ALCOHOL AND OTHER DRUGS MULTICULTURAL COMMUNITY ENGAGEMENT

Phase 1 Report
November 2023

ACKNOWLEDGEMENTS

South East Community Links (SECL) acknowledges the traditional custodians of the lands that we work on. We pay our respects to the Woi Wurrung and the Boon Wurrung language groups of the Kulin Nations. We pay respect to their cultures, their elders past, present and emerging, and to all other Aboriginal and Torres Strait Islander people.

SECL welcomes people of all abilities, age, ethnicity, faith, sexual orientation, gender identity and socioeconomic status.

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EXECUTIVE SUMMARY

The Strategic Engagement Coordinators (SEC) initiative at South East Community Links (SECL) recognises that the Alcohol and Other Drugs (AOD) sector in Victoria faces significant challenges in ensuring equitable access for multicultural communities. While there have been past and ongoing attempts to enhance the cultural appropriateness of service delivery, these efforts are yet to yield tangible evidence of their effectiveness.

As the AOD catchment planning organisation for Southeast Melbourne, as well as a trusted generalist community services organisation deeply connected with their local multicultural community, SECL has undertaken a comprehensive exploration of this issue within our local context.

This initiative involved an extensive AOD community consultation spanning the City of Greater Dandenong, City of Casey and Cardinia Shire. A combination of surveys, interviews and group consultations enabled the views and experiences of 105 individuals to be shared.

Consultation findings with multicultural communities revealed:
- A high level of awareness of AOD issues within their community (67%)
- A strong understanding of the AOD issues within their community (73%)
- A majority of people (61%) had known someone affected by AOD challenges
- Only 20% of people were aware of AOD services for community, 43% stated they didn't know these existed and 37% weren't sure
- Interestingly, 36% stated they would reach out to AOD services, 30% were unsure and 34% stated they would not

This report explores the prevailing barriers multicultural communities' face as well the associated mental health and wellbeing challenges further perpetuated by their experiences.

Listening to the voices of the community, the following recommendations have been made:

1/ Embed community and lived experiences in program and service delivery
2/ Develop in-language culturally tailored information and resources
3/ Expand data collection and research

This report serves to inform the next stage of a broader project which is the co-designing of resources and a strategy to improve engagement between AOD services and the multicultural community in Southeast Melbourne. SECL acknowledges the strong links between AOD and mental health and wellbeing, as identified by the Royal commission into Victoria's Mental Health System[1].

Furthermore, this project complements recommendations 34 and 35, that states the importance of working in partnership to improve accessibility for diverse communities as well as improving outcomes of people living with mental illness and substance use or addiction.

Findings from this project reinforce the need for organisations like SECL, local communities and AOD services to work collaboratively to address the barriers facing multicultural communities in receiving AOD support. Failure to include and engage some of the most disadvantaged communities in any service provision is against the principles of an equitable, human rights approach.

INTRODUCTION

South East Community Links (SECL) has been working with multicultural communities for over 50 years and has a long history of engaging with migrant and refugee families resettling in Southeast Melbourne. Over half of our multicultural clients present with mental health and wellbeing concerns, some of those with AOD issues and often not engaged with specialist services. There have also been instances where our clients have become homeless, incarcerated, or lost their lives due to harmful AOD use, with some disclosing an AOD issue to a practitioner for the first time.

In addition to these engagements, our ongoing discussions with multicultural community leaders and groups also highlights the lack of awareness and disengagement of their community members from AOD services.

More recently, SECL has been delivering the catchment-based planning function for the AOD services in Southeast Melbourne and through our involvement with the local services, it was evident that multicultural communities are not a priority group or focus despite the region having some of Victoria's most culturally diverse Local Government Areas (LGAs). We recognise the importance of equitable healthcare and support for all individuals and therefore have identified a need for more inclusive AOD services.

Multicultural communities in the Southeast region face significant barriers that hinder their access to AOD services. These barriers often relate to limited English language literacy, cultural stigma, socioeconomic disparities, and inadequate representation within the workforce.

