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PreventionResearchQuarterly

June 2010 ISSN 1832-6013

Culturally and linguistically diverse communities

australian drug FOUNDATION

State Government Victoria Department of Health

Prevention Research Quarterly
ISSN 1832-6013
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DrugInfo Clearinghouse is an initiative of the Australian Drug Foundation and the Victorian Government.

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Prevention of alcohol and other drug problems in culturally and linguistically diverse communities

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Introduction

Australia has long been known as a multicultural society. In 2009 around one-quarter of Australia's population was born overseas and immigrants come from more than 200 countries. While most of Australia's migrants come from New Zealand, the United Kingdom, India or China, the fastest-growing immigrant populations are from sub-Saharan and northern Africa, and the Middle East.[1] Immigrants from a non-English speaking country, as well as their children and grandchildren, are commonly referred to as culturally and linguistically diverse (CLD) as a way of acknowledging differences in ethnic identity and affiliation, as well as cultural and language practices and preferences. Culturally and linguistically diverse groups in Australia face many health challenges, one of which is a potential vulnerability to alcohol and other drug (AOD) use.

The primary aim of this paper is to identify and evaluate *primary prevention* programs and initiatives aimed at preventing AOD harms in CLD communities.

Alcohol and other drug use in culturally and linguistically diverse communities

Risk factors

The stressors associated with both forced and voluntary migration are significant. Forced migrants (asylum-seekers and refugees) and voluntary migrants (those choosing to migrate for work, education or lifestyle reasons) may face different risk factors for AOD use. The term "CLD" encompasses all migration types and ethnic groups, so some AOD issues that apply only to specific groups are lost in this analysis. However, the purpose of this paper is to provide a summary of AOD prevention issues for CLD communities in general, meaning that an in-depth analysis of individual communities goes beyond the scope of this paper. Previous reports published by the Australian Drug Foundation's DrugInfo Clearinghouse have discussed the stressors associated with migration in some detail, with a particular focus on those that operate as predisposing factors to the development of AOD problems.[2,3]

Predisposing factors include:

- family issues such as parent–child conflict or prolonged separation from family members
- low socioeconomic status
- unemployment or lack of meaningful work
- difficulties at school
- a desire to gain acceptance
- a knowledge deficit about AOD (a finding also highlighted in *Drugs in a multicultural community: An assessment of involvement*[4]).

See previous DrugInfo Clearinghouse research reports for more details on predisposing factors.[2,3]

> *'Alcohol abuse is well acknowledged among the Sudanese youth. There are also reports of the use of hemp and injectable drugs. This can be attributed to the failure of some of the youth to successfully engage with their new society—dropping out of school and being unable to find gainful employment. I also believe that in some cases a history of torture and trauma might underlie the problem.'*
>
> *– Refugee Health Nurse, Victoria*

Usage statistics

Although these predisposing factors are prominent among CLD communities, reported levels of alcohol and illicit drug use are low compared to the general Australian population. The *2007 National Drug Strategy Household Survey*[5] found that respondents who mainly spoke a language other than English at home were more likely to abstain from both alcohol and illicit drugs than those who spoke English at home (Figures 1,2).

Findings from a literature review reported in *Drugs in a multicultural community: An assessment of involvement*[4] similarly indicate that AOD use is low among selected Western European, Asian, and Arabic-speaking groups. However, the authors also state that there is reason to believe the available statistics may reflect gross underestimations. Self-report of AOD use may be inhibited because of negative cultural and religious attitudes associated with these behaviours. Further, as suggested in a United Nations report *Drug abuse prevention among youth from ethnic and indigenous minorities*,[6] it is difficult to obtain valid data from CLD communities. Participation rates in formal research are often low and non-users may be more inclined to participate in surveys than users. These problems may be contributing to the apparent underestimations of AOD use among CLD communities.

The reliability of data on AOD use among CLD communities is limited by:

- social taboos that are prominent in some CLD communities may create a reluctance to admit alcohol and drug use.
- low participation rates in research.

> *'What most [CLD] communities have in common is that drugs are a taboo topic. If you hold a community information session and call it anything to do with drugs, then very few people will come.'*
>
> *– Senior Project Officer, New South Wales*

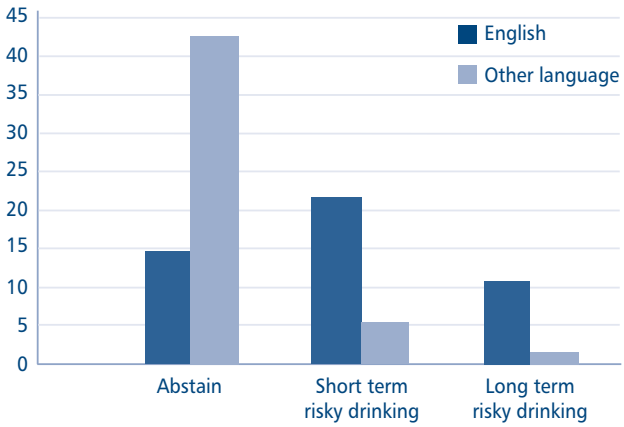

Figure 1. Comparison of drinking patterns between those who speak mainly English at home and those who mainly speak a language other than English (data from the *2007 National Drug Strategy Household Survey*).[5]

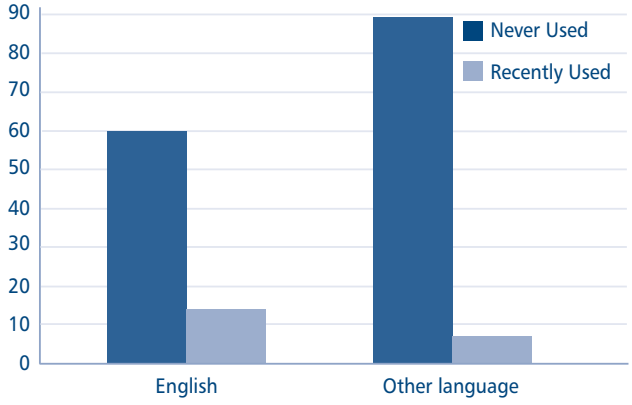

Figure 2. Comparison of illicit drug use patterns between those who speak mainly English at home and those who mainly speak a language other than English (data from the *2007 National Drug Strategy Household Survey*).[5]

