"WHAT I WANT MY PEERS TO KNOW" RESOURCE

INSIGHTS FROM AOD, MENTAL HEALTH, AND HARM REDUCTION PEER WORKERS ON WORKING WITH PEOPLE EXPERIENCING MENTAL HEALTH AND SUBSTANCE USE.

Below reflections are from the Lived and Living Experience Workers Panel Discussion at the "Integration in Action: A Peer Lens on Mental Health & AOD" Networking with Purpose LLEW Forum on 18th September 2025.

The discussion panel members included:

- Lucy Schrader, AOD Peer Support Worker, Access Health and Community
- Simon Coleman, AOD Peer Support Worker, Access Health and Community
- Helene Lee, Family & Carer Peer Worker, North East Metro Mental Health and Wellbeing Connect
- Fatima Muhammad, Peer Worker, Whittlesea Mental Health and Wellbeing Local
- Shaun Mulder, Senior Consumer Peer Worker, ICYMHS Early Psychosis Team, Eastern Health
- Amelia Berg, Fuse Initiatives Coordinator, Harm Reduction Victoria

CORE PRINCIPLES OF CARE – UNDERSTANING ADDICTION AND RECOVERY

The Person Must Want to Change

- Change cannot be imposed; it must come from the person.
- Meet people **where they are at**, respecting autonomy and choice. Go where they want to go. **Be guided by the person, not your own agenda.**

Take the Substance Out of the Equation

- Problematic behaviours (alcohol, meth, gambling, exercise) are coping strategies.
- Substances/behaviours are a response to **difficult thoughts, feelings, or trauma**, not the person's weakness.
- Explore **why the behaviour exists**, what benefits it provides, and what difficulties it causes.

Connection is the Opposite of Addiction

- Start with **harm reduction** approach.
- People who use substances have usually experienced **judgment and stigma**.
- Providing **non-judgmental, safe spaces** fosters trust and connection.
- Recovery grows through **relationship, community, and peer support**.
- Quote: *"Connection is the opposite of addiction"* – Johann Hari

People Who Use Substances Are Experts in Their Own Lives

- Curiosity and empathy are more important than expertise.
- Refer to AOD specialists if something is outside your scope.

Addiction is a Response to Pain

- Addiction is **caused, not a weakness**.
- Focus on the **underlying pain or trauma**, not the addictive behaviour itself.
- Trauma shapes behaviours; substances may numb but often deepen suffering.
- Dr. Gabor Maté: Ask "why pain?" not "why addiction?" Addiction often rooted in **childhood trauma or emotional loss**.

Recovery Is Individual

- No one-size-fits-all; recovery paths are unique.
- Requires **holistic approaches**: mental health, housing, relationships, identity, culture, purpose.

Relapse Is Part of Recovery

- Relapse is **not failure**; it's a learning opportunity.
- Encourages reflection, growth, and resilience.
- Responding with **empathy** creates safer spaces for healing.

Healing Is More Than Stopping Substance Use

- True recovery involves building a **meaningful life**, not just abstinence.
- Rediscover identity, purpose, culture, and community.
- Focus on **what is being built**, not just what is left behind.

Exploring Substance Use - Benefits vs Difficulties

- All behaviour is **caused**. Explore:
    - *What does this behaviour do for you?*
    - *What difficulties does it cause?*
    - *Remember not to downplay the fact that people use drugs because it makes them feel good and it provides a relief from other stressors in their lives.*
- Use **pros and cons lists** to guide self-reflection.

Self-Medication & Motivation

- Substance use often addresses:
    - Anxiety, overthinking, insomnia
    - Confidence, emotional or physical pain
    - Trauma-related coping
- Curiosity about **why the behaviour exists** can lead to **healing and change**.