While there is limited research and evidence available in relation to AOD and multicultural communities, the Victorian Alcohol and Drug Association (VAADA) released a report in 2016[2] identifying the significant gaps in representation of multicultural communities in the AOD treatment system. This was more recently followed by a joint statement from VAADA and the Ethnic Communities Council of Victoria (ECCV) further highlighting the barriers migrant and refugee communities face in accessing AOD services[4]. In their statement, VAADA and ECCV acknowledge that the underrepresentation of multicultural communities in AOD services is not due to a lack of need but to "major gaps in the capacity of the current one-size-fits-all system to provide culturally safe and inclusive care".

To address this, as part of our The Strategic Engagement Coordination program which is funded by the Victorian Department of Families, Fairness and Housing (DFFH)[3], SECL has begun a two-stage project to explore and address service and delivery gaps across the mental health and AOD sector within Southeast Melbourne. The information in this report outlines the first stage of this project in which a multi-faceted community engagement approach was taken to explore multicultural community members' awareness, experiences and perceptions of AOD.

METHOD

SECL acknowledges the barriers multicultural community members experience which significantly impact upon their access to information and support. Language barriers as well as community concerns of the shame and stigma connected with AOD issues can impact multicultural community members' willingness and ability to engage in open and honest conversations with community and services.

To address these challenges and uphold cultural safety, SECL implemented a multi-faceted approach that ensured facilitators and survey materials respected the diverse backgrounds and values of the multicultural communities involved. The surveys were available for an extended period to accommodate varying schedules, and we enlisted community leaders and people with influence to increase community participation, thereby enhancing participant trust.

Participants were provided with a clear statement informing them of the survey purpose and a choice to either participate or decline engagement in the process. Additionally, participants were asked if they have an interest or experiences relating to this issue. If they answered yes to the above questions, we then proceeded with the survey or discussion.

During the consultation, we carefully crafted the questions to ensure that participants did not experience any sense of being singled out. Our priority was to ensure that no one felt that their cultural or religious beliefs were being challenged, rather more explored with curiosity, and non-judgement. Participants were also given the choice to skip any question that made them feel uneasy.

Online Surveys
SECL used an online survey to provide participants with anonymity, recognising the stigma and shame often associated with AOD issues. The survey was accessible for three weeks, ensuring that these surveys reached a broader community group, extending beyond our regular clients.

