

DAMEC submission to the inquiry into the impact of illicit drug use on families

The Drug and Alcohol Multicultural Education Centre (DAMEC) is a NSW state wide organisation funded through NSW Health. DAMEC's mission is to reduce the harms associated with the use of alcohol and other drugs within culturally and linguistically diverse (CALD) communities in New South Wales. Underpinning much of the work DAMEC does is the acknowledgement that engaging family is intrinsically connected with addressing alcohol, tobacco and other drug (ATOD) issues among CALD clients and communities. For this reason DAMEC welcomes the opportunity make the following submission to the inquiry into the impact of illicit drug use on families

Submission summary

Among families from a CALD background, having a member using illicit drugs brings specific challenges. Generally CALD families experience additional shame, alienation and isolation due to cultural perceptions surrounding drug use and barriers to accessing treatment options available in Australia. Among many CALD communities in Australia there is a self-reliant approach when dealing with personal or familial problems. Often CALD families will attempt to hide the drug use, which can further exacerbate family depression, turmoil and angst, as well as family conflict and breakdown. The implications of shame and loss of face can be devastating for CALD families already experiencing isolation and marginalisation, with ostracisation from their community support networks being a reality for some.

In Australia CALD clients represent a small portion of those accessing drug and alcohol treatment services. While research has shown that illicit drug use is lower among CALD populations, data also suggests that CALD clients are underrepresented in treatment services. When families do attempt to seek treatment it usually follows a medical or legal crisis. Alongside stigma and shame being barriers in accessing services, many CALD communities remain unaware of the treatment services and options that exist in Australia. Furthermore, lack of culturally appropriate translated material, sector trained interpreters or bilingual workers, or culturally appropriate treatment options mean that CALD clients and their families do not have access to the same level of treatment and professional communication that others do.

The approach of harm reduction provides opportunity to more holistically and adequately deal with illicit drug use through supply reduction, demand reduction and harm reduction strategies. However, for this approach to be effective it requires mutual understanding between drug using individuals, families and treatment services. For example addressing the stigma associated with illicit drug use is necessary to increasing CALD access to harm prevention and treatment programs. Culturally relevant treatment approaches are required, with awareness of the cultural perceptions and barriers to treatment that may exist, and the assumptions workers themselves hold. For instance in many CALD communities the Western concept of counselling does not exist, this can result in scepticism from families and unacknowledged assumptions by workers taking an individually centred approach excluding family.

Strengthening CALD families coping with illicit drug use involves effectively providing culturally appropriate and relevant information, ensuring service providers are understanding and able to adequately work with people from a CALD background including their families; and increasing the knowledge and understanding of CALD communities generally in areas such as ATOD addiction and treatment options available in Australia.

1. Introduction

The Drug and Alcohol Multicultural Education Centre (DAMEC) was established in 1989 and is a state wide, non-profit, non government organisation funded by NSW Health. DAMEC's primary focus is to bridge the service gap by assisting and supporting alcohol, tobacco and other drug (ATOD) service providers to make a difference to the way they access and service culturally and linguistically diverse (CALD) clients.

DAMEC works within a harm minimisation framework and believes that while abstinence from problematic substance use is the preferred outcome this may not be appropriate or achievable for all. DAMEC continues to advocate informed choice regarding alcohol and other drug use.

DAMEC's mission statement is to reduce the harm associated with the use of alcohol and other drugs within culturally and linguistically diverse (CALD) communities in New South Wales.

Key activities of the organisation includes:

- **Training and consultancy** tailored to the needs of health professionals aimed at increasing the knowledge and skills needed for working with those from a NESB.
- **Research** identifying the ATOD attitudes, knowledge, usage patterns and service needs of target NESB communities.
- **Information Provision** relating to CALD communities, including an AOD services directory.
- **Project work** such as the Diversity Day Project, the African Refugee Project, and the Chinese Family Support Project.

