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DRUGINFO

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 Department of
Human Services

Bridging a cultural drug education divide in schools


by Robyn Ramsden, Senior Project Officer, Drug Education, Targeted Initiatives Unit, Department of Education, Victoria

Photo stories, DVD production, "talking newsletters" and student-led parent information sessions are some of the novel methods Victorian schools are using to bridge the drug education gap with families from culturally diverse backgrounds.

The Victorian Department of Education last year funded 23 schools to trial and share innovative whole-school approaches that engage both students and parents from varying cultural backgrounds in drug education and student wellbeing. Department figures show that 25 per cent of students in Victorian government schools are from language backgrounds other than English.

St Albans East Primary School, one of the schools funded under the trial, has long held the philosophy that to achieve the best outcomes an active partnership needs to be developed with parents as well as students. This school has a student population of 400, a third of which is of Vietnamese background.

In order for this school to get its drug education messages across, it involves whole families from the outset, making parents feel welcome and including them in the planning and delivery of



initiatives. At St Albans East PS, these initiatives have featured cooking, drama and dancing sessions as well as the making of a CD—all with underlying drug education themes.

“Those who work in drug education in schools know that involving parents in education improves learning and health outcomes for children.”

Anne-Maree Kliman, the school's principal, says that “the initiatives are highly successful, and making parents feel welcome is the key element in our success. There is a place for parents to meet and chat and seek advice.”

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Issues for CLD clients in accessing appropriate treatment

Guest editorial by Connie Donato-Hunt, Research Officer, Drug and Alcohol Multicultural Education Centre

Culturally and linguistically diverse (CLD) clients represent only a small proportion of those who access drug and alcohol treatment services. According to the National Minimum Data Set (NMDS) for alcohol and other drug treatment services in 2004–05, 86 per cent of clients were born in Australia and English was the preferred language of 95 per cent (AIHW 2006). While research has shown that the prevalence of problematic drug and alcohol use is lower in people from a CLD background than in the general population (Everingham, Martin & Flaherty 1994; Everingham & Flaherty 1995; Jukic, Pino & Flaherty 1996), NMDS figures also indicate that CLD clients are under represented in treatment services.

Many of the challenges in accessing treatment are not unique to people from a CLD background. However, language and cultural barriers mean that navigating these challenges is a longer and more difficult process for CLD families than for those who speak English fluently and are familiar with the Australian health and welfare system.

Seeking assistance

Adjustment to a new culture and language can place considerable strain on migrants, who often experience feelings of dislocation, isolation and grief. When these are compounded by the shame and “loss of face” resulting from involvement with illicit drug use, the outcome can be devastating for families from a CLD background. CLD families frequently attempt to hide the drug use of a

family member while dealing with it on their own for as long as possible. Often, treatment is sought only when the situation appears hopeless, or following a medical or legal crisis (Reid, Crofts & Beyer 2001).

There are several cultural reasons people do not seek assistance earlier. Firstly, among many CLD communities it goes against cultural norms to openly acknowledge a personal problem. Further, illicit drug use is often a taboo topic of discussion, making it difficult to speak about it generally, let alone when it is a personal problem. Also, among communities that are small in number, there is a reluctance to tell anyone in the community about drug use, for fear of community gossip.

“ Many CLD communities place great importance on acceptance by the wider Australian community. ”

Many CLD communities in Australia stem from collectivist cultures, which is characterised by the importance of community and family, above the individual. In some of these communities, making drug use known can result in the drug-using individual being ostracised. Once a person has been ostracised it is difficult for them to regain their place in the community, even after recovery (Reid, Crofts & Beyer 2001).

Further, many CLD communities place great importance on acceptance by

the wider Australian community. This means that any acknowledgement of involvement with illicit drugs in their community may tarnish their community's image (Reid, Crofts & Beyer 2001), especially through the media (Dunn 1998). These issues conspire to drive issues of use and dependency further underground, beyond community acknowledgement.

Accessing appropriate treatment

For those who do access treatment services, further difficulties exist that are related both to the CLD client's expectations of services and the capacity of services to treat CLD clients and families. The language barrier and lack of exposure to Australian drug prevention campaigns means that the general confusion surrounding drug treatment and the nature of dependency is more difficult to address with CLD clients and families.

Thus, CLD clients and families may not believe that services can make a difference in their situation, or feel that they do not get what they expect from drug treatment services (Reid, Crofts & Beyer 2001). Long-term solutions, particularly substitution therapies such as methadone maintenance (Reid, Crofts & Beyer 2001), are especially problematic among CLD communities. Yet, the pressure for fast detoxification often results in repeated relapses. In dealing with dependency it is not uncommon for families to send the drug-using member back

to their country of origin for drug detoxification, believing this to be the most effective option. However, the reality is that illicit drugs are often available overseas, alongside higher risks of drug-related harms such as transmission of blood-borne viruses. Further, while the individual may be successful in their overseas detoxification, on returning home to the same environment, problems and social networks they are likely to relapse.