WORKING WITH PEOPLE: PRACTICAL GUIDENCE

. Responding to Mental Health & AOD Challenges

- Use **compassionate, non-judgmental listening**.
- Understand behaviours through a **trauma-informed lens**.
- Prioritise **safety, trust, and collaboration**.
- Be **completely honest** in relationships – authenticity matters.
- Health professionals can be the **most stigmatising**.
- Slow down, take time to build the rapport, and **take the scenic route** – rapport and trust may be the shortcut.
- You don't need to agree with person's worldview, focus on the **feeling not the belief** (e.g., during psychosis).
- Strong networks with AOD and MH services support **integrated care**.
- When you share your experiences, it must be in response to the person you are working with. It must be **intentional and purposeful**.

Supporting Someone Not Ready to Change

- Build **trust and mutual respect**.
- Validate experiences, explore their **WHY** without pressure.
- Use **motivational interviewing techniques**: open questions, affirmations, reflective listening.
- Focus on **harm reduction**, walking alongside them wherever they're at.
- Harm reduction is a legitimate, evidence-based option. Harm reduction for harm reduction sake- not only a response until someone wants to change.

Conversation Starters for Distress or Coping

- Gentle, open-ended questions invite honesty:

  - *"It seems like things have been tough lately. Want to talk about what's been going on?"*
  - *"I can see you're doing what you need to get through right now. Would it help to talk about what's feeling hard?"*
  - *"What's helping you cope now? What strategies have worked before?"*
- Encourage reflection on **strengths and existing supports**, not just substance use.
- Zoom out and not focus just on substance use.

FAMILY AND CARERS PERSPECTIVES

- Families often hold **conflicting wishes and advice**; carers' needs may differ from the loved ones.
- Sometimes **carers may also be using** – explore substance use in context. They may also actively or unconsciously influence a person towards using one substance over another because it may have different repercussions for them (instead of asking the person what they want).
- Family violence and safety issues must be acknowledged.
- Systems (justice, health, MH, AOD) are **confusing and hard to navigate**. Families sometimes have to make hard decisions on behalf of the person they love, but can end up feeling guilty about outcomes.
- Carers need **their own support** (e.g., Family Drug Help and Family Drug Support).
- Put on your own oxygen mask first – carers must be okay to support others. Focusing on "fixing" the person can feel like the easy way out, however supporters need to also acknowledge that there are things they can do themselves to make the situation liveable (self-care in particular).
- Carers can set **boundaries without closing the door**. The person using substances makes the decisions and needs to deal with the consequences. Get the support you need. Separate substance from the person. **Step away but don't close the door**.

LANGUAGE AND HOPE

- Use **non-stigmatising, respectful language** – words matter.
- Resources:
  - Power of Words – ADF
  - Words Matter – MHFA
  - Language Matters- NUAA and NADA
- As peers, we **carry trauma but still hold space for others**.
- Peer roles are **living signs of hope**, even if recovery is not linear.
- Planting seeds of hope – it may take years, but it matters.

- Reframe **“Dignity of Risk” → “Dignity of Choice.”**

BROADER INSIGHTS & SYSTEMIC BARRIERS

- Substance use is not inherently bad – **most people don’t need treatment**.
- **Harm minimisation vs harm reduction** – distinct concepts, often misunderstood. Harm minimisation is the whole policy including policing and harm reduction is part of that with a small percentage of the budget. Harm reduction resources: Harm Reduction Victoria (HRVic)/Melbourne/Home
- Many harms come from **criminalisation, not the drug itself**.
- Access issues: cost, availability, isolation, policing.
- Some professional responses (e.g., EDs, CTOs, hospitalisation) can be **harmful or coercive**.
- Need to consider **alternatives beyond rehab** – avoid rigid “ideal pathways.”

KEY REFLECTIONS

- Recovery is **personal, relational, and holistic**.
- Connection, trust, and curiosity are central.
- Harm reduction and non-judgmental spaces create **opportunities for growth**.
- Peer workers **plant seeds of hope**, even if growth is slow.
- Respect **dignity of choice**, not just “risk.”
- Quote: *“Know all the theories, master all the techniques, but as you touch a human soul, **be just another human soul**.”* – Carl Jung