2. The cost to families who have a member(s) using illicit drugs

Among families from a CALD background having a member using illicit drugs also brings specific challenges. Put briefly, alongside the costs experienced by families in the general community, CALD families also experience additional shame, alienation and isolation. This alienation occurs due to a range of intersecting reasons related to cultural perceptions surrounding drug and alcohol use, the migration experience, and barriers to accessing the treatment options available in Australia.

Stigma and shame

Perceptions of illicit drug use in many CALD communities living in Australia are rooted in stigma and shame, having profound consequences at both an individual and community level. The result of this is that families attempt to hide the drug use of a family member while trying to deal with it on their own for as long as possible. Keeping this secret within the family can result in family conflict, family breakdown, depression, turmoil and angst¹, also further exacerbated if the drug use is made known outside the family.

Often families will only seek treatment when the situation appears hopeless, or following a medical or legal crisis¹. Among the reasons those belonging to CALD communities do not seek assistance is also a denial of drug use and difficulty in openly acknowledging personal problems.¹ Obstacles to recognise there is a problem include shock, feelings of parental failure, embarrassment, family depression, inability to talk about the issues, and illicit drug often being a taboo topic of discussion.¹ In many CALD communities in Australia there exists a self-reliant approach when dealing with personal or familial problems and challenges, for fear of blame by others in the wider community.¹ Also particularly among communities small in number there is a reluctance to tell anyone in the community for fear of community gossip.¹ These issues conspire to drive issues of use and dependency further underground outside of community acknowledgement.

Increased marginalisation

Adjustment to a new culture and language can place considerable strain on migrants who often experience feelings of dislocation, isolation and grief. The lack of English language proficiency also lowers one's capacity to fully participate in Australian society. Further CALD migrant children may experience higher levels of stress and anxiety while negotiating issues such as the defining of self identity, values, beliefs and sexuality within the context of two cultures.

Thus within this context, the implications of shame and loss of face resulting from familial involvement with illicit drug use can be devastating for families from a CALD background. As well as these familial pressures resulting in a reluctance to seek outside help, in some communities making drug use known can result in the drug using individual being ostracised. Once someone has been ostracised it is difficult to regain their place back in the community, even after recovery.¹ Thus illicit drug use can further alienate those who already experience marginalisation in our society through isolation from their own community networks and supports.

Further, at a community level many ethnic communities place great importance in acceptance by the wider community, meaning that acknowledging involvement with illicit drugs in their community tarnishes their community's image.¹ Further, the way media presents illicit drug use is often sensationalised and ethnicised contributing to general community perceptions², as was the case in the 1990s with the Indo-Chinese community and heroin use and recently Arabic youth in Lakemba.

Barriers in accessing treatment options

CALD clients represent only a small proportion of those who access drug and alcohol treatment services. According to the National Minimum Data Set (NMDS) for AOD treatment services in 2004-2005, nationally 86% of clients were born in Australia and English was the preferred language of 95% of clients.³ While research has shown that problematic drug and alcohol use is lower among people from a CALD background than the general population^{4,7}, NMDS figures also indicates that there is an under representation of CALD clients accessing treatment services.

In addition to dealing with a family members substance use in order to access treatment options, CALD families must overcome particular difficulties and hurdles before obtaining appropriate assistance. Concerns such as stigma surrounding an individual's inability to cope, fear of rejection, discrimination, loss of confidentiality, and shame all create barriers to accessing services or health workers.¹ As previously mentioned accessing services often only occurs once crisis point has been reached within the family, or following a medical or legal intervention. Up until this point many people from a CALD background remain unaware of the treatment services and options available in Australia. Often sources of health information are friends or relatives rather than health professionals, with local general practitioners also being a common source of information regarding illicit drugs.⁶ However, many GPs lack confidence to offer drug treatment, being under-trained and unskilled about illicit drug issues.¹ This has been recognised with education programs specifically targeting GPs, such as the commonwealth 'Can Do' initiative⁸, and NSW Health funding one day clinical placements for GPs in a drug and alcohol service.