“ While difficulties and barriers exist for all individuals and families in dealing with dependency and accessing treatment services, these are exacerbated for people from a CLD background. ”

On accessing treatment services, CLD clients can also have negative experiences. When working with CLD clients, engaging family is intrinsically connected with successful treatment outcomes, particularly in collectivist cultures in which individual problems are collectively owned and understood. Also, lack of culturally appropriate translated material, and non-specialist interpreters or bilingual workers in treatment services, means that CLD clients often do not have access to the same range of options and standards of treatment and communication as other clients.

Thus, while difficulties and barriers exist for all individuals and families in dealing with dependency and accessing treatment services, these are exacerbated for people from a CLD background. For equity of access to the alcohol and other drugs sector to be improved for people from

CLD backgrounds, the issues related to cultural norms and approaches, language differences, marginalisation and the migration experience need to be acknowledged and engaged with.

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The Drug and Alcohol Multicultural Education Centre (DAMEC) is a state-wide organisation based in News South Wales and funded through NSW Health. DAMEC’s mission is to reduce the harms associated with the use of alcohol and other drugs within CLD communities in New South Wales.

For further information, contact DAMEC on tel. (02) 9699 3552 or visit www.damec.org.au.



ABCD in Vietnamese

by Judy Cain, Education Coordinator, Mary of the Cross Centre, a service of Centacare Catholic Family Services

Introduction

While there is a significant body of research about the role of family factors in protecting young people from developing problematic substance use, Mitchell, Spooner, Copeland *et al.* (2001) indicate that there has been very little research about risk and protective factors in culturally diverse communities. Studies do show, however, that poverty and low levels of literacy are major contributors to risk of substance abuse, and these two factors figure highly among families from culturally and linguistically diverse (CLD) communities, especially recent arrivals.

Pilot study

In 2001, Mary of the Cross Centre partnered with Australian Catholic University in a pilot study *Vietnamese–Australian young people and illicit drug use in Melbourne* (Webber 2002). One of the issues young people from Vietnamese–Australian families raised was their perception that parents in mainstream families show more warmth and affection towards their children and spend more time in their company than their own parents. When told of this view, some Vietnamese parents in the study responded that their parenting style reflected their own upbringing in Vietnam and they felt they would lose their children's respect if they were seen as "soft". They disclosed a lack of confidence in their knowledge about teenagers and drug use and in their ability to discuss such things with their own children.

Parenting program for CLD communities

At the same time, the Victorian Parenting Centre, in conjunction with Moreland Hall, was developing a parenting program that specifically targeted families from CLD communities. It seemed a "perfect fit" for our Vietnamese families. The ABCD–Parenting Young Adolescents program was written for six different language groups. Mary of the Cross Centre offers the program in both English and Vietnamese. To date, our Vietnamese-speaking facilitators have run 14 programs with an attendance of 170 parents.

Independent evaluation

The program was independently evaluated at the end of 2003 and found parents were very positive about the impact it had on their parenting. While the mainstream group indicated that the greatest benefit for them was group participation and sharing, with less emphasis on the knowledge and skills gained, the converse was the case for CLD participants. Our own feedback from Vietnamese parents concurs with the evaluation report:

"For CLD communities there were additional gains identified in acquiring negotiation skills, moving away from authoritarian parenting roles, appreciating the need for equality in genders, and accommodating the impact of the Australian culture on the young person." (Anne Markiewicz & Associates 2003, p. 72)

The report also stated that CLD participants specifically requested more information about drug and alcohol issues and other risky behaviours.

Post-evaluation follow-up

Since then our Vietnamese facilitators have adapted the four-session program to include some basic drug and alcohol information for parents. In some schools they have consulted with participants at the conclusion of the program to ascertain areas for further input and provided follow-up sessions on particular topics.

Parent forums

Following consultation with an existing parent group at West Richmond Primary School in 2006, a series of parent forums was conducted in collaboration with the Australian Vietnamese Women's Welfare Association. The input about alcohol and drugs was tailored to suit primary school parents and the overall message was to "have fun with and build connectedness to your children".

For further information about the program, contact the author on tel. (03) 9495 6144. A series of parent tips in languages other than English is available at www.abcdparenting.org.

