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Prevention issues for communities characterised by cultural and linguistic diversity

Prevention research evaluation report

Number 8 November 2003

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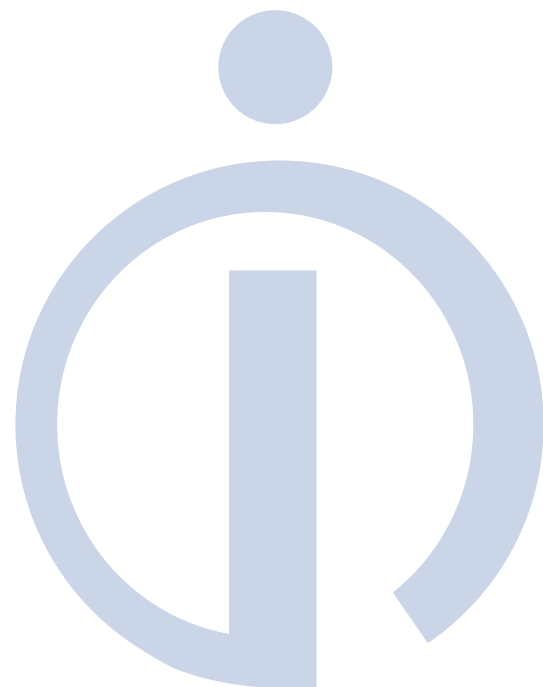

Prevention research evaluation report
Number 8 | November 2003

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Preventing drug-related harm in communities characterised by cultural and linguistic diversity

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Introduction

Arriving with Australia's First Fleet were stocks of tobacco and alcohol destined to have long-term repercussions for both the fledgling nation and the Indigenous population.

The initial convict transportations and free-settler migrations from England were followed by more diverse settlement inspired by the gold rushes, including the migration of Chinese miners. From the post-war years, depending on the mood of the nation, immigrants were sought to help build the economy and nation, and on occasion were accepted as refugees.

Although the influence of immigration has been met with ambivalence and, at times, resistance by the settlers from earlier migrations, it has played an important role in shaping Australia into a culturally and linguistically diverse society.

For this report we interviewed 11 practitioners involved in the prevention of drug-related harm within culturally and linguistically diverse (CLD) communities. We compare their perspectives with the small body of literature on direct research of drug use among CLD communities in Australia. We pay particular attention to epidemiology and factors associated with alcohol and other drug use.

Six practitioners interviewed for this report were working with specific communities, including Arab-speaking communities, Somali, Cambodian, Laotian, Vietnamese and Greek communities. The remaining five practitioners were working with a cross-section of communities, which included individuals from the Horn of Africa, Eastern and Southern Europe, Latin America, Central America, Spain, Turkey, China and Indochina.

Assessing CLD status

The Department of Immigration and Multicultural Affairs (2000) reported that Australia's resident population at 30 June 1999 was an estimated 18.94 million persons, of which 23.3 per cent (4.4 million persons) was born overseas. At this time, immigrants born in non-English speaking countries represented 14.2 per cent of the Australian population.

These statistics indicate a sizeable immigrant population within Australia. The term 'cultural and linguistic diversity' (CLD) has emerged as a shorthand reference to differences in identity, social affiliation, cultural practices and language as a result of immigration. How can this concept practically be assessed? The Australian Bureau of Statistics (ABS) (1999) argues against using a single criterion, such as coming from a non-English speaking background. Instead, it advocates for a multi-dimensional approach. In a study designed to determine indicators of CLD, the ABS suggested that a minimum of three

factors be used to assess CLD status:

- country of birth
- main language (other than English) spoken at home
- proficiency of spoken English.

This study also concluded that, for larger and more comprehensive studies, a greater list of factors be used to assess CLD status, including ancestry, father's country of birth, mother's country of birth, languages spoken at home, main languages spoken at home, religious affiliation and year of arrival in Australia.

Practitioners' views

Our interview findings indicate that practitioners also viewed CLD status as a multi-dimensional construct. Many practitioners reported that they used the ABS-prescribed factors to assess CLD status; however, several practitioners interpreted some of the factors more broadly than the ABS did. For example, practitioners tended to extend the ABS definition of country of birth beyond the fact of a person's or their parents' birth in a country outside Australia to include a grandparent's place of birth.