Language and cultural issues are widely recognised as barriers to accessing adequate health services at both a policy and service delivery level. However, CALD clients continue to struggle when accessing treatment services, further exacerbating the stress and strain of their situation. Lack of culturally appropriate translated material and non-specialist interpreters or bilingual workers in treatment services means that CALD clients do not have access to the same level of treatment and communication with health professionals that other clients would have. Further, it has been reported that treatment practices excluding the family in the consultative process, deprive them of the opportunity to demonstrate the importance the ties that exist.¹

3. The impact of harm minimisation programs on families

Australia's National Drug Strategy (NDS) is based on a harm minimisation approach and has existed in various forms since 1985. This approach is aimed at reducing drug-related harm, recognising the need to seek a balance between supply reduction, demand reduction and harm reduction strategies.⁹ Supply reduction aims to reduce the production, distribution and consumption of drugs and is implemented by law enforcement agencies. Demand reduction aims to reduce drug consumption through treatment of users of illicit drugs, education, health promotion, prevention, professional development for workers, evaluation and research. Harm reduction aims to reduce drug related harm for individuals and communities, strategies including programs such as methadone maintenance treatment and needle syringe programs.^{9 10}

Generally the ultimate desire for families affected by illicit drug use is for the recovery of their family member from substance use dependence. At the same time affected families generally also want their drug using family member to be safe, supporting strategies reducing the harm associated with drug use while their family member continues using illicit drugs. A common misconception is that a harm reduction approach encourages or condones AOD use, therefore not catering for people seeking to attain abstinence. However, the goal of becoming abstinent is in fact part of the range of strategies included in reducing harm.¹⁰ The cultural issues outlined in the previous section mean that engaging CALD families in treatment occurring within the broader approach of harm minimisation presents specific challenges, however effective communication and education results in increased positive outcomes.

Communicating harm minimisation to CALD communities

Among CALD communities there is confusion and misconception surrounding drug treatment and the nature of addiction. If unaddressed, this often results in unrealistic expectations of treatment services by families. While these misconceptions exist widely amongst the community, they appear more prominently among ethnic communities negotiating more barriers in understanding the complexity of drug addiction. The pressures for fast detoxification often results in repeated relapses. Long-term solutions are particularly problematic among ethnic communities. In particular substitution therapies such as methadone maintenance therapy, while being one of the most effective approaches to heroin dependency, is seen negatively and shamefully by some ethnic communities (particularly the Vietnamese).¹ It is not uncommon for families to send the drug using member back to their country of origin to detoxify, believing this to be the most effective option. However, the reality is that often in their country of origin there is higher risk of drug related harm such as blood borne viruses.

The approach of harm reduction provides opportunity to more holistically and adequately deal with illicit drug use through supply reduction, demand reduction and harm reduction strategies. The effectiveness of such an approach however requires some understanding of the contexts of the harm and affected populations' service needs.¹¹ For example among CALD clients and communities addressing the stigmatisation surrounding illicit drugs is an important element to increasing CALD access to harm prevention and treatment programs. The reality that many ethnic communities do not understand drug treatment, what is involved, or what to expect for the individual over a long period of time, means that they do not get what they expect from drug treatment services.¹ Thus, culturally appropriate communication and education is required for drug users, communities and service providers.

DAMEC believes that education and harm minimisation is most effective when implemented at two levels – the 'macro' level via media and the 'micro' community based level. At the macro level this requires government to consult with CALD communities on developing and conducting campaigns in a variety of media, including education on drug treatment and the approach of harm minimisation. Micro or community level education most effectively occurs through church groups, youth groups, football clubs, Adult Migrant English classes, Migrant Resource Centres, community languages schools and the like. In any public campaign, both levels of implementation should include the family and kin in key messages.