Protective factors

While in some cases traditional cultural values may inhibit engagement with AOD services and research, these same factors can also be protective against AOD use and misuse. Acculturation, the process of cultural exchange that results in changes to features of the original culture, may in fact play a key role in predicting and explaining alcohol use among CLD groups. Australian drinking norms in particular are quite permissive,[7] and a greater degree of acculturation to mainstream Australian culture increases the likelihood that individuals from CLD backgrounds will use alcohol, and potentially also other drugs. Conversely, maintenance of traditional values and norms is likely to inhibit AOD use. For example, Greek families in Australia who maintain traditional high care/high protection parenting styles tend to have lower levels of drug use among their youth.[8] In the United States of America (USA), lower levels of acculturation among Hispanic adolescents has been linked with lower drug use.[9,10] These findings are consistent with the hypothesis that exposure to Western culture increases the opportunity to use alcohol and other drugs.[11] There is also evidence to suggest that cultural marginalisation (where the individual becomes alienated from both cultures) is linked with drug use and misuse. This was true of a sample of culturally marginalised Hispanic adolescents in the USA, who were more likely to use alcohol and other drugs than their non-marginalised counterparts.[12] This pattern is consistent with the hypothesis that the stress and distress involved with this acculturation process is a predisposing factor for AOD use.[11]

It is clear from these findings that the maintenance of some traditional cultural features is protective against AOD use and misuse. Thus, primary prevention of AOD harms should leverage off traditional values and habits in order to deliver primary prevention services to CLD groups that are not reached by mainstream initiatives. Without such targeted strategies, CLD communities will continue to lack the adequate information and knowledge required to engage helpfully with AOD issues.

In summary, three primary factors should motivate the direction of resources to the primary prevention of AOD problems within CLD communities:

- Risk factors associated with AOD use and misuse are prevalent among CLD communities.
- There is a likelihood that AOD use is occurring at higher rates than the available statistics suggest.
- Mainstream AOD prevention initiatives are not optimally effective for CLD communities, probably because they do not take into account the complex processes of acculturation and its effects.

These issues provide an impetus for developing a practice, policy and research agenda that prioritises the prevention of AOD use and misuse within CLD communities in Australia.

Review and evaluation of primary prevention programs

There is a general lack of published outcome evaluation research of AOD prevention programs,[13] and this is particularly true with regard to programs that target ethnically diverse groups.[14] The evaluation of AOD prevention programs in general has been the subject of previous systematic literature reviews,[15–17] but to our knowledge no systematic review of the academic literature has specifically addressed primary prevention of AOD problems within CLD communities. This paper aims to address this gap by identifying and reviewing published studies that have evaluated programs or initiatives implemented specifically with CLD communities. It is our hope that by reviewing programs that have been subject to formal outcome evaluation, practitioners, policy makers and researchers will gain some understanding of what makes for an effective AOD prevention program with ethnically diverse groups.

It should be noted that this structured and formal approach to identifying programs is somewhat problematic for two reasons:

1. Many programs that are implemented are not formally evaluated and are not documented in academic literature.
2. Most of the studies that do report on formal evaluations of AOD prevention programs within CLD communities have been undertaken in the USA and the characteristics of the ethnic groups (e.g. African-American and Hispanic) differ substantially from migrants and refugees in Australia.

These limitations necessitated supplementary research to include Australian perspectives on AOD prevention with CLD groups. To this end, a search of the grey literature was conducted. Grey literature constitutes material that has not been issued through formal publication channels (e.g. government documents

and project reports) and therefore the programs and initiatives outlined in these sources have not usually been formally evaluated. Perspectives from six key informants with expertise in AOD prevention, migrant and refugee health, or both (working in metropolitan centres in Australia) were also sought to complement the findings of the literature reviews.

Findings of the review

The articles included in the systematic review met the following criteria:

- peer-reviewed
- documented an AOD prevention intervention that targeted a CLD community and that had been outcome-evaluated (e.g. pre- and post-test design)
- the sample was no more than 60 per cent African American, and no more than 15 per cent white so as to maintain the focus as much as possible on CLD groups.

Details of the identified reports of interventions (seven separate interventions identified) that met these criteria are summarised in a table in Appendix I. An examination of the intervention details and their outcomes highlights three factors that are important contributors to a successful AOD primary prevention intervention with CLD groups.

Effective AOD prevention programs in CLD communities should:

1. be tailored for cultural appropriateness and accessibility
2. include a family-based component
3. be theory-based.

First, and perhaps obviously, the intervention should be tailored to be **culturally appropriate and accessible** for the target group. These adaptations should not be limited to translation into a community language, but should also include:

- bilingual and bicultural program facilitators
- an emphasis on traditional cultural protective factors
- an encouragement to understand and value the traditional culture of the community by using examples, vignettes, and materials that reflect and match the ethnic and cultural background of the target community
- program delivery by culturally competent workers.

Prevention programs that are not culturally tailored are unlikely to be successful at engaging CLD communities.

> *'Conventional "drug education" as a primary prevention drug reduction strategy targeting Vietnamese young people per se had proven to be ineffective.'*
>
> *– Psychologist, Victoria*

The second factor is the inclusion of a **family-based component**. All of the identified studies were targeted at AOD prevention among ethnically diverse young people, with many including a parent education and/or a parent–child communication component. Indeed, a 2007 DrugInfo Clearinghouse paper highlighted that practitioners also believed the inclusion of families was paramount in the implementation of AOD primary prevention programs with CLD communities.[18] The reasons for this are three-fold:

1. A family-based component allows for issues such as modelling and AOD access in the home to be addressed with parents and guardians of children and adolescents.
2. Family conflict is an important risk factor for the development of AOD problems, and so focusing on building stronger family networks and increasing the quality of intergenerational communication is an effective means of primary prevention.
3. Seeking help and assistance outside the family is an unfamiliar concept for many ethnic groups, as the family is often the primary source of social support and assistance. Facilitating the education of family members (especially parents) about AOD will increase the potential for the family to provide appropriate guidance and boundaries for young people.