One-on-one interviews
Surveys were conducted in person, with individuals using the same online survey questions. During the in-person interviews, bilingual workers assisted with literacy barriers and accommodated participant preferences.
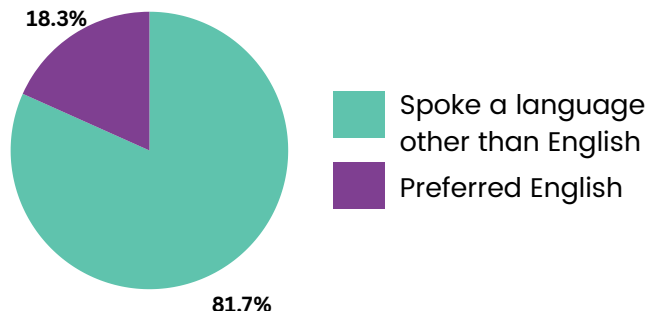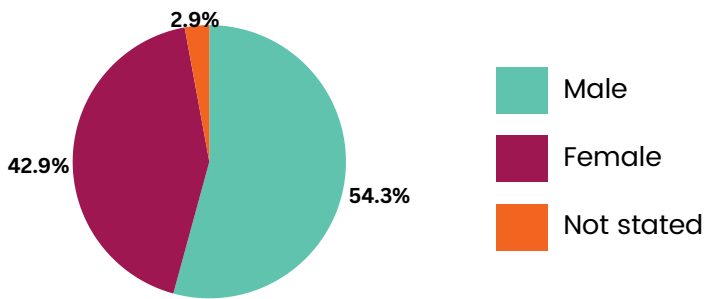
Group consultation
Understanding that certain challenges might not be adequately addressed through surveys or brief answers, we organised group consultations. These sessions provided a platform for the community to express their concerns, ask questions, and delve deeper into AOD-related challenges. Group consultations were held at various locations, including SECL offices, partner organisations, community centres, and community events.
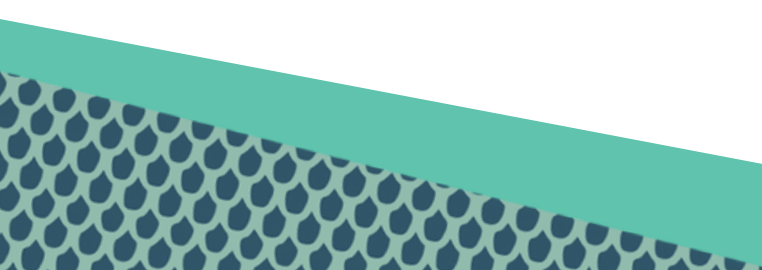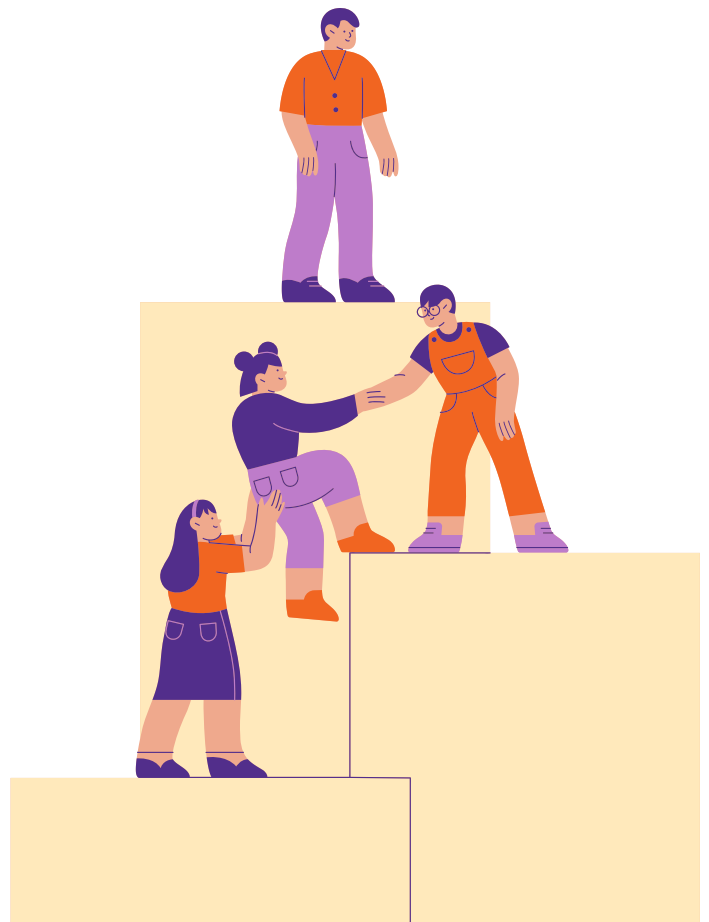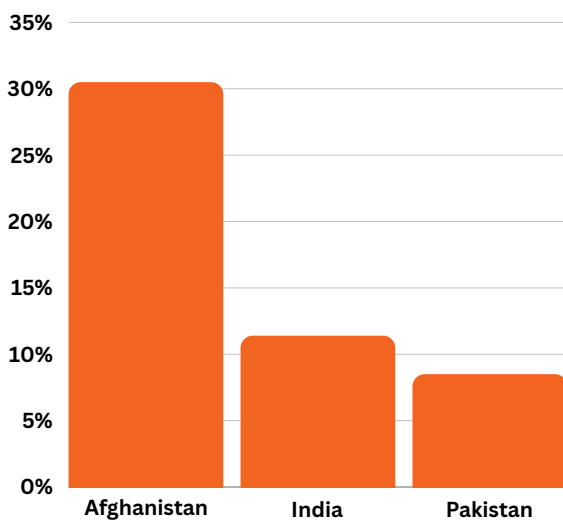
DEMOGRAPHICS

A total of 105 individuals were engaged with 54.3% identified themselves as male, 42.9% identified as female and 2.9% not stated. Of these 105 people, 93.3% were born overseas, with the top 3 countries being Afghanistan (30.5%), India (11.4%) and Pakistan (8.5%). The participants collectively spoke 26 different languages, with 81.7% speaking a language other than English, with the top languages, other than English being Dari/Farsi (21.4%), and Pashto (8.9%). Respondents came from across the southeast, with the majority of participants being from Greater Dandenong and the City of Casey.