4. Strengthening families coping with illicit drug use

Much of the work DAMEC does involves advocating for, and working with services, in order to increase the competency of the AOD sector in NSW in dealing with people from a CALD background in culturally sensitive and appropriate ways. Intrinsic to this is ensuring that the families and carers of CALD clients are involved in the treatment of their loved one, and also supported throughout the process.

Effective provision of culturally appropriate information

Effective communication to CALD groups involves evaluating whether the message is communicated in a way that is culturally appropriate. DAMEC supports the production of information in CALD community languages in ways that are targeted, responsive and relevant to cultural contexts. This means more than just the straight translation of existing English language material. DAMEC has established through the "Assessment of Need for Information on Illicit Drugs in the Arabic, Chinese and Vietnamese Languages"¹² that translated information is a minor aspect of information delivery. What has been shown to be of more value has been the development of an overall information strategy that uses a variety of delivery methods. After assessing the information needs of the group, the information strategy can include a range of elements such as; a media information campaign (utilising community language media), training of community workers, community information sessions, and printed material such as posters.

The "Salam Youth Parents Talk" was a project funded by the Commonwealth Government under the National Illicit Drug Strategy (NIDS) that followed these principles. This project, ending in mid-2002, found that interactive talk back radio sessions in community languages was a much more valuable tool for raising community awareness on AOD information.

In 2005-2006 DAMEC ran a Chinese project following this same strategy of information delivery to CALD groups, funded by the Commonwealth Department of Health and Ageing through its Community Partnerships Initiative. Overall the project provided drug information training to 25 Chinese community workers and delivered 15 community education seminars to 300 Chinese parents and community members in Sydney. Other information outcomes included ten articles on illicit drug use, support and treatment issues published in Chinese language newspapers, and a poster urging Chinese parents and community members who have a concern about alcohol or other drug use to seek professional assistance. Evaluation results indicated the strategies were effective and stimulated greater interest by workers and community members in drug issues. A key finding was the interest by the Chinese community to access drug information as part of a holistic approach to family wellbeing (mental health).

DAMEC promotes the development of targeted printed material where a need has been established. In 2006 DAMEC coordinated the translation, focus testing, printing and distribution of the 'families and carers affected by the drug or alcohol use of someone close' (FACT) booklet, in collaboration with the Centre for Drug and Alcohol and DOCS Drug Summit Unit, and sponsored by the Department of Family and Community Services. The English version of the booklet has been available for generalist workers as a NSW Health initiative since 2004. In total 2000 copies in each of Arabic, Chinese, Vietnamese, Turkish, Serbian and Croatian were produced. Since November 2006 DAMEC has distributed a total of approximately 9500 booklets, the most popular being Vietnamese, Arabic and Chinese.

Improving the capacity of treatment services

As previously discussed many CALD communities are not accessing information on available interventions. Increasing the capacity of treatment services to be responsive to the needs and circumstances of individuals is pivotal, including the implementation of access and equity measures to improve access by all individuals requiring treatment. DAMEC continually highlights the particular needs of families in the treatment of drug dependent clients, and their somewhat untapped potential use for successful treatment outcomes for clients, especially young people.

It is important for treatment services to be aware of the particular cultural barriers and difficulties drug use presents to CALD clients and families, such as those described in the previous sections. Further, the Western concept of counselling and self-disclosure does not exist in many ethnic communities. This presents further challenges such as scepticism from families, and assumptions by workers in taking an individually centred approach excluding family.¹ Culturally relevant approaches are needed to respond to differing life experiences and stresses to which many ethnic communities have been exposed, including pre- and post-migration experiences.¹

DAMEC works to support treatment services in increasing their capacity to work with CALD clients and their families. In 2006 DAMEC coordinated a course focussed on working with family members of drug users. The course, based on the 'Families and Carers affected by the drug or alcohol use of someone close' (FACT) resource kit, was adapted by the trainer Jenny Melrose for delivery to ethno-specific and other family workers. Between April and August in 2006, the training was attended by 70 participants from 40 different agencies in five areas throughout New South Wales and evaluation was very positive. Almost 60 percent of participants were bilingual workers. In response to a recommendation by DAMEC's Multicultural Family Support Project (Training Report) NSW Department of Community Services is negotiating to purchase the two day course for delivery to its funded agencies in 2007.