> *'The program was a harm minimisation strategy that recognised the importance of parent–child relationships as a protective factor in reducing the possible harms of drug use.'*
>
> *– Senior Project Officer, Victoria*

The results of the identified studies indicate that AOD prevention interventions that included a family component had positive family functioning or family

Case study 1

Drug and Alcohol Multicultural Education Centre, New South Wales

Key informant

Helen Sowey, Senior Project Officer

Background

The Drug and Alcohol Multicultural Education Centre (DAMEC) aims to reduce the harm associated with the use of AOD within CLD communities in New South Wales (NSW; primarily funded by NSW Health). The centre has worked with the Arabic-speaking, Chinese and Vietnamese communities (the largest CLD groups in NSW), although recent projects have also involved African refugees (e.g. African Companions Project, see Appendix II), Filipino young people, Italian, Spanish and Pacific Islander communities.

Prevention strategies

The centre has developed a model for working with established CLD communities and has run projects according to this model with the Arabic-speaking, Chinese and Vietnamese communities in turn during the past 10 years. The centre was aware that these CLD communities were in need of information about AOD. Parents and community leaders, such as general practitioners (GPs), were the primary groups that expressed a need and desire for information. Key components of the model developed by DAMEC included using a multi-pronged approach with a range of strategies that reinforced each other, including:

- building strong partnerships with ethno-specific welfare agencies and media (e.g. radio stations)
- training of bilingual workers and lay community leaders (e.g. GPs) to educate them about drugs in their community and how to address perceived community needs
- hosting community gatherings (e.g. barbeques) that included education sessions
- the development of take-home resources such as fridge magnets and posters that act as reminders to community members

Outcomes

Attendance at training and community gatherings was measured and feedback was collected from participants at these events.

Workers who took part in training generally reported that they felt more knowledgeable about drug issues.

Community members who went to education sessions said they had a better understanding of AOD issues; they now appreciated that drug problems could happen in any family and had learned that professional help is available.

The program model was disseminated for other organisations and communities to use.

Challenges and possible solutions

New and emerging communities (such as newly arrived refugee communities) simply don't have community infrastructure, requiring workers to operate in a more flexible way, fitting in with the informal community structures that do exist.

For more information go to www.damec.org.au

communication outcomes. However, not all of these resulted in successful AOD behavioural outcomes, indicating that the inclusion of a family component is not sufficient on its own to make an AOD prevention initiative successful.

> *'Newly arrived parents need to be made aware of the nature of the problem and what signs to look out for and where to seek help. Unlike other Australians, most of the newly arrived African parents have no idea what some of the problems in this society might be.'*
>
> *– Refugee Health Nurse, Victoria*

A third trend that is evident from the reviewed studies is that the interventions that took a **theory-based approach** to AOD prevention produced notable results. Theoretical frameworks highlight factors that are associated with behaviour change, identify variables best targeted in an intervention and have the potential to strengthen AOD prevention programs targeting CLD communities. For example, the interventions reported by Botvin et al. were informed by social cognitive theories of behaviour change that highlight thoughts, beliefs and attitudes as important predictors of behaviour change.[13,14] Consequently, the intervention was designed to prompt participants to develop beliefs and attitudes associated with lower AOD use. This approach produced sustained behavioural and attitudinal changes with regard

Case study 2

Drug Education with the Vietnamese Community in Springvale, Victoria

Key informant

Bala Mudaly, Psychologist, Greater Dandenong Community Health Service

Background

This federally funded project used a peer education model to target young people of Vietnamese backgrounds in the City of Greater Dandenong (south-east Melbourne) in 1997. According to the key informant, the use and misuse of illicit drugs (primarily heroin) by Asian refugee and migrant young people had reached almost epidemic proportions in some south-eastern suburbs of Melbourne at this time and mainstream drug education had proven to be ineffective.

Prevention strategies

The aim was to develop primary prevention strategies and processes that could be taken up, embraced and sustained by the social networks and social milieu of the target young people. Key strategies included:

- gaining cooperation from schools and parents to recruit and train a group of Vietnamese young people as peer educators
- production and distribution of a resource manual for agencies
- production of an information kit about young people and AOD, written in Vietnamese for Vietnamese families. A multilingual calendar was produced and distributed widely and put on public display for 12 months. The calendar contained snippets of basic AOD information
- hosting a forum with Vietnamese community members to discuss AOD issues after the calendar had been distributed.

Outcomes

Integrated networking whereby young people, teachers, traders and parents in the local area got to know one another, creating potential for further sustained community initiatives to address drug issues

Parents and communities were more accepting of the drug issue and relatively more comfortable to express views and/or actively engage in strategies to improve the situation. This was evident from the community forum, and some data based on follow-up phone calls.

Challenges and potential solutions

The project had limited staff resourcing.

The time constraints imposed by the funding criteria precluded long-term monitoring and evaluation.

The families in the Asian communities were generally reticent and fearful of drug issues in their midst, almost to the point of denying that a problem existed. This was addressed by co-opting young people, parents, schools and traders to actively participate in the project and thereby gain some degree of ownership of decisions and outcomes.

to AOD use in the study sample. *Predicting health behaviour* is an excellent resource on health behaviour theory.[19] A briefer, though still useful, resource on this topic is *Theory at a glance: A guide for health promotion practice,* issued by the National Cancer Institute in the USA.[20]

Community primary prevention programs in Australia

Some AOD prevention initiatives undertaken in CLD communities in Australia were identified within the grey literature. Details of AOD prevention programs that could be identified through this search are summarised in Appendix II, and three have been selected for more detailed case study (Case studies 1–3). Many of the identified programs also had two limitations in common.

1. Most were funded for a finite period and thus are not ongoing initiatives. Upon exhaustion of the funding, the programs ceased to be formally implemented in their complete form (as documented in the program reports).
2. Outcome evaluation data were not available for any of these programs (although some programs, such as *Creating Conversations* and the project that targeted the Vietnamese community in Springvale, did undergo process evaluation).

Case study 3

Creating Conversations, Victoria

Key informant

Karen Marsh, formerly Student Welfare Coordinator, Gilmore College

Background

Creating Conversations is a school-based AOD prevention initiative that has been implemented in Victorian schools. It has been translated and tailored for CLD groups by using first-language parent educators and encouraging students to use culturally matched content in the forums. The local area had received some negative attention around the issue of drug use in the community. The aim was to de-mystify and contextualise drug use and to provide a safe environment for parents and students to begin discussions about alcohol and other drugs.

