

COMMUNITY AGED CARE PRACTICE GUIDE

Cultural considerations

Discussing substance use with older people during home visits

Core principle

Culture may shape how a person understands health, medicines, substance use, family roles and help-seeking. It does not predict whether that person uses alcohol or other drugs. Perceptions and experience of cultural safety are determined by the older person receiving care, not by the worker's intention.

Before raising the issue

- Check the person's preferred language, communication method and need for a qualified interpreter.
- Ask who, if anyone, they want involved. Do not assume family members should be present or can interpret.
- Create privacy in the home. Explain confidentiality and any limits before asking sensitive questions.
- Explain the clinical reason for asking (for example falls, memory, sleep, pain, medicines or maintaining independence) and seek permission.
- Consider whether hearing, vision, cognition, literacy or fatigue require a slower pace, visual prompts or a second conversation.

During the conversation

Helpful practice	What to avoid
Use routine, non-judgemental language.	Avoid labels such as 'alcoholic', 'addict' or 'drug abuser'.
Ask which words the person uses for alcohol, medicines and other substances.	Do not assume familiar words, standard-drink concepts or medicine instructions have the same meaning.
Ask one question at a time; use plain language and allow silence.	Do not interpret hesitation, limited eye contact or brief answers as dishonesty.
Clarify prescribed use, non-prescribed use, over-the-counter products, traditional remedies and sharing of medicines.	Do not treat all medicine use as misuse or ignore interaction risk because a medicine is prescribed.
Check understanding by asking the person to explain the plan in their own words.	Do not rely on 'Do you understand?' as the only check.

Keep the assessment individual

Relevant influences may include migration, language, religion, spirituality, gender, sexuality, experiences of institutions, family roles, grief, racism, the person conducting the assessment, poverty and rural or remote access. Ask what is relevant to this person; do not infer it from appearance, name or community background.

Aboriginal and Torres Strait Islander peoples

Terminology

Use 'Aboriginal and Torres Strait Islander peoples' in full unless the person or local community expresses another preference. Avoid the acronym 'ATSI'. Aboriginal and Torres Strait Islander peoples are culturally and linguistically diverse; there is no single community experience.

Historical and current context

Colonisation, dispossession, forced removal of children, institutionalisation and racism have caused profound harm. For some people, these experiences, and trauma transmitted across generations, may affect trust in services, willingness to disclose, and reactions to authority, assessment or record-keeping. They do not establish an individual's history and should not be treated as the cause of that person's substance use.

What intergenerational trauma means in practice

- It describes effects of severe historical trauma that can continue across generations when survivors, families and communities have had limited opportunity to heal.
- Effects may be carried through grief and loss, disrupted family and cultural connections, parenting and attachment, ongoing discrimination, social disadvantage and repeated contact with institutions.
- It is context, not a diagnosis. Do not ask a person to disclose trauma in order to justify culturally safe or trauma-aware care.
- Substance use may be one coping response for some people, but this must never be presumed.

Practice implications

What to do	Why it matters
Ask permission before sensitive questions and explain what will happen next.	Reduces unexpected loss of control and makes the process predictable.
Offer choices about timing, worker, privacy, support people and referral options.	Choice and control are core trauma-aware practices.
Be reliable: follow through on what you say and avoid repeated unnecessary retelling.	Consistency supports trust and reduces the risk of re-traumatisation.
Ask whether the person would like an Aboriginal Health Worker, Aboriginal Community Controlled Health Organisation, Elder or other cultural support involved.	These are options, not automatic referrals. Obtain consent.
Recognise family, kinship, community, culture, Country, spirituality and self-determination as potential strengths.	Do not frame Aboriginal and Torres Strait Islander identity only through risk, trauma or deficit.

Do not conflate cultural identity with risk

Aboriginal and Torres Strait Islander peoples are less likely to drink alcohol than other Australians overall. Population-level disparities among people who do drink cannot be used to predict an individual's behaviour. Screen routinely and respond to the person's answers and clinical circumstances.

Working with interpreters and support people

- Use a qualified interpreter for important health information, consent and clinical decisions when language support is needed.
- Do not use children as interpreters. Family or friends should not replace a qualified interpreter except in an emergency when one is unavailable.
- Speak to the older person, not to the interpreter. Use short sentences, pause often and avoid jargon.
- Check whether interpreter gender, dialect, community relationships or confidentiality concerns affect the person's comfort.
- A support person's involvement requires the older person's consent; a support person and an interpreter perform different roles.

Suggested wording

Routine opening	<i>"Because alcohol, smoking, sleeping tablets, pain medicines and other substances can affect balance, memory and sleep, I ask everyone these questions. Is it okay if we discuss that now?"</i>
Preferences	<i>"Is there anything about you, such as your language, culture, beliefs or family arrangements, that you would like me to understand before we continue?"</i>
Support	<i>"Would you prefer to speak privately, or would you like someone you trust involved?"</i>
Context without demanding disclosure	<i>"Some people use alcohol or medicines to cope with pain, grief, stress or sleep. What role, if any, do they have for you?"</i>
Culturally appropriate referral	<i>"If you decide you would like more support, are there services or people you would feel comfortable involving?"</i>

Before finishing

- Summarise what the person said and check that you have understood correctly.
- Agree on the next step; do not make a culturally specific referral without asking whether it is acceptable.
- Document the person's communication and support preferences, consent and agreed plan, rather than assumptions about culture or trauma.
- Seek local cultural advice when needed. This guide does not replace relationships with local communities or organisational cultural-safety requirements.

Further guidance

- [Aged Care Quality and Safety Commission, The individual](https://agedcarequality.gov.au) agedcarequality.gov.au
- [AIATSIS, Aboriginal and Torres Strait Islander terminology](https://aiatsis.gov.au) aiatsis.gov.au
- [Queensland Health, Right to an interpreter](https://health.qld.gov.au) health.qld.gov.au
- [Australian Government, Alcohol and Aboriginal and Torres Strait Islander peoples](https://health.gov.au) health.gov.au
- [AIHW, Determinants of health for First Nations people](https://aihw.gov.au) aihw.gov.au
- [The Healing Foundation, Intergenerational trauma](https://healingfoundation.org.au) healingfoundation.org.au