DAMEC is also in the process of promoting a set of Cultural Competency Self Assessment tools developed for use in staff supervision or performance appraisals, and a Service Cycle model to assist in organisational review and development of a Cultural Competency Strategic Plan. The tools and review process were trialled with Barnardos South Coast by consultant, Kate Sullivan in 2006.

Increasing awareness and knowledge among communities

Part of strengthening families in coping with illicit drug use, involves ensuring that those they go to for information are equipped to deal with drug or alcohol issues, such as having an understanding of appropriate places for referral and that nature of addiction.

Multicultural and ethno-specific agencies and workers often act as access points for CALD communities linking with other services, agencies and departments. For this reason DAMEC has undertaken education and training specifically targeting ethno-specific agencies and workers. In 2006, in partnership with NSW Family Services, DAMEC held three forums for multicultural and ethno-specific family workers to share practice issues in supporting families affected by drugs and alcohol and participate in professional development activities.

Further, the role of peers and relatives in being sources of health related information, particularly for people of CALD background, has been widely acknowledged. Currently DAMEC is working directly with African refugee communities in 'The African Companions' project, in partnership with NSW Refugee Health Service and STARTTS and funded by the Alcohol Education and Rehabilitation. This project is a community education and capacity-building project intended to reduce alcohol and other drug related harm within African refugee communities in NSW. The African Companions are active members of African refugee communities who have undertaken training in alcohol and other drug issues including the cycle of addiction, existing mainstream treatment and rehabilitation services, and the process of referral. The African Companions volunteer to act as a point of contact for people with alcohol and other drug issues and their families, and to assist in linking these people into alcohol and other drug services when required. To date, African Companions have been trained from the Somali, Ethiopian, Eritrean and Liberian communities; training in 2007 is targeting communities such as the Sudanese, Sierra Leone, Congolese, Burundian or Rwandan communities.

5. Recommendations

In light of the above discussion on strengthening families coping with illicit drug use, DAMEC makes the following recommendations to the Commonwealth Government.

Access to culturally appropriate information

1. That the Commonwealth Government adopts a proactive approach concerning culturally appropriate community information campaigns regarding illicit drug use.
2. That these campaigns use proven effective information strategies for accessing isolated and marginalised CALD communities. This involves assessing the information needs of the CALD community to inform the use of a variety of information delivery methods such as;
 - media campaigns utilising community language media such as articles, talk back radio sessions, and radio plays
 - training community workers
 - community information sessions
 - printed material such as posters and brochures
3. That Government information resources concerning illicit drugs be translated into appropriate community languages through a process that ensures the relevance and cultural appropriateness of translated resources. This involves focus testing the translated material with community members, ethno-specific workers and other relevant key informants.

Improving access to treatment

4. That workforce development and training increasing the capacity of treatment services to work with CALD clients and families be available to services nationally.
5. That funding provided under the NIDS treatment grants program be enhanced to include a component for tended agencies to outreach to CALD communities.
6. That the Commonwealth Government create a funding stream for CALD communities to access to develop culturally sensitive AOD treatment models

Equipping families with increased awareness and knowledge

7. That the Commonwealth Government encourage community partnership projects with CALD communities to promote sensitive prevention and education activities that target illicit drug use.

 <p>D . A . M . E . C Drug and Alcohol Multicultural Education Centre www.damec.org.au</p>	<p>Mr Kelvin Chambers Director, DAMEC phone: (02) 9699 3552 fax: (02) 9699 3131 director@damec.org.au www.damec.org.au</p>	<p>Mrs Connie Donato-Hunt Research officer, DAMEC phone: (02) 9699 3552 fax: (02) 9699 3131 connie@damec.org.au www.damec.org.au</p>
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