Prevention strategies

Creating Conversations is a resource that contains activities that bring children and their parents and school staff together to explore the issues faced by young people living in a drug using society. The aim of the bilingual project was to ensure that all parents had access to information and felt comfortable to talk with their children about drug-related issues. Program activities were run concurrently in Arabic, Somali, Vietnamese and English. The program was a harm minimisation strategy that recognised:

- the importance of parent–child relationships as a protective factor
- the importance of school connection as a protective factor.

The program involved:

- bilingual parent educators
- an interactive, student-focussed school curriculum
- a student-led forum for parents that included interactive AOD education activities in different languages.

Outcomes

The program enhanced parent–community relationships.

The students saw drug education as a positive part of the curriculum.

Parents enjoyed seeing their children facilitating the forum and felt culturally validated.

Challenges and potential solutions

This program is dependent on the commitment of the school to allow time for teachers and students to participate in training.

Sustainability is threatened when personnel changes occur.

Budgetary constraints limit the support for forums and time allowance.

A potential solution to these issues is embedding the program as part of a whole school approach to drug education.

For more information on Creating Conversations, including resources to use for implementing Creating Conversations in a school, go to www.education.vic.gov.au/studentlearning/programs/drugeducation/tchengagepar.htm

These limiting factors make it difficult to establish exactly which aspects of these programs contributed to their effectiveness. In particular, the absence of pre- and post-intervention evaluations limits analysis of program cause-and-effect. However, anecdotal and process evaluation information suggest that the identified community programs have potential for AOD prevention in CLD communities and provide some indication as to the features of the programs that may be effective. For example, many communities reported eagerness for culturally appropriate AOD information and support. Community members also generally reported feeling positively about their experiences after participating in a program. These results demonstrate that the target communities were successfully engaged in the AOD prevention initiatives. Community engagement was enhanced by collaborating with CLD community leaders at all stages of the program, including receiving input on perceived AOD-related problems in the community and feedback on the cultural appropriateness of materials designed for use in the program (e.g. radio plays and advertisements). Building positive relationships with both key individuals and organisations in the target community appears to be a crucial part of the intervention process.

"Building trusting relationships may lead to future self/friend and/or family referrals, if not to AOD services, then to other agencies."

– Project Officer, Victoria

The programs also highlight the important role of bilingual workers in engaging and educating the community, and ensuring culturally competent practice of all program staff through prior training. Cultural competence refers to the ability to work effectively with people from cultural backgrounds different from your own. It constitutes an awareness of one's own cultural influences and attitudinal, knowledge, policy, and skills-based components to interacting effectively with others.[21] The Australian government has called for cultural competency to be the responsibility of all Australians and developing this competency is particularly important for health practitioners working with CLD communities.

The Australian community programs highlight:

- that communities are eager for AOD information and support, and that there is potential for CLD communities to experience positive outcomes from AOD prevention programs
- the importance of collaborating with community leaders
- the importance of utilising bilingual workers and culturally competent program staff.

"Training of bilingual workers became a key component of our program ... Also, building strong partnerships with ethno-specific welfare agencies and the media."

– Senior Project Officer, New South Wales

A key finding from this review is the need for more extensive evaluation of Australian AOD prevention initiatives in CLD communities. Of course, this takes substantial time and resources, which is one of the reasons that such evaluations are not carried out. The provision of funding not only for prevention initiatives, but also for the formal evaluation of these initiatives would ease some of this burden. Collaborating efforts between practitioners and CLD community leaders (who have expert knowledge of the community and their needs) and researchers (who have expertise in intervention design and evaluation) may be particularly fruitful in facilitating formal program evaluation. The formal evaluation of AOD programs and the dissemination of findings through conference presentations and published journal articles would also help to build the body of available knowledge to inform future intervention attempts in other communities.

"We haven't had any long-term funding to do outcome measures ... Funding is the main challenge. At the moment we are un-funded."

– Community Development Services Manager, Western Australia

"Time constraints imposed by funding criteria preclude long-term monitoring and evaluation."

– Psychologist, Victoria

Conclusion

This paper aimed to explore and evaluate AOD primary prevention initiatives in CLD communities. We employed a three-pronged strategy:

- A systematic review of the academic literature to identify published studies of formally evaluated AOD primary prevention programs implemented in CLD communities.
- Identification of some community AOD primary prevention programs in Australia that had not been outcome evaluated.
- Interviews with six key informants who have experience working in AOD prevention, refugee and migrant health, or both.

No Australian AOD programs were identified that had undergone a formal outcome evaluation with findings made available in the form of peer-reviewed literature. This result highlights the need for Australian interventions to undergo outcome evaluations with a rigorous design (e.g. pre- and post-test design) so that valid information about program effectiveness is available. While other program evaluation strategies (e.g. process evaluation, whereby the implementation of the program is studied) provide useful information

such as whether the target group is being reached and whether services are being utilised, they do not allow for the investigation of causal relationships between the intervention and behaviour change. Information from outcome evaluations should make it possible to identify key aspects of programs that successfully inhibit the development of AOD problems in CLD communities.

Key informants who had been involved in project implementation often cited a lack of funding, time and staff resources as reasons why it was not possible for their program to undergo a formal outcome evaluation. Many were able to report positive results from process evaluations and anecdotal feedback, which is an encouraging finding. However, several of the USA studies included in the systematic review similarly reported positive feedback from families about improvements in family functioning, while also reporting no change in AOD use. It is essential that funding and resources be made available so that the specific outcomes of Australian AOD prevention initiatives can be identified. Such information will assist in directing maximum funding to the most effective programs, resulting in increased cost-effectiveness.

It was also clear from the literature reviews and the information provided by service providers that primary prevention of AOD problems in CLD communities remains a priority. That CLD groups experience significant risk factors (e.g. disengagement from services and mainstream society, past trauma, mental illness) that predispose them to AOD use and misuse is a finding that is evident from the key informant interviews reported in this paper. This finding is consistent with much previous research, including that reported in past DrugInfo Clearinghouse prevention papers.[2,3,18] Several key informants also emphasised the lack of knowledge about AOD among CLD groups, and that such issues are taboo in many of these communities. Targeting parents and their children with primary prevention messages was identified as a key strategy. These reflections are also consistent with past research, and with the findings of the literature review reported in this paper.