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Education: A two-way process

by Judy Cain, Education Coordinator, Mary of the Cross Centre, a service of Centacare Catholic Family Services

Introduction

The City of Yarra is home to many families from diverse cultures which have recently arrived in Australia. In order to assist with settlement, a community forum was held in 2006 at which some parents from the culturally and linguistically diverse (CLD) community expressed concerns about the social context in which their children were mixing. They felt their confidence as parents was being undermined by lack of knowledge about legal issues, alcohol and drug use, young people's mobility and access to government benefits.

Provision of basic drug education

In response, a number of agencies in the City of Yarra joined forces under the auspices of the Yarra Drug and Health Forum to provide some basic drug education for people attending classes at the Fitzroy Learning Network (FLN). The driving force was Tony Brewin, Youth Resource Officer with Fitzroy Police, who had established a positive relationship with CLD youth and wanted to engage their parents in a proactive way to build stronger families and communities.

In the initial phase of planning the program, much discussion took place about which topics were most important, and it became apparent that we were quite ignorant about drug use in countries of origin, family relationships in the various cultures, the impact of transition and settlement and what the attendees wanted to know.

Consultation with the community

A seminar entitled "Survivors of torture & trauma—Understanding the issues and sensitivities", with input from Foundation House, was arranged for local workers. This proved extremely valuable in developing an understanding of the hierarchy of needs for the families we were to engage with and of their aspirations for their young people.

A consultation process was conducted by the regular teachers at FLN and revealed that participants wanted to know about the behaviour of drug-affected people, what to do if they witnessed illicit drug use in their neighbourhood and how to keep their children safe.

Knowing how important it is for newly arrived families to feel safe, the FLN coordinator, Sara Maher, liaised with the working party to run concurrent sessions for the students. A number of ethno-specific drug and alcohol/health workers from the inner city area responded generously to facilitate input and small group discussions in Arabic, Vietnamese, Dinka, Somali and Mandarin. We also used Dari and Hmong interpreters. Participants appreciated the opportunity to talk about such sensitive issues in their first language and felt free to lead the discussion in the direction of their own concerns. Follow-up sessions are planned.

For further information about the program, contact Sally Mitchell, Executive Officer, Yarra Drug and Health Forum, tel. (03) 9416 2459.

Drugs and their effects

by Cindy Van Rooy, InfoDesk Coordinator, DrugInfo Clearinghouse

In 2005 and 2006 the Australian Drug Foundation published translated information for culturally and linguistically diverse (CLD) communities.

The brochure *Drugs and their effects* provides simple, easy-to-read drug information, including common drug terms, the effects of drug use, statistics on drug use in Australia, why people use drugs, drugs and the law, drugs and driving, and preventing harms associated with drug use. It also includes referral details for further information.

The brochure is available in nine languages:

- ▶ Albanian
- ▶ Amharic
- ▶ Arabic
- ▶ Chinese
- ▶ Dari
- ▶ Farsi (Persian)
- ▶ Somali
- ▶ Tigrinya
- ▶ Vietnamese.

The translated brochures (and the English version) are available for download from the Multicultural DrugInfo website (www.druginfo.adf.org.au/multicultural).

Printed copies (excluding the English version) are also available free of charge (limits may apply) within Australia, by contacting the DrugInfo Clearinghouse Resource Centre on tel. **1300 85 85 84** or email druginfo@adf.org.au.

Creating Conversations in first language

by Robyn Ramsden, Senior Project Officer, Drug Education, Targeted Initiatives Unit, Department of Education, Victoria

A drug education resource for Victorian schools has been translated into seven languages to help families from non-English speaking backgrounds talk about drug issues with their children.

Creating Conversations is an interactive drug education prevention program that helps secondary students engage their parents in discussions about drug issues. This initiative is having a positive impact on families from culturally and linguistically diverse (CLD) backgrounds by allowing students and parents to initiate discussions about drug issues in the parents' first language.

Delivery of the *Creating Conversations* program mostly involves Year 9–10 students, who facilitate parent evenings about drug issues, using interactive strategies. It is targeted at these year levels because adolescence is a particularly vulnerable stage of life. It is a time when risk taking is common, but also when students are likely to have the necessary skills to facilitate a successful event.

The program was built on evidence-based features from a range of health and drug education programs and research literature. Central to this research base was the *Principles for School Drug Education* (Meyer & Cahill 2004). The program is based on evidence showing that building connections between parents and schools is a protective factor for the mental health and wellbeing of young

people (Fuller, McGraw & Goodyear 1998).

Research also suggests that engaging parents in student-facilitated discussion about drug issues is a major strategy in helping to build the connections between families and schools (Fuller 1998). Training to conduct a *Creating Conversations* event often occurs in classes and involves young people in the entire process. Students facilitate a number of activities including role play, group discussion, brainstorming, small group projects and games. These activities provide drug information, create opportunities for young people and their families to build decision-making skills and encourage discussion about drug issues. A growing body of literature suggests