

# **Challenges for CALD Drug & Alcohol Service Delivery**

**Speech Delivered at the Drug Info Clearinghouse Seminar  
*Culturally and linguistically diverse communities and drug  
prevention: overcoming the barriers***

**October 30, 2007**

**Angliss Conference Centre, Melbourne**

**By Phong Nguyen**

**Chairperson**

**Ethnic Communities' Council of Victoria**

## **Introduction**

My talk today will cover a range of topics in relation to prevention strategies and services for culturally and linguistically diverse communities in the areas of drugs and alcohol. I am very happy to be speaking here today as I have a longstanding interest in the area and have served on the Premiers Drug Prevention Council for a number of years in my capacity as Director of the Springvale Indo-Chinese Mutual Assistance Association.

But first, I would like to acknowledge the traditional owners of the land, as well as any Indigenous Elders, past and present, in the room today.

There are three main points that I will cover today.

- 1.** I would first like to take the opportunity to acknowledge some of the achievements and progress made in the area of drug and alcohol prevention and services for multicultural communities.

- 2.** I will then consider some of the challenges ahead in terms of delivering culturally competent services to CALD communities in Victoria, with particular reference to our new and emerging communities.

3. Thirdly, I will outline some of the strategies and future directions that I see as necessary in the area of drugs and alcohol.

Much of what I have to say today in relation to drugs and alcohol and multicultural communities is neither original, new nor groundbreaking. Many of the issues and possible solutions that I wish to raise with you today have been identified in previous seminars, forums and reports.

Nonetheless, working towards addressing the challenges for culturally and linguistically diverse communities in the area of drugs and alcohol is important work.

And it is good to take the opportunity today to reflect on where we are now, what are the key challenges, and the end goal we are striving towards.

### **Where we are now**

I think it is important to begin by acknowledging the important work of the Australian Drug Foundation in terms of prevention work for multicultural communities. The ADF has done great work identifying and responding to the needs multicultural communities in this area. The Drugs

Info Clearing House and the Multicultural Drug Info Clearing House are gateways to information and useful resources for those working in the sector. I note that ADF has also published multilingual pamphlets on 'Drugs and their effects' which provide simple and easy to read drug information and I commend this initiative. The Drug Info Clearing house quarterly publications and seminars –like this one here today- continue to address important issues for multicultural communities, including a seminar last year considering newly arrived refugees and prevention. I would also like to offer my congratulations to Vanessa Kennedy and Netzac Goren from ADF whose quality research on multicultural communities and drug and alcohol prevention was presented just before me today.

Ethnic Communities' Council of Victoria is very pleased to be continuing our good relationship with Australian Drug Foundation today with the signing of a memorandum of understanding and involvement in this seminar. Our organisation has a number of subcommittees, including the Drugs Taskforce Committee which is convened by our Executive Committee member, Eddie Micallef. I know that Eddie works very closely with ADF advising on multicultural issues and that ECCV has a long history of sitting on the ADF advisory committee. The partnership

between ECCV and ADF is reflected in the signing of the Memorandum of Understanding between each organisation today. It is a very special occasion, and one which I think will mark a great continuing partnership into the future.

### **Key challenges**

I would now like to touch on some of the challenges for multicultural communities in the area of drug and alcohol prevention and services.

There are two key challenges that I see for culturally and linguistically diverse communities in the area of drugs and alcohol

1. The resourcing of ethno specific organisations
2. Improved cultural competence for mainstream organisations so that they are accessible to multicultural communities.

The resourcing of ethno specific agencies is critical. Some ethnic and multicultural organisations have drug and alcohol workers who are employed one or two days per week and some have no workers due to lack of funds.

The drug and alcohol sector is fragmented, and the project workers who are employed in smaller ethno specific

agencies are generally funded to work on a certain project, for a limited time, without ongoing, secure funding. This has implications for retaining the skills and knowledge base that is developed over the course of any given program. As many of us here today are aware, it is hard to retain staff within ethno specific organisations when the work available is part time and future funding is not guaranteed. Better resourcing of multicultural and ethno specific agencies would enable improved services and prevention strategies which target multicultural communities to be implemented. Ethno specific organisations are by nature closer to their client group and often better equipped through language and cultural understanding to reach people.

### **Improved cultural competence**

While there are good examples of mainstream organisations responding to cultural diversity, the pattern is by no means uniform across the drug and alcohol sector.

Scope exists for many mainstream agencies to embed cultural competency into all levels of the organisation. The low levels of admission into drug treatment services for people from culturally and linguistically diverse

backgrounds reflects an under utilisation of services, NOT a lower need for such services. This points to the need for greater cultural competence within mainstream organisations.

At its most simple definition, cultural competence is about effective intercultural relations.

It is important to think about cultural competence as an ongoing process rather than something with a fixed endpoint. When we picture cultural competence as an ongoing process there will always be ways that an organisation, system, or individual can better respond to cultural diversity.

Cultural competence can take many different forms and may occur at different levels within an organisation. A concrete example of cultural competence is the brochures produced by ADF on 'drugs and their effects' that are translated into community languages.

However, when you look at cultural competence and the notion of harm minimisation for multicultural communities there are some challenges to be negotiated. It is well known that for some CALD communities, harm

minimisation presents challenges as it is seen as condoning illicit drug use. In order to negotiate some of the challenges, it is important to create opportunities for multicultural communities to participate in the planning and implementation of culturally competent strategies.