As distinct from the ABS definitions, practitioners also indicated cultural affiliation and identification with a particular ethnic community as other ways of assessing CLD status. The term 'ethnic' as understood by practitioners usually meant having an association with a non-English speaking country.

Practitioners suggested that a person's connection or identification with an ethnic community could develop through spending time in a country other than his or her country of origin, or perhaps in a refugee camp. Alternatively, a connection might develop while living in an area or locality that has a distinct ethnic dynamic, such as the Melbourne suburbs of Springvale and Footscray, or by attending an ethno-specific school or social club. Practitioners suggested that individuals who reported having these experiences were often assessed as having CLD status.

A further distinct element emphasised by practitioners as a means of assessing CLD status was 'participation' in cultural practices. In particular, long-term participation in a country's religion was considered as possibly conferring CLD status. For example, Islamic and Buddhist practices around daily prayer, and adopting such practices as wearing *burkhas* and other garments deemed mandatory for Muslim women. In contrast, practitioners felt that learning a language was insufficient on its own to confer CLD status.

In the research literature relevant to drug use, CLD status has been fundamentally treated as a unidimensional construct, defined as being born in a country or having parents born in a country that does not have English as a first language. To date, this approach has been a relatively simple and efficient way of assessing CLD status. However, as there is relatively little research examining drug use in CLD communities, it is unclear whether either of these definitions assists in indicating patterns of alcohol and drug use within CLD communities. Future studies might consider other aspects of CLD status and look for links between specific substance-use practices and cultural aspects such as religious expression, and affinity with a cultural community.

Alcohol, tobacco and other drug use in CLD communities

Epidemiological research indicates that, in general, immigrants in Australia have lower rates of morbidity and mortality than the general population. It has been suggested that this is largely due to the post-war immigration screening process which tended to emphasise the value of education, skills and affluence.

Conversely, at different times patterns of alcohol and drug use by certain groups of immigrants have provided cause for public concern in Australia. For example, in the late 1990s highly visible problems associated with heroin use were observed in some localities among young people of South East Asian backgrounds (Louie *et al.* 1998; Maher *et al.* 1998). However, statistics from systematic data collection currently show lower rates of alcohol and drug use among Australians from non-English speaking backgrounds, relative to others (Australian Institute of Health and Welfare 2001).

The 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2001) and other sources generally show lower rates of alcohol, tobacco and other drug

use among Australians from non-English speaking backgrounds. Reports of having used drugs in the previous year were substantially lower for:

- alcohol (50 per cent versus 81 per cent for the general population)
- tobacco/cigarettes (12 per cent versus around 23 per cent)
- any illicit drug use including cannabis (16 per cent versus 46 per cent) (Australian Institute of Health and Welfare 2001).

A series of surveys conducted by the Drug and Alcohol Multicultural Education Centre (DAMEC) in Sydney has provided valuable information on substance use within CLD communities; some of these reports may be accessed online at **http://www.damec.org.au/**. These reports tend to be based on household sampling around Sydney, and include face-to-face interviewing and qualitative information from key informants. In general, the DAMEC surveys tend to confirm that alcohol and drug use are not major concerns within Australian CLD communities. As distinct from United States data that find high rates of drug problems in Latino communities, Spanish speakers in Australia were found to experience low rates of substance use problems (Bertram & Flaherty 1993).

A study undertaken by Bertram and Flaherty (1993) with a sample of 338 Spanish speakers found that the prevalence of daily smoking (28 per cent) was similar to men in the general community in the early 1990s, but lower for women. Alcohol consumption was similar for both men and women; however, overall there were lower levels of harmful use. Use of tranquillisers was overall marginally higher than in the general community, particularly among older populations. Reported use of analgesics, marijuana and other illegal drugs was lower than in the general community.

The themes of much lower involvement in alcohol and tobacco use for women relative to men also emerged in surveys of Greek- (Everingham *et al.* 1994), Chinese- (Everingham & Flaherty 1995) and Arabic- (Jukic *et al.* 1996) speaking Australians. Relative to the general community, use of tobacco tended to be high among Arabic-speaking males and females (Jukic *et al.* 1996), and for Greek- (Everingham *et al.* 1994) and Chinese-speaking males (Everingham & Flaherty 1995). The Italian community in Sydney appeared to have made progress in reducing smoking, with generally low rates of smoking and large numbers of ex-smokers (Jukic *et al.* 1997).