The findings reported in this paper point to three key recommendations:

1. Alcohol and other drug prevention work in CLD communities should be a priority for health services in Australia.
2. Alcohol and other drug prevention initiatives should identify and leverage off culturally protective factors, consider the inclusion of a family-based component, and be theory-based (acculturation theory, health behaviour theory). On a related note, practitioners should develop sound cultural competency (see guide called *Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities*[21]).
3. Sufficient funding should be provided to allow for rigorous outcome evaluation of AOD prevention initiatives and such evaluations should be built into the service funding agreements. Collaborations between expert practitioners and health researchers may be an effective way to enable outcome evaluation of programs.

In addition, it should be noted that the recommendations included in *Drugs in a multicultural community* continue to be relevant.[4]

Many who work in the area of AOD prevention in CLD communities are passionate about their practice and relevant policy. A mobilisation of resources and a consolidation of prevention efforts will maximise the effectiveness of these service providers and produce a substantial positive impact in these CLD communities.

Acknowledgements

The authors wish to acknowledge the contributions of the following key informants in the production of this paper:

- Bala Mudaly, Psychologist, Greater Dandenong Community Health Service
- Helen Sowey, Senior Project Officer, Drug & Alcohol Multicultural Education Centre
- Karen Marsh, Senior Project Officer: Drug Education and Student Wellbeing, Department of Education and Early Childhood Development, Victorian Government
- Kate Constance from Hume Youth and Parents Drug (HYP-D) Service, UnitingCare Moreland Hall
- Kofi Osei, Refugee Health Nurse, Western Region Health Centre
- Sue Lee, Community Development Services Manager, Women's Health Service.

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Appendix I. Alcohol and other drug (AOD) primary prevention initiatives with culturally and linguistically diverse (CLD) groups identified through a systematic search of the academic literature.

Authors and setting	Participants	Intervention details	Outcomes
Botvin et al. (1994,1995)[22, 23] USA School-based	*n* = 639 *Male* = 50% *Female* = 50% *Target age* = 7th grade (M = 12.7) *Ethnicity* African-American 48% Latino 37% White 5% Asian 3% Other 8%	Three interventions were compared: 1. Broad life-skills (LS) intervention, 15 sessions, cognitive-behavioural (i.e. theory-based) approach to social skills and coping. 2. Culturally focused intervention (CF), 15 sessions, cognitive-behavioural (i.e. theory-based) approach to social skills and coping, targeted high-risk students, group counselling, culturally focused stories with culturally appropriate protagonist, mythology and symbolism, story-telling, video, peer leaders. 3. Information-only control.	Life skills (LS) and culturally focussed (CF) interventions both reduced intentions to use beer and wine, reduced risk-taking, and produced positive attitudinal change in the short term (4 months). The CF intervention had better long-term effects (2 years) on frequency of drinking and drunkenness, amount of alcohol drunk, intentions to drink beer or wine and risk-taking than the LS intervention. **Conclusion:** The CF intervention produced lasting AOD-related behavioural and attitudinal change.
Botvin, et al. (1998)[24] USA School-based	*n* = 721 *Male* = 47% *Female* = 53% *Target age* = 7th grade (M = 12.6) *Ethnicity* African-American 25.8% Hispanic 69.6% White 7% Asian 1.4% Native American 1.5% Other 1%	A drug use/misuse prevention curriculum was implemented in classrooms. It was a psychosocial (i.e. theory-based) program consisting of 15 sessions addressing a range of topics including resistance skills, anti-drug norms, and social skills. Program materials were adjusted for the cultural demographics within each classroom. A control group participated in the normal AOD curriculum.	Intervention group smoked less often, drank alcohol less often, consumed less alcohol, got drunk less often and smoked cannabis less often compared to the control group. The intervention group also had lower intentions to smoke, drink alcohol, use cannabis compared to the control group. The intervention group had lower normative expectations for smoking, drinking, cannabis use, cocaine use compared to control group. The intervention group was more likely to use refusal skills than the control group. **Conclusion:** This classroom-based program was an effective AOD drug use/misuse prevention initiative.
Litrownik et al. (2000)[25] and Elder et al. (2002)[26] USA Community-based	*n* = 637 *Male* = 51% *Female* = 49% *Target age* = adolescents and their parents *Ethnicity* Mexican	Eight-week intervention for AOD prevention. Control group was an eight-week home safety course. Both groups had weekly, small group meetings conducted bilingually. Parents and adolescents attended three joint sessions, with the remaining attended separately. The AOD intervention consisted of the provision of information, modelling, behavioural rehearsal, parent-child communication, leader-led discussions, videos, role playing. Booster phone calls at one month, and 14 months, plus three mailed newsletters.	No significant AOD behaviour effects between the intervention and control groups; however the intervention group reported better parent–child communication. **Conclusion:** This AOD prevention program was unsuccessful; however potential floor effects as AOD use was low in this sample at baseline.