105 community responses

2.9%
42.9%
54.3%

- Male
- Female
- Not stated

26 different languages

18.3%
81.7%

- Spoke a language other than English
- Preferred English

93% born overseas

35%			
30%			
25%			
20%			
15%			
10%			
5%			
0%	Afghanistan	India	Pakistan

FINDINGS

Awareness of AOD in their Community

8.7%
24.3%
67%

- Had heard of AOD issues
- Hadn't heard of AOD issues
- Not sure
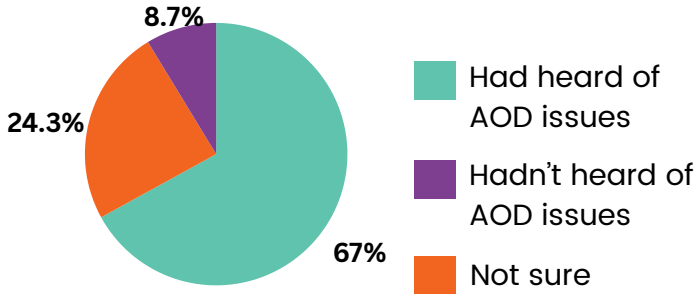
Understanding of AOD issues in community

14.6%
12.6%
72.8%

- Understood AOD issues in the community
- Didn't understand AOD issues
- Not sure
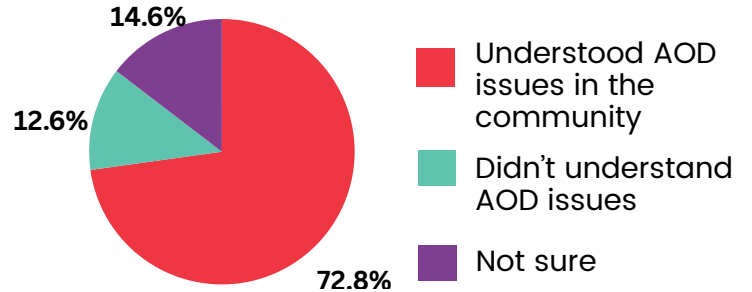
Witnessed AOD related issues

31.1%
8.7%
60.2%

- Had witnessed AOD issues
- Hadn't witnessed AOD issues
- Not sure

22.3%
53.4%
24.3%

- Had AOD issues in their community
- Didn't have AOD issues
- Not sure

Knew someone affected by AOD

31.1%
7.8%
61.2%

- Knew someone affected by AOD issues
- Didn't know someone affected by AOD Issues
- Not sure
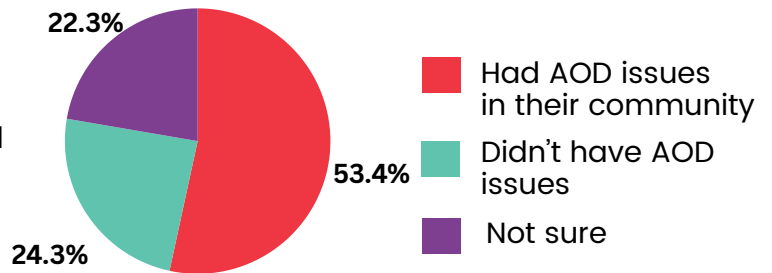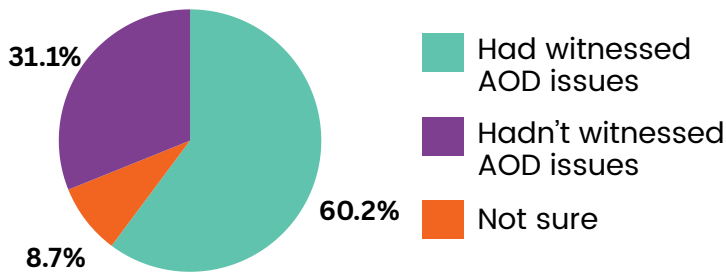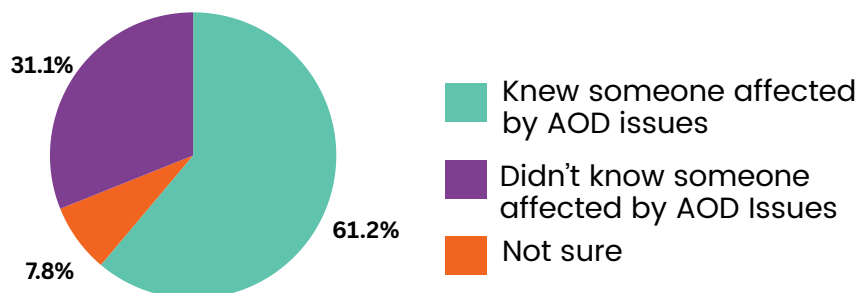
Knowledge and relationship with AOD services