CALD representatives should also be integrated into Government decision making processes and CALD representatives be placed on drug and alcohol mainstream service providers' boards and committees. This would work to ensure more effective interactions and consultation processes between mainstream providers and CALD communities

In thinking about cultural competence it is important to remember that drug and alcohol issues are not uniformly experienced amongst multicultural communities, or indeed individuals. The major issues in terms of drug and alcohol prevention and services for the Vietnamese community may be markedly different for the Russian community. And the major issues or obstacles for an individual within a particular community will not be uniform.

In mentioning Russia, I should point out that we are privileged to have here today Barabara Karipoff who

works at the Russian Ethnic Representative Council as an Illicit Drugs Campaign Project Officer. Barbara has been conducting research into the particular needs of young people from Russian backgrounds in Victoria. There are some very interesting findings to emerge from this research in relation to a high proportion of Russian youth having tried illicit drugs and cultural attitudes to drug taking. I hope that the final publication of the research will find its way into the Multicultural drug Info clearinghouse and that Barbara will have the opportunity to share some of her research findings with us today.

### **2000 DHS Report '*Drugs in a Multicultural Community*'**

The most comprehensive investigation into drugs and alcohol for multicultural communities was undertaken in 2000 by the Victorian Department of Human Services.

Some of the findings of the report, *Drugs in a Multicultural Community*, remain pertinent today and so I would like to mention them.

- The report identified that all culturally and linguistically diverse communities considered drugs and alcohol a problem. (This ties in with the under-utilisation of services by CALD communities that I mentioned earlier).

- It was also found that drug treatment services were not meeting the needs of culturally and linguistically diverse communities. (This point relates to my comments on the need for mainstream organisations providing drug and alcohol treatment and prevention services to integrate cultural competence into their approaches).
- One of the further recommendations in the 2000 report was for the employment of bilingual outreach workers on three year contracts to ensure skills development and continuity of care. (As well as this initiative, ECCV would like to see government funding of a sectorial multicultural drug and alcohol officer to improve the information sharing and work across the sector.)
- Another recommendation was that ethnic media should be utilised to dispense information about drugs to multicultural communities. (In relation to this point, I would like to see the role and capacity of ethnic media strengthened. Additionally, paid advertising should be placed in the ethnic media as part of a prevention/information strategy).

- Interestingly, the report found that socioeconomic status, rather than ethnicity, was considered to be a major contributor to high risk behaviour and drug use.

This means that Government and community initiatives that work to reduce socio-economic disadvantage amongst multicultural communities have the effect of reducing the likelihood of risky behaviour and drug use.

In thinking about multicultural communities that are more likely to be experiencing socio-economic disadvantage it is hard to ignore our new and emerging communities in Victoria.

As well as socioeconomic disadvantage, many of these predominantly refugee populations have experiences of torture and trauma. ECCV believes that it is of utmost importance that government, services providers and the community sector continue to work to improve services and access to services for our new and emerging communities. Getting settlement right from the beginning works to reduce the risk of marginalisation for these communities.

Also, given the link between low socio-economic status and increased chances of engaging in risky behavior and drug use, I believe there is an argument to be made that effective settlement services serve to reduce the chances of drug and alcohol issues emerging.

Helen Sowe of the Drug and Alcohol Multicultural Education Centre (DAMEC) in NSW has identified some of the challenges new arrivals face when settling into Australia, particularly for refugee communities.

There are many pre migration and post migration stressors experienced by CALD communities as well as intergenerational issues when Australian born youth come into conflict with the traditional ways of their parents' generation.

The key finding of Sowe's research was that refugees are at increased risk of substance misuse due to an array of pre and post migration experiences and an increased risk of experiencing post traumatic stress disorder.

This indicates a strong need for effective preventative strategies to be developed in conjunction with members of our new and emerging communities in Victoria.

## **VicHealth research**

Other research recently produced by VicHealth has found that discrimination has negative health consequences for migrant communities in Australia.

VicHealth found a link between discrimination and poor mental health as well as certain risky behaviors. While the relationship between health and discrimination is complex, it is generally agreed that people who experience more frequent discrimination are more likely to be at risk of developing health problems.

The VicHealth report found that people who experience discrimination may attempt to manage stress through behaviours which are damaging to health.

This indicates that measures aimed at eliminating discrimination and promoting an inclusive society may have positive mental health and well being outcomes for multicultural communities.

One of the pleasing results to emerge from the Vichealth report was the acknowledgement that almost 90 percent of the population in Victoria agrees that 'it is a good thing for society to be made up of different cultures'. It was only

a small minority, some 5 % of the population within Victoria that rejected the statement outright. With 90% of the population here in Victoria agreeing that our cultural diversity within Victoria is a good thing, I believe we are well positioned to address some of the challenges in relation to drug and alcohol service delivery.

## **Conclusion**

The Department of Human Services Report that I mentioned earlier reflects a comprehensive investigation into drugs and multicultural communities.

It is my personal belief, as well as that of ECCV, that the recommendations put forward in the report remain relevant in Victoria today.

Perhaps the DHS report is best viewed as a 'road map' or guide that points us in the right direction.

There are a broad range of stakeholders working in the field of drugs and alcohol including ADF, ECCV, community sector organisations, all levels of government, multicultural organisations and ethno specific organisations.

Each of these diverse stakeholder groups has a role to play in working collaboratively to address the challenges facing CALD communities, and much is achieved through working in partnership.

To conclude, I believe that fostering and maintaining dialogue and partnerships across agencies and organisations – like we are doing here today – is a crucial step towards further achievements in drug prevention for culturally and linguistically diverse communities.

Thank you.