

## **DRUG AND ALCOHOL SERVICES FOR THE MUSLIM AND ARABIC SPEAKING COMMUNITY IN SYDNEY**

**Authors:** Maja L. Moensted<sup>1,2</sup>, Carolyn Day<sup>1,2</sup>, on behalf of the MaAS study Advisory Committee.

<sup>1</sup>*Drug Health Services, Sydney Local Health District, Australia* <sup>2</sup> *Discipline of Addiction Medicine, University of Sydney, Australia*

Presenter's email: [Maja.Moensted@health.nsw.gov.au](mailto:Maja.Moensted@health.nsw.gov.au)

**Introduction and Aims:** Cultural factors play an important role in the use of drugs, the evolution of problematic use and in recovering. Drug issues are highly stigmatised within mainstream Australian culture but may be exacerbated for individuals from a Muslim and Arabic speaking (MaAS) background, compounding barriers to treatment for Australian Muslims with substance use issues. The aim of this study is to identify key issues influencing access to alcohol and drug (AOD) treatment services among the MaAS community.

**Method:** Purposive sampled interviews were conducted with religious, cultural and community leaders, health workers, and representatives of non-government organisations who provide care to the MaAS community.

**Key Findings:** Preliminary findings suggest that there are unique risks factors and explanatory models of drug behaviours within the MaAS community, which combined with structural constraints relevant to the Australian AOD sector, impact treatment seeking. Fear about confidentiality of information, community stigma, culturally inappropriate services and mistrust in mainstream services were identified as major barriers to seeking services. Cultural beliefs and collectivist norms favouring abstinence over harm minimisation was another sited barrier. Service models further need to meet the relational and collectivist orientation of MaAS clients.

**Discussions and Conclusions:** For AOD treatment intervention to be effective for the MaAS community they need to be supported by initiating community education, particularly aimed at stigma and harm reduction. To ensure the service provision is culturally responsive, extensive liaison with community leaders is needed. Building bridges between community organisations and mainstream services is crucial to facilitate 'reach' within the community.

**Disclosure of Interest Statement:** No pharmaceutical grants or other external funding were received in the development of this study.