- 20.4% Know about AOD services
- 42.7% Didn't know about AOD services
- 36.9% Not sure

- 30.1% Would reach out to AOD services
- 35.9% Would not reach out to AOD services
- 34% Not sure
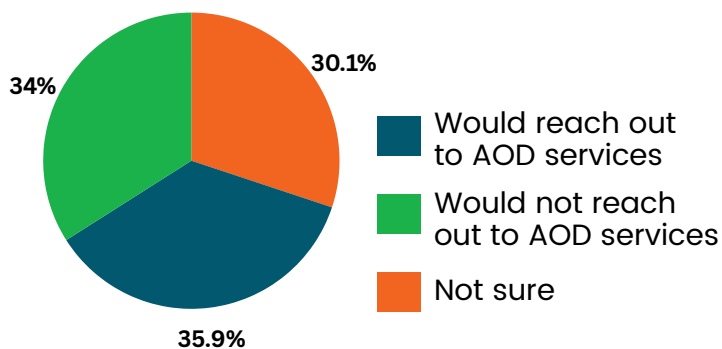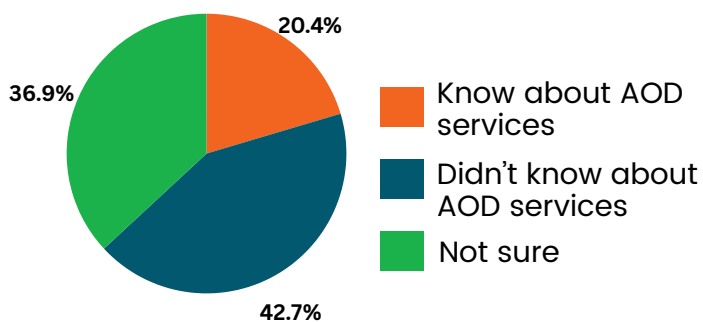
Where to go for help

Participants were asked where members of their community would go for help with AOD.

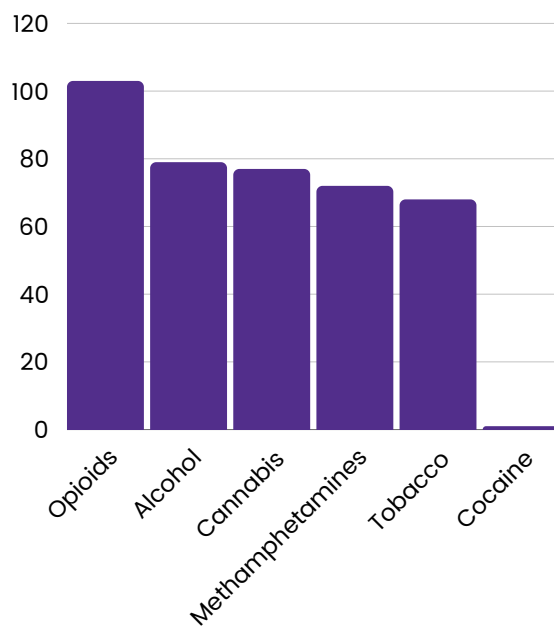|	
Friends	54
GP	42
Family	34
Health Services	30
Religious leaders	26
AOD services	24
No one	20
Community leader	16
Community support services	14
Church	1
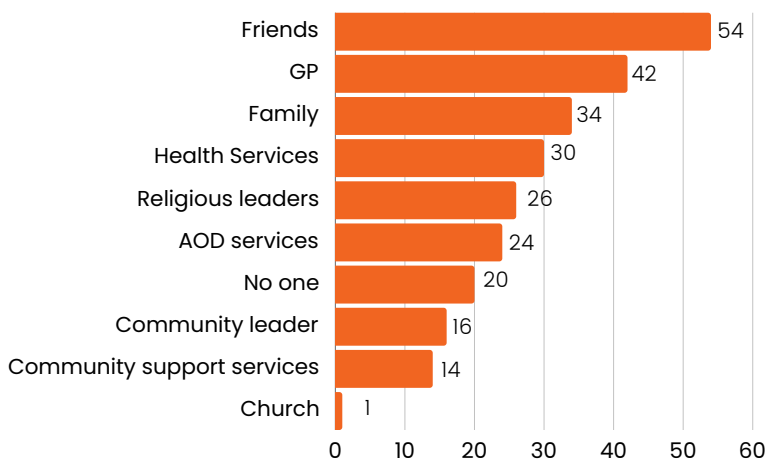
"**They don't know what would happen after being identified by AOD services or a GP.**"