Authors and setting	Participants	Intervention details	Outcomes
Hernandez et al. (1996)[27] USA Community-based	*n* = 201 *Male* = 49% *Female* = 51% *Target age* = children and adolescents (M = 7.2) *Ethnicity* Hispanic	Bilingual assessment, training, counselling and family bonding activities, social skills, communication, AOD coping and avoidance, AOD information, AOD attitudes, culturally matched leaders, fostered respect for Hispanic culture. Community involvement, connecting to services and resources.	Increased parental involvement in schooling of child and community governance; increased desire from parents to be "good parents". Behavioural data as child grew up unable to be obtained, follow up very difficult with this sample. **Conclusion:** Intervention increased protective factors against AOD use (e.g. parental involvement), but the effects on AOD use and misuse among the young people were unable to be determined.
Komro et al. (2006, 2008)[28, 29] USA School-based and home-based	*n* = 5698 *Male* = 50% *Female* = 50% *Target age* = 6–8th grade Ethnicity African-American 43% Hispanic 29% White 13% Mixed/other 15%	Four 30-minute classroom sessions led by peer-leaders and teachers and two creative classroom-based sessions to create posters, plus a poster display event. In addition, four home-based sessions whereby child brought home activities to complete with parents over four consecutive weeks. Themes included facts and myths about AOD, communication, advertising, peer pressure, consequences and boundaries. Language, protagonist appearance and setting of vignettes used in the activities were adapted to be culturally matched with participant (e.g. African-American, Spanish, Polish, Chinese). Control group for comparison.	**End 6th grade:** No drinking-related behavioural differences or family communication differences between the intervention and control groups. However, intervention group had lower normative expectations and outcome expectations than control group. **End 8th grade:** No differences in risk factors, and no difference in alcohol or other drug-related behaviour including use and purchase attempts. **Conclusion:** This intervention produced some short-term attitudinal changes but these were not sustained. No behavioural changes resulted from the intervention.
Stevenson et al. (1998)[30] USA School-based and community-based	*n* = 130 *Male* = 48% *Female* = 52% *Target age* = 7th and 8th graders, and their parents *Ethnicity* Hispanic	School-based prevention education across 12 sessions, peer leadership program, counselling, referral. Also included parenting skills workshop, parent advocacy skills workshop. Project workers were culturally matched with participants, and culturally sensitive materials were used in both arms of the project.	**Youth outcomes:** No AOD behavioural changes, no attitudinal change, increase in perception of meaningfulness of life. **Parent outcomes:** Decline in parenting skills, increase in parent–school contact. **Conclusion:** This intervention was not successful in preventing AOD use/misuse, but did have other positive consequences (linking parents to schools). Decline in self-reported parenting skills probably reflects increased self-awareness post-intervention.
Zane et al. (1998)[31] USA School-based and community-based	*n* = 145 *Male* = 61% *Female* = 39% *Target age* = 10-15 years and their families *Ethnicity* Asian 98% African American 1% Other 1%	Series of bilingual workshops focused on five themes: health issues, social competence, multicultural competence, intergenerational family competence (youth and parents), school/institutional competence (youth and parents). Workshops integrated into school or youth centre activities. Implemented in two different samples.	**Sample 1:** Increase in drug and HIV prevention knowledge, decrease in smoking uptake and uptake of other drugs, decrease in peer pressure experience. **Sample 2:** Decrease in uptake of drugs. **Conclusion:** This program was an effective AOD drug use/misuse prevention initiative.

Appendix II. Alcohol and other drug (AOD) primary prevention initiatives with culturally and linguistically diverse (CLD) groups in Australia identified through a grey literature search.

Project and setting	Target group	Details	Perceived outcomes
African Companions Project Implemented by the Drug and Alcohol Multicultural Education Centre in NSW, funded by Alcohol Education and Rehabilitation Foundation from August 2005 to July 2007. Youth peer education component was funded from July 2007–June 2009.	African refugees.	Community education and harm minimisation project consisting of: ◗ training community leaders and promoting these leaders as drug and alcohol information contacts within the community ◗ hosting community events ◗ development of culturally appropriate resources including radio plays aired in seven African languages ◗ youth peer education program.	The project successfully educated and resourced community leaders so they could provide accurate information and guidance to their communities. Community members supported the development and ongoing implementation of some features of this program. Program model was disseminated for other organisations and communities to use.
Arabic Community Drug Education and Prevention Project* Implemented by the Victorian Arabic Social Services in schools and communities in northern metropolitan region of Melbourne. Implemented from June 2003–May 2006	Arabic-speaking young people and their parents. 817 young people and 242 parents participated.	This education and prevention program consisted of: ◗ a media campaign using Arabic radio and newspapers ◗ after-school workshops culminating in dances, sketches and fashion parade performed for parents ◗ parenting workshops and family forums ◗ camps ◗ mentoring. All led by culturally matched leaders.	Parents acknowledged value of drug awareness and harm minimisation sessions—breakthrough in such a conservative community. Young people recognised benefits of the program and hoped to pass on information to other community members. Young people reported high levels of enjoyment. Good relationship development among peers.
Creating Conversations School-based initiative implemented in Victoria and evaluated from 2001–2003.	Year 9 and 10 students, with specialised materials for CLD student groups.	Incorporated drug education into normal curriculum in training sessions. Students organised, planned, and ran a parent event (e.g. drama, interactive activities that involved parents). Materials were translated and adapted to be appropriate for CLD groups. This also included funding for translation and specialised staff.	Students, parents, teachers all expressed satisfaction with the program. Some participants indicated that the program improved parent–child communication about drugs and wellbeing issues. Student knowledge increased.
Drug Education with the Vietnamese Community in Springvale Federally funded, implemented by the Springvale Community Health Centre (Victoria).	Vietnamese young people and their families.	Recruited and trained Vietnamese young people to operate as peer educators. Also used this group as a source of information as to how best to present information about drugs to Vietnamese families. Resulted in the production of 3000 information kits (in the form of a calendar) about drug use and young people for Vietnamese families, all printed in Vietnamese.	The issue of drug use among Vietnamese young people was brought out "into the open" and young people and families had a stimulus for discussing these issues. A community forum for Vietnamese parents was held to discuss concerns and strategies to address the issues.
Drug Prevention in Roxburgh Park (Victoria)* Implemented by community organisations (particularly the Homestead Community Arts and Cultural Centre, now called the Homestead Community and Learning Centre) from 2001–2003.	Young people and their families. 280 young people (higher primary school and lower high school) and 15 organisations participated.	Drug prevention activities that focused on diversional activities.	Many participants were enthusiastic, and some organisations developed off-shoot programs. Many participants demonstrated eagerness to discuss drug issues. Increased community participation in activities, increased community social infrastructure.

*Indicates projects that were identified in Community strengthening initiatives: Stories from the north.[32]

Reading and Resource List

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Alcohol and other drug prevention for culturally and linguistically diverse communities

This list is intended as a guide and a starting point for the researcher. It does not aim to be comprehensive of the subject. For further information please search the library online public access catalogue, or contact DrugInfo for assistance. The list is sorted chronologically and by author within each time period. All of the following resources are available in the DrugInfo Clearinghouse library.

Books and reports

Donato-Hunt C & Turay H 2009 *Working with culturally diverse clients in drug and alcohol services: Worker perspectives,* Sydney: Drug and Alcohol Multicultural Education Centre.

