop and foster cultural connections

I hope I can find some of my mob that's doing an activity or something. I've always wanted to go through the passage of rites, like from child to man. I haven't been through that yet so in my mob's eyes I'm still a child.

22 years, not in full time work before stay (referral and drug use not reported) #13

Discussion

- Opportunities to engage
- Understandable difficulties about speaking openly
- Focus on building relationships, same GP
- Individualised care planning
- Cultural links:
 - Men's groups
 - Aboriginal workforce

Limitations

- One service, small sample
- Unpleasant events, a long time ago

Strengths

- One service, small sample
- Unpleasant events, a long time ago
- Trust and open discussions
- High participation rate

I had to go to rehab in the past, I had support of a consistent GP. He followed up my progress, before, during and after rehab. It feels good to know someone cares.

We would like to acknowledge the participants who took part in this research. Funding provided by Prof Maree Hackett at The George Institute.

Sara Farnbach, Jamie Fernando, Joe Coyte, Matty Simms, Maree Hackett