AOD use and awareness

When asked what they believed their community thought of drug use they responded with the following.

- Drug use is always wrong
- Drugs are harmful
- Drugs change the way the body and brain work
- Drugs are okay when prescribed by a doctor

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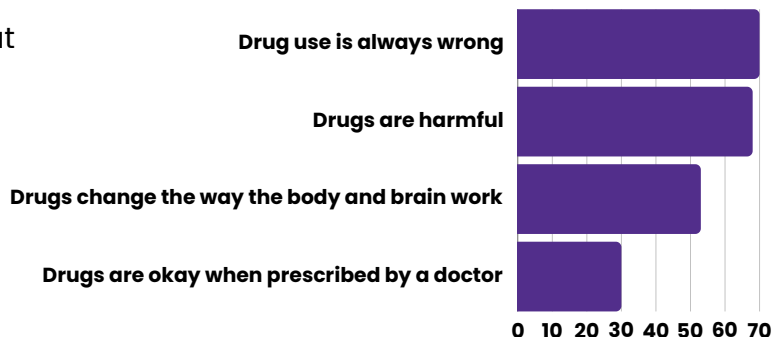
Participants were presented with a list of common drugs and asked which of these were known to be a drug.

(Opioids, Alcohol, Cannabis, Methamphetamines, Tobacco, Cocaine)

Participants were asked which drugs where commonly used in their community.

(Alcohol, Cannabis, Tobacco, Methamphetamines, Heroin, Vaping, Medication, Cocaine)
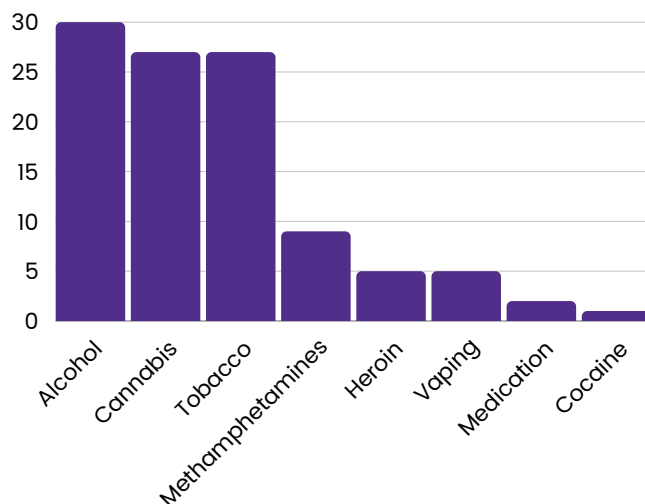
FINDINGS CONTINUED

Qualitative response and group consultation

A key part of this engagement exercise requires the gathering of participants qualitative perceptions and experiences. We provided an opportunity for them to answer openly in discussion as well as in the online survey. These responses are also contextualised by our observations and organised into common themes.

Shame and stigma: significant barriers to support

People who said 'no' or 'not sure' when asked if their community would seek support services mentioned a common theme of feeling ashamed and stigmatised when talking about sensitive topics like AOD.