In a number of CLD communities, use of over-the-counter drugs was higher than in the general community, and this applied to tranquilliser use among Spanish speakers (Bertram & Flaherty 1993) and analgesic use among Italian (Jukic *et al.* 1997) and Arabic (Jukic *et al.* 1996) speakers. In overview, the CLD communities surveyed tended to consider other issues, particularly unemployment, as of greater concern than drug and alcohol use. Those interviewed tended to view their communities as generally poorly informed about drug and alcohol issues.

The above-mentioned research suggests that misuse of alcohol and other drugs is not a major issue in CLD communities. However, this general conclusion masks some 'pockets' in which there do appear to be more serious issues; for example, in the Arabic-speaking community there were high rates of smoking and analgesic use. There is some evidence of variation across different CLD communities in the extent to which tobacco and other drug use is being addressed. For example, a survey within the Sydney Italian community indicated that progress had been made in addressing tobacco use (Jukic *et al.* 1997), suggesting that further progress may be possible through well-targeted public health campaigns.

Practitioners' views

Practitioners recognised that harmful levels of alcohol and other drug consumption did take place within Australian CLD communities. While practitioners believed that specific factors were associated with harmful levels of drug and alcohol consumption within CLD communities (see below), practitioners considered immigration and integration issues to be the principal issues associated with general alcohol and drug use in CLD communities.

In relation to integration and immigration, it was suggested that immigrants who were refugees and/or victims of torture, war or other trauma used alcohol and other drugs to relax or forget

about the past. It was also suggested that immigrants often had difficulty integrating into Australian society if they lacked proficiency in English and/or their overseas qualifications were not recognised in Australia. These hurdles made it difficult to get a job and thus placed these immigrants, especially young people, at risk of taking up alcohol and other drugs.

Practitioners were either surprised or sceptical about research evidence indicating lower rates of alcohol, tobacco and other drug use for Australians from non-English speaking countries when compared with the general population. It was suggested that there may be lower rates of alcohol and tobacco use among non-English speaking Australians, but practitioners believed that illicit drug use was probably higher among Australians from non-English speaking backgrounds because of the higher number of risk factors they are exposed to. Scepticism focused on the validity of research findings. It was mentioned that research into CLD communities hinged on how CLD status was defined and recorded, with practitioners suggesting that researchers often defined CLD status poorly.

It was also suggested that for many immigrants drug use was perceived as a stigma, thus many individuals with a CLD background did not report drug use by self or family members. As a result, drug prevalence and use within CLD communities has been under-reported.

Despite their surprise and scepticism about research findings, practitioners suggested possible reasons for lower levels of drug use within CLD communities. Poverty was nominated as a possible reason. It was suggested that, compared to other members of the Australian population, a greater proportion of individuals of CLD backgrounds was closer to the poverty line. Thus, it was argued that because alcohol and tobacco were expensive items to buy, many individuals of CLD backgrounds could not afford to buy or use alcohol and other drugs. It was also indicated that most immigrants were principally concerned about basic human needs such as housing, medicine, water and education, and thus drugs for recreational use were not a concern for many immigrants from CLD backgrounds. However, it was also hypothesised that, as their standard of living becomes more aligned with the majority of the Australian community and cultural assimilation increases, the risk of taking up alcohol, tobacco, and other drugs also increases. Practitioners suggested that this theory could be supported with the anecdotal evidence indicating a greater proportion of second-generation CLD individuals taking up drugs, when compared with first-generation immigrants.

A number of possibilities arise in attempting to reconcile the disparity between the research and the practitioner views. It is possible that survey research studies have tended to under-represent CLD status individuals, and hence the true prevalence of substance use in these communities has remained hidden. However, this explanation is unlikely to hold true for the DAMEC studies that were designed by CLD communities and confirmed through stakeholder interviews. The fact that, in some cases, the DAMEC studies have identified high rates of substance use suggests the general methodology is sound.

The alternative explanation that appears more tenable, based on the available information, is that the practitioners we interviewed may have had specific expertise with those individuals and groups from CLD communities who experienced problems due to substance misuse.

Young people from CLD backgrounds and alcohol, tobacco or other drug use

As mentioned above, the evidence suggests that generally alcohol and drug use is lower within CLD communities than in the general population. A small body of research examining alcohol and drug use among young individuals from CLD backgrounds has revealed similar findings. Currently, there is only a small amount of evidence, collected in Victoria and New South Wales and consis-tent with research that has found that young people from non-English-speaking back-grounds or born outside Australia were less likely to use illicit drugs (Coffey *et al.* 2000; Rissel *et al.* 2000a; Rissel *et al.* 2000b).