This report presents findings from a pilot research project that surveyed 29 drug and alcohol workers from a range of Sydney agencies.

www.damec.org.au/Research.aspx?id=35

Drug and Alcohol Multicultural Education Centre 2009 *Alcohol and other drug use, attitudes and knowledge amongst six CALD communities in Sydney*, Sydney: Drug and Alcohol Multicultural Education Centre.

This study reviews alcohol, tobacco and other drug use and awareness among the culturally and linguistically diverse communities of New South Wales.

van der Gaag K 2007 *Identifying ethnicity: Representation in drug & alcohol treatment services data,* Sydney: Drug and Alcohol Multicultural Education Centre.

This study investigates why culturally and linguistically diverse communities are under-represented in statistics on accessing alcohol and other drug treatment services. Primary factors uncovered by the report include ethnicity indicators, cultural difference, communication, location of services and clinician reporting methods.

www.damec.org.au/Research.aspx?id=36

Centre for Culture, Ethnicity and Health 2005 *Resource kit for developing health promotion information for CLD communities*, Melbourne: Centre for Culture, Ethnicity and Health.

This kit includes a checklist for reviewing existing translated materials, "how to" sheets for translating health promotion materials into community languages, and includes information on building a community profile, identifying culturally and linguistically diverse groups for health promotion and communicating for diversity.

DrugInfo Clearinghouse no. CEH 05

Sowey H 2005 *Are refugees at increased risk of substance misuse?* Sydney: Drug and Alcohol Multicultural Education Centre.

This document discusses the evidence concerning whether refugees are at an increased risk of substance misuse.

DrugInfo Clearinghouse no. MA6 SOW
www.damec.org.au/downloads/Refugee_Drug_Alcohol_Vulnerability.pdf

Australian Health Promotion Association 2004 *Community strengthening initiatives stories from the north. The Northern Metropolitan Region Alcohol and Other Drug Health Promotion Development Project 2001–2003*, Melbourne: Victorian Government Department of Human Services.

This booklet contains descriptions of 15 local drug prevention projects undertaken in the Northern Metropolitan region of Melbourne, and funded by Community Strengthening Initiative.

DrugInfo Clearinghouse no. GA32 AHP

Department of Human Services 2004 *Cultural diversity guide: Planning and delivering culturally appropriate human services,* Melbourne: Victorian Government Department of Human Services.

This guide aims to support those seeking to develop human services that are culturally appropriate.

DrugInfo Clearinghouse no. vf DHS 04
www.dhs.vic.gov.au/multicultural/html/cultdivguide.htm

Drug and Alcohol Multicultural Education Centre 2004 *Alcohol and other drugs. Services programs resource for people of non-English speaking background,* Sydney: Drug and Alcohol Multicultural Education Centre.

This is a directory of services in the fields of health and welfare, interpreting, translation, bilingual health professionals, research, self-help groups and other resources for non-English speaking clients.

DrugInfo Clearinghouse no. folio MA6 DAM

Global Youth Network 2004 *Drug abuse prevention among youth from ethnic and indigenous minorities*, New York: United Nations.

This guide focuses on the factors that make young people from ethnic and indigenous minorities different from young people in the mainstream in the context of drug misuse and program development. It includes examples of good practice and engagement techniques.

www.unodc.org/pdf/youthnet/handbook_ethnic_english.pdf

Department of Human Services 2001 *Drugs in a multicultural community: An assessment of involvement,* Melbourne: Victorian Government Department of Human Services.

This report investigates the impact of illicit drugs on culturally and linguistically diverse communities.

www.health.vic.gov.au/drugservices/pubs/drugsmulti.htm

Journal articles

Donato-Hunt C 2007 "Issues for CLD clients in accessing appropriate treatment", *DrugInfo, 5:2,* pp. 2–3.

This editorial discusses some of the difficulties encountered by individuals facing cultural and language barriers when seeking and accessing appropriate treatment services.

www.druginfo.adf.org.au/newsletter.asp?ContentID=CLD_access_issues

Kennedy V & Goren N 2007 "Culturally and linguistically diverse communities and drug prevention", *Prevention Research Quarterly,* pp. 1–12.

This study explores the types of prevention programs that practitioners in the prevention sector believe are effective with culturally and linguistically diverse (CLD) communities. Other areas of interest were the prevalence of substance use in CLD communities, obstacles to prevention work and the extent to which the evidence base is used in the design of prevention initiatives.

www.druginfo.adf.org.au/downloads/Prevention_Research_Quarterly/IP_No1_07Jun_CLDdrugprevention.pdf

Sowey H 2007 "Evidence-based practice in prevention work with CLD communities", *DrugInfo, 5:2*, p. 8.

This article discusses the importance of building an evidence base in alcohol and other drug practice.

www.druginfo.adf.org.au/newsletter/narchive/cld_drugprevention/cld_evidencebased_practise.html

Sowey H 2007 "Providing drug information for CLD communities: A smorgasbord of options", *DrugInfo, 5:2*, p. 9.

This article discusses the options for providing drug information to CLD communities, looking at the pros and cons of methods such as translated materials, audiovisual resources and drama.

www.druginfo.adf.org.au/newsletter.asp?ContentID=cld_druginfo

Venner KL, Feldstein SW & Tafoya N 2007 "Helping clients feel welcome: principles of adapting treatment cross-culturally", *Alcoholism Treatment Quarterly, 25:4*, pp. 11–30.

Focusing on Native American communities, this article explores how empirically supported interventions can be applied to minority populations.

Goren N 2006 "Prevention, newly arrived refugees and substance misuse", *Prevention Research Quarterly,* pp. 3–15.

In contrast to other immigrants, being a refugee usually involves a mixture of additional challenges that increase the risk of alcohol and other drug misuse. Therefore, careful attention should be given to this specific group in helping its members to adopt healthy lifestyles and to assist them to achieve desirable behavioural changes if necessary.

www.druginfo.adf.org.au/downloads/Prevention_Research_Quarterly/REP_No18_06Jun_Newly_arrived_refugees.pdf

Hecht ML & Raup-Krieger JL 2006 "The principle of cultural grounding in school-based substance use prevention: The Drug Resistance Strategies Project", *Journal of Language and Social Psychology, 25:3*, pp. 301–19.

Using communication accommodation theory as a framework, this paper articulates the principle of cultural grounding using the Drug Resistance Strategies Project as an exemplar. Describes research on youth, ethnic and gender cultures leading to the development and evaluation of the "keepin' it REAL" curriculum.