Supporting this, some Burmese community members, shared in discussion that some families financially support the affected family members out of fear of their child getting in trouble or asking for money from others. This is an effort to preserve the dignity and reputation of the family. They believed convincing individuals or their families to seek help while avoiding shame and embarrassment is difficult.

Other themes included:

1. Low awareness of available services

2. Belief that people with AOD issues don't want help

3. Cultural and religious barriers preventing them reach out for support

4. Belief that the services do not help

If someone reached out for support

When asked what they would do if someone shared an AOD issue with them, most respondents mentioned encouraging the person to seek professional support services across three areas:

1. Connect them with a professional, but type of professional was unknown or not disclosed
Responses specifically pointed to seeking professional support but did not indicate what services they believed appropriate.

2. Connect them with a health service, such as a Doctor or specifically a GP
These responses specifically put forward Doctors and GPs as the suggested support professional.

3. Connect them with AOD services
Responses that suggest AOD services and professionals as the point of the call for the person coming to them with AOD issues.

Other minor themes included; providing personal one-on-one guidance, encouraging abstinence, refusal to help, contact religious leaders and contact emergency services.

"It would be great if AOD services provide in-language resources, run information sessions, and visit the community."

Ways AOD services can better support multicultural communities

1. More education
There is a strong desire for more information and knowledge in the community so people can better understand the possible risks associated with AOD use.

2. More community engagement
There is interest for greater community engagement, through having connection points specific for each community such as bilingual workers who are trained in AOD.

3. More outreach
Connected to the themes above there is a need for more outreach so communities improve their understanding of AOD services and the services are more visible.

4. Culturally appropriate support and engagement
Shame, stigma and cultural/religious barriers contribute to the apprehension in engaging with services. Culturally safe support is necessary to minimise those identified barriers.

5. Stricter controls of alcohol and drugs
There are calls to limit the access and availability of both alcohol and drugs to community members, as well as increase possible punishments for the distributors and suppliers to people.

"Provide AOD workers in community centres that people already trust – have bilingual workers at the AOD services."

FINDINGS DISCUSSION

Our project has identified a common theme among community expectations regarding AOD services. These expectations underscore the urgency for change and improvement in the following key areas: In-language resources, bilingual workers, cultural safety training, broader outreach, tailored education, trust-building strategies, enhanced intake processes, and culturally relevant treatment programs.

Community members from multicultural communities emphasised that these key areas are critical for improving engagement, access, and the overall effectiveness of AOD services in addressing diverse and evolving needs.

Multicultural communities want AOD services to employ bilingual workers who can bridge the language gap, facilitating improved communication and understanding between service providers and individuals seeking support. Additionally, there is a strong desire for educational programs and resources tailored to the specific needs and concerns of multicultural communities, equipping individuals with relevant information to make informed decisions regarding their health and well-being.

Trust-building strategies employed by AOD services are crucial, as trust can foster a sense of security and willingness to engage with these services. It is essential that staff receive cultural safety training to ensure they comprehend and respect the diverse cultural norms and values of clients.

The community also calls for broader outreach efforts to ensure that AOD services are accessible to individuals from all cultural backgrounds, promoting inclusivity and diversity. Streamlining and improving intake processes are seen as critical steps in ensuring a smoother entry into treatment and support programs.

Multicultural communities want AOD services to offer treatment programs that are culturally relevant and safe, addressing the unique challenges and circumstances faced by individuals from various backgrounds.

During interviews and consultations, some individuals have expressed their deep concerns about some community members' reliance on alcohol and other substances to cope with traumatic experiences, anxiety, and depression. They believe this trend can be attributed to various factors, including being forced to leave one's home country, separation from loved ones, unemployment, family breakdown, and other similar experiences. It is apparent from these comments that some members of the community are aware that dependence on alcohol or drugs may indicate underlying mental health issues in a person's life. However, due to insufficient resources and a lack of guidance on managing their difficulties, some individuals feel helpless and may make decisions that negatively impact their physical and mental health.

Drawing from the responses to the question "where they thought members of their community would go for help with AOD-related issues," it is noteworthy that numerous participants cited community leaders and religious figures as primary sources of support. This underscores the significance of enhancing the capabilities of these informal avenues by providing them with alcohol and other drug educational materials, service guides, and training. This preparation ensures their readiness to assist community members should they seek guidance.