Practitioners' views

Despite mounting evidence indicating lower levels of drug use by young people in CLD communities, practitioners were generally aware of many young people from CLD backgrounds who

were misusing drugs such as alcohol, marijuana and tobacco. In general, practitioners felt that substance use was motivated by similar factors among young people, regardless of background.

However, practitioners added that drug use for young people from CLD communities was broadly compounded by ethnic and cultural issues such as when a young person is frustrated and bored at school due to difficulties with language and literacy. As a result, they are unable to sustain their interest in school or in other daily activities. In order to alleviate the frustration and boredom the young person may take up use of drugs.

Practitioners also perceived drug use by young people from CLD backgrounds as being compounded by ethnic cultural factors in their use of drugs to gain membership or acceptance by desirable social groups. Specifically, drug use by many young people from CLD backgrounds appeared to provide a 'gateway' into peer groups and broader social networks. For example, a young person with a CLD background attending a party might be tempted to smoke marijuana when offered, in order to be invited back at another time. This type of behaviour was said to allow young people from CLD backgrounds to be like their 'established Aussie mates'.

However, practitioners noted that peer pressure and social acceptance were not the only factors contributing to the uptake of drugs. Many young people from CLD backgrounds participated in licit and illicit drug use because, like other Australian young people, they too wanted to take risks and push boundaries imposed by their parents and society in general.

Specific factors influencing drug use among young people from CLD backgrounds

Practitioners' view that drug use by young people from CLD backgrounds could be compounded because of their ethnic and cultural backgrounds is also supported to some extent by the research. For example, a recent Victorian government report (Department of Human Services 2000) suggested that family factors may be particularly influential on the levels of drug use by young people from CLD backgrounds. It was suggested that risk factors in some families included poor parenting skills, specifically ineffective discipline prac-tices, and parent–child conflict, perhaps related to differential acculturation. In other cases, poor family communication and associated low family supervision were key issues. In some cases, children may have been placed under unrealistic pressures to succeed.

Difficulties within families from CLD backgrounds might be particularly compounded by low socio-economic status. In fact, it may be that socio-economic status, particularly youth unemployment and low literacy, may be more important than CLD status as predictors of involve-ment in illicit drug use among CLD individuals (Department of Human Services 2000).

The socio-economic status of immigrants is an important consideration which differs by country of origin, English-language compet-ence, and recognition of qualifications and skills in Australia, among other factors. Socio-economic status may also differ depending on current immigration policy. For example, the more recent shift towards business migration and a reduction in family reunion migration is reflected in more affluent immigrants coming to Australia.

Other research also supports the view that higher rates of drug use within some CLD communities may stem from family factors including family isolation (Louie *et al.* 1998), family disruption associated with traumatic refugee experience (Groves 1993) and/or loss of parental control over adolescents due to differential acculturation and role reversal (Kumpfer *et al.* 1998). On the other hand, having rules and good parental supervision has been found to be protective against substance use among adolescents from some ethnic communities (Maher *et al.* 1998).

Groves (1993) has discussed the damage caused to families by traumas associated with being refugees and seeking refuge. Refugee families must cope with the trauma of separation from their homeland, friends and relatives, as well as their reasons for seeking refuge. Long-term residents in refugee-holding camps might be afflicted by depression, suicide, drug abuse, alcohol-ism, crime and sheer boredom. Family structures may undergo change as husb-ands find themselves unable fulfil their traditional role as provider. As children tend to adapt at a faster rate to new settings and learn languages faster

than adults, tensions may arise within families through the threats of loss of traditional culture and the breakdown of traditional lines of authority.

However, despite risk factors associated with family, the immediate and extended family emerges as potentially important protective factors in CLD communities. Groves (1993) reports that the family remains an important source of strength for refugees. Extended family members help to care for children and fill the gaps caused by the absence of other family members.

Refugees have demonstrated a great resilience and compassion in repairing broken families. Groves (1993) also states that support for refugees that goes beyond the basic needs of survival (food, clothing, shelter and medical care) gives refugees a better chance to become self-reliant and productive. Such support is a form of development assistance, which should be linked with relief assistance.