DrugInfo Clearinghouse no. vf HECHT 06

Holley LC, Kulis S, Marsiglia FF & Keith VM 2006 "Ethnicity vs ethnic identity: what predicts substance use norms and behaviors?" *Journal of Social Work Practice in the Addictions, 6:3*, pp. 53–79.

This paper explores whether ethnicity and three ethnic identity (EI) instruments are useful in predicting substance use outcomes. Findings include that age, gender, and/or racial or ethnic group membership influenced the strength of EI and that age, sex, and strength of EI influence substance use norms and behaviours.

Strada M, Donohue J, Lefforge B & Noelle L 2006 "Examination of ethnicity in controlled treatment outcome studies involving adolescent substance abusers: A comprehensive literature review", *Psychology of Addictive Behaviors, 20,* pp. 11–28.

Results of this study indicated that there is much work to do regarding the examination of ethnicity in controlled treatment outcome studies involving adolescent substance users. Future recommendations are presented in light of these findings.

Bersamin M, Paschall M & Flewelling RL 2005 "Ethnic differences in relationships between risk factors and adolescent binge drinking: A national study", *Prevention Science, 6:2*, pp. 127–37.

This study examines ethnic differences in relationships between a large number of risk factors and adolescent binge drinking with data collected from 14 to 17 year olds. The findings suggest that research is needed to identify additional risk factors that are associated with binge drinking among adolescents, particularly ethnic minority groups.

DrugInfo Clearinghouse no. vf BERSAMIN 05

Holleran LK & MacMaster SA 2005 "Applying a cultural competency framework to twelve step programs", *Alcoholism Treatment Quarterly, 23:4*, pp. 107–20.

This article defines cultural competency and applies it to the culture that has developed around twelve step groups. Its aim is to provide information to familiarise clinicians with these cultural norms.

Milat AJ & Taylor JJ 2005 "Culturally and linguistically diverse population health social marketing campaigns in Australia: A consideration of evidence and related evaluation issues", *Health Promotion Journal of Australia, 16:1*, pp. 20–5.

There is insufficient evidence to clearly identify the characteristics of effective culturally and linguistically diverse (CLD) campaigns. There is tentative evidence supporting the potential efficacy of social marketing strategies targeting CLD communities in some Australian settings.

DrugInfo Clearinghouse no. vf MILAT 05

Room R 2005 "Multicultural contexts and alcohol and drug use as symbolic behaviour", *Addiction Research and Theory, 13:4*, pp. 321–31.

Studies of psychoactive substance use in multicultural contexts need to take account both of the symbolism of the use, particularly in the context of the performance of ethnicity, and of the influence of power and status relations on the ethnic performance and its reception.

Hecht ML 2004 "Cultural factors in adolescent prevention: multicultural approach works well", *Addiction Professional, 2:3*, pp. 21–5.

This paper describes the principle of cultural grounding. This approach proved successful when used to develop the "keepin' it REAL" curriculum. A randomised clinical trial evaluating the curriculum demonstrated the efficacy of the principle and identified a multicultural version as the optimal level of accommodation for the prevention messages.

Hecht ML, Marsiglia FF, Elek E, Wagstaff DA, Kulis S, Dustman P & Miller-Day M 2003 "Culturally grounded substance use prevention: an evaluation of the keepin it REAL curriculum", *Prevention Science, 4:4*, pp. 233–48.

This is a report on a culturally grounded prevention intervention program aimed at middle school students in the United States. Three versions of the program were delivered—Mexican-American, African-American and European-American, and Multicultural. The Mexican-American and Multicultural versions had the most positive outcomes.

DrugInfo Clearinghouse no. vf HECHT 03

Collins RL & McNair LD 2003 "Minority women and alcohol use", *Alcohol Research and Health, 26:4*, pp. 251–6.

Examines the drinking behaviour of women from the four largest non-European ethnic groups in the United States, addressing a specific variable in relation to each group: religious activity among African-American women; the facial flushing response in Asian-American women; the level of acculturation to US society among Latinas; and historical, social, and policy variables unique to Native Americans.

Rowland B, Toumbourou JW & Stevens C 2003 "Preventing drug related harm in communities characterised by cultural and linguistic diversity", *Prevention Research Evaluation Report, 8,* pp. 3–11.

While this paper does not discuss specific prevention programs targeted at culturally and linguistically diverse (CLD) communities, it has documented research and field evidence that may help in the composition and delivery of such programs. It discusses CLD drug prevention programs generally.

www.druginfo.adf.org.au/downloads/Prevention_Research_Quarterly/PRQ_03Nov_Cultural_and_linguistic_diversity.pdf

Weiss SB, Kung HC & Pearson JL 2003 "Emerging issues in gender and ethnic differences in substance abuse and treatment", *Current Women's Health Reports, 3:3*, pp. 245–53.

This article discusses the emerging understanding and future research needs of gender differences among ethnic minorities in the rates, aetiology, course, and treatment of substance misuse and common comorbid mental health disorders.

Reid G, Crofts N & Beyer L 2001 "Drug treatment services for ethnic communities in Victoria, Australia: an examination of cultural and institutional barriers", *Ethnicity & Health, 6:1*, pp. 13–26.

This review of international and Australian literature aims to identify problems ethnic communities experience upon the discovery of illicit drug use in their community, how drug treatment is addressed and challenges for improved drug treatment outcomes.

Holder H 2000 "Community prevention of alcohol problems", *Addictive Behaviors, 25:6,* pp. 843–59.

This paper from the United States of America describes an effort in three communities over five years to reduce alcohol problems at a community level. The communities contained racial and ethnic diversity as well as a mix of urban, suburban and rural settings. Results show that the project reduced alcohol-involved crashes, lowered sales to minors, increased the responsible alcohol serving practices of bars and restaurants and increased community support and awareness of alcohol problems.

Ephemera

City of Whitehorse n.d. *Everyone has different needs: enhanced access for young people from culturally and linguistically diverse backgrounds into drug and alcohol service* [kit], Melbourne: City of Whitehorse.

This set of booklets and information sheets aims to assist alcohol and drug services to better engage young people from culturally and linguistically diverse communities.

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