> **"The support services should bridge the gap between the community and AOD services by engaging more with ethno-specific organisations to hear the voices of the community and create suitable programs."**

RECOMMENDATIONS

Based on the findings and the common expectations of multicultural communities from both government and AOD services, there are three key recommendations to enhance the effectiveness and inclusivity of services:

1. Embed community and lived experiences in program and service delivery:

AOD services and grassroots organisations should actively involve community members in both the co-design and co-delivery of programs and services. This participatory approach recognises that the community's voice and input are valuable in tailoring services to meet their unique needs, preferences, and expectations.

Recruitment of bilingual workers who can bridge the language gap, facilitate enhanced communication and understanding between service providers and individuals seeking support is also recommended.

By partnering with community leaders, advocates, and individuals with lived experience, AOD programs can become more culturally safe and effective. This collaboration ensures that the programs are informed by firsthand knowledge and the cultural nuances of the community, ultimately fostering trust and engagement.

2. Develop in-language culturally tailored information and resources:

The government and AOD services should prioritise the development and delivery of culturally tailored educational information and resources. This involves creating informational resources and outreach materials that are safe for the cultural beliefs, languages, and practices of diverse communities.

The community's insight can be utilised to create educational resources that improve the AOD literacy of individuals, allowing for easier access to information and support in critical areas, including:

- Family and community responses and interventions
- Stigma reduction
- Risks associated with AOD use and promotion of Healthy behaviours
- Where to find support
- Support process overview

3. Expand data collection and research:

To better understand the needs of multicultural communities, it is imperative to invest in more extensive data collection and research efforts. This, in turn, can inform policy and program development.

Data collection and research on multicultural communities have often been limited, underserving these communities. In addition to the language barriers that often limit the multicultural community's participation in community surveys, these limitations sometimes relate to the false assumptions government and service providers have about particular cultures.

> "Create posters in our language. Create more community programs to raise awareness."

CONSIDERATIONS

It is important that some of the limitations to this project be identified as with any study it is an essential part of a research process. The limitations can be understood below.

Method: While most of the surveys were conducted through face-to-face engagement, some surveys were completed through an online link. We recognise that those who completed the online survey online may not have expanded on their responses in the same way as those that were conducted in person.

On the contrary, with face-to-face surveying although strategies were employed to reduce stigma around the conversation, a few participants were concerned about sharing information or the possibility of portraying their community in a negative light.

Data: When reflecting on the order of the questions in the survey we recognise that the responses provided to question 19 may have been influenced by question 18 which listed places where people might seek advice or support.

Some participants did not provide their age range and a very small number of people who completed the survey did not respond to all the questions in the survey. This could be attributed to the sensitive nature of the questions.

Scope: A place-based approach was taken for this study, and therefore, all respondents were residents of the Southeast region of Melbourne. The findings may not apply across the country and may vary in other regions depending upon the community demographics.

CONCLUSION

Our findings have shed light on a concerning gap that is disadvantaging multicultural communities and further reminding us as service providers of the importance of community consultation, lived experiences and the failures of a single dimensional approach to service delivery.

There is an absolute need for government and services to harness an intersectional lens when designing and delivering programs and services in order to truly understand, accommodate and support the needs of all community members.

It is evident that local AOD services in our region have, thus far, fallen short in effectively reaching and addressing the unique needs of these communities. This shortcoming has prompted expectations from the community, who are eager to see significant improvements in the way AOD services cater to their specific needs.

We also acknowledge the broader mental health impacts that can occur simultaneously as community experience access and equity barriers.

To narrow the gap between these communities and access to AOD services, communication between the government and AOD services should be improved, trust needs to be fostered, and outreach efforts need to be expanded. Only through collaborative efforts can we create a more equitable and accessible service that effectively meets our community's diverse and ever-changing needs and builds a future where AOD services truly serve and support all members of our society.

Furthermore, these recommendations could help develop a strategic framework for AOD services to create a more inclusive and responsive environment for multicultural communities. By implementing these measures, AOD services can bridge the existing gap and empower individuals from diverse backgrounds to seek support for those in need.

Lastly, the findings highlight the importance of ensuring an equitable system that addresses not only AOD, but also mental health issues affecting diverse communities.

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