In one of few studies that have examined possible differences in family influences, Constantinides (1992) administered the Parental Bonding Index to Greek–Australian children in Sydney. The sample consisted of 43 males and 69 females aged between 15 and 21 years who were born in Australia to parents who had both immigrated from Greece (recruited using a snowball sampling method). Subjects perceived their parents as being more caring and protective than the general youth population did.

Subjects demonstrated recreational use of legal substances and some experimentation with illicit drugs. Around 28 per cent of subjects reported regular alcohol use, and 30 per cent of males and 15 per cent of females reported regular use of pain-relievers. The most frequently used drugs were prescribed and non-prescribed medication.

Overall, it was the constraining type of maternal and paternal bonding (high care, high protection) that yielded the lowest levels of drug use for both sexes, and the paternal neglecting type for females (low care, low protection) that yielded the highest. Females who viewed their fathers as neglecting had significantly higher drug use than their female counterparts in any other type of paternal bonding. This study outlines the importance of the caring protection that is integrated in the Greek families of Sydney—a type of parental care sometimes considered by those used to the Anglo-Australian cultural norms as 'over-protective'.

Practitioners' views

Consistent with the research findings, practitioners considered drug use by young people from CLD backgrounds to be associated with specific factors. Similar to research findings, socio-economic status was considered to be associated with drug use by young people from CLD backgrounds. For example, many young people from CLD backgrounds known to practi-tioners lived in high-rise flats and housing commission estates, and often these locations were established illicit drug trafficking areas. Thus, it was suggested that many young people from CLD backgrounds were introduced to illicit drugs by people who congregated in these locations.

It was further suggested that if immigrants from CLD backgrounds had greater financial resources, perhaps they would choose to live in areas with lower prevalence of illicit drug use, and this would possibly reduce their chances of taking up licit and illicit drugs.

As mentioned above, practitioners saw traumatic migration issues as one of the principal reasons CLD immigrants took up drugs, and thus their experience was consistent with research findings. Consistent also with research findings were practi-tioners' views that lack of parental control often led to drug use by young people from CLD backgrounds. It was suggested that the Western-oriented culture of Australia, often characterised by notions of freedom and independence in youth, was difficult for many recently migrated individuals from CLD backgrounds.

Practitioners also indicated that reprimands given to children for disrespecting tradition, culture or elders sometimes included flogg-ing and being 'kicked out of home'. As these practices were out of keeping with Australian norms, practitioners suggested that they placed young people from CLD back-grounds at higher risk of harmful drug use.

Practitioners also recognised that many fathers grappled with their reduced authority, and sometimes respect, from their children. It was suggested that, as the behaviour of young people

from CLD backgrounds became more assimilated with that of Australian young people generally (that is, characterised by freedom and independence), many fathers struggled with the reduced influence and sometimes authority they had on their children. The result sometimes was harmful drug use by the father and/or child. Fathers in these situations were often reported as taking up use of alcohol and tobacco, and children use of alcohol, tobacco and illicit substances. It was suggested that parents needed to learn various skills around communication with young people, and that young people needed to learn about relation-ships and communication with parents.

While suggesting possible reasons for drug use by young people from CLD backgrounds, many practitioners also pointed out the need for provision of more information and education about illicit drugs for CLD communities. Practitioners believed that young people need to know about the harms of licit and illicit drugs, and older members of CLD communities need more education on the harms associated with legal drugs such as alcohol, tobacco and over-the-counter medication. In particular, it was suggested that parents from CLD backgrounds needed education in how to communicate effectively, and how to manage issues around drug use by young people.

Consistent with research, practitioners also noted that parenting styles and family dynamics within CLD communities sometimes acted as protective factors for young people in these communities.

Practitioners suggested that many CLD families place an importance on 'affinity and relationship to family'. It often extends beyond grandparents, parents and siblings, and usually includes adults who have had a long association with the family. It was suggested that having a strong network can sometimes be a protective factor because it provides young people with more options when seeking help or advice.

Parental education, including traditional parent education and general drug education, were considered to be protective factors because they promoted communication. Parent education, often promoted through schools, was said to encourage parents to be involved with their children's schooling. The notion of being involved with a child's schooling was said to be foreign to many parents of CLD backgrounds. However, once parents accepted this notion, communication and resiliency appeared to increase. Similarly, general drug education information gave parents a clearer understanding of issues surrounding substance availability, misuse and abuse, and this was said sometimes to assist in reducing communication driven by fear, and misinformation about the harms of drugs.

A risk factor that does not appear to have been researched, but which was suggested by practitioners as being a factor associated with drug use by young people from CLD backgrounds, was boredom. Boredom was said to occur because young people from CLD backgrounds had difficulty in accessing recreational activities. This was thought to be partly due to many young people not knowing what recreational services and facilities were available, and partly because sports facilities were not culturally sensitive or inclusive. Boredom, due to lack of social activities, was thought to lead to experimentation with drugs. Practitioners saw recreation as a key factor in preventing drug-related harm; it was considered a protective factor in helping young people connect with the broader community.

Practitioners' views on potential lessons for prevention polices and strategies

In conclusion of our interviews with practitioners in the field, they were asked to comment on specific programs or policies in which they were involved, or were aware of, that were aimed at preventing drug-related harm among young people of CLD backgrounds. Practitioners cited a number of prevention programs targeting CLD comm-unities. Most programs were funded either by the Victorian departments of Human Services or Education, although a few practitioners knew of programs that were self-funded within particular ethnic schools.

It was suggested that perhaps there were too many programs, and that some money would be better spent informing young people from CLD backgrounds about how to access services. Another criticism was that most CLD drug prevention programs were generic programs applied to CLD communities. Thus, it was suggested that

many CLD prevention programs failed to accommodate sufficiently specific cultural understandings of drug-related terms or behaviours.

Consistent with the criticism that CLD prevention programs were often generic was the comment that "one hat does not fit all". In other words, practitioners felt that the translation of a brochure from English into several other languages, or simply applying a Western-oriented program to an Eastern community was not effective or adequate.

It was suggested that more money should be put into promoting connectedness of young people with the broader community by helping young people to link their cultural heritages with contemporary Australian society. One example of this was putting more money into building the capacity of local sports clubs to be more culturally inclusive.

Some practitioners were aware of government policies that addressed needs of CLD communities, but most were not. Those who were aware of such policies indicated that, comparatively, there was very little policy addressing the specific needs of CLD communities, and furthermore most existing policy documents were phrased in general terms. Nevertheless, these individuals were aware of the large report funded by the Department of Human Services (DHS) (2000) entitled Drugs in a Multi-cultural Community. Practitioners aware of this report indicated that recommendations included in the document principally have shaped the direction of CLD drug prevention work in Victoria.

Conclusion

Much is being done to prevent drug-related harm among individuals belonging to communities characterised by cultural and linguistic diversity. While this paper has not discussed specific prevention programs targeted at CLD communities, it has docu-mented research and field evidence that may help in the composition and delivery of such programs, and has discussed CLD drug prevention programs generally.

Overall, the best evidence currently available suggests that drug and alcohol use is generally lower in CLD communities, and that this finding also applies to young people in this communities. Despite this evidence, there are salient issues associated with substance misuse in CLD communities.

Interviews with practitioners who are experienced with substance use among young people from CLD backgrounds suggest that these and other Australian young people take up drugs and alcohol for similar reasons. However, young people from CLD backgrounds may also experience some specific risks associated with migration and integration.

Factors such as socio-economic status, education, parental education and boredom were also considered to be associated with drug use by young people from CLD back-grounds. Practitioners suggested that in some cases adults from CLD backgrounds may use drugs and alcohol to manage the memories of traumatic past events or to manage issues associated with raising children in an Australian society.

Our procedure of contrasting evidence from systematic surveys against views from the field has suggested that a general bias may exist toward ignoring the many individuals and families within CLD communities who have avoided problems associated with substance misuse, despite the adjustment challenges presented by their migration. It is very likely that there are many stories of strength and resilience within CLD communities that are being overlooked. This is unfortunate, as public opinion in Australia currently appears to be wary of increasing immigration quotas, and therefore better promotion of the many ‘success stories’ may be an important tonic for challenging public perceptions.

Although the research base examining epidemiology and factors associated with drug and alcohol use in CLD communities is small, practitioners’ reports on these issues are, in the main, consistent with research findings. There are challenges within specific CLD communities (such as those with low socio-economic status) to work to prevent drug-related harms. Promising directions for this work include parent education, promotion of service access and recreation opportunities for young people. Further research moving beyond single-dimension assessments of CLD status and examining the influences of religious practices and cultural identifications as possible protective influences in reducing substance misuse may be useful for enriching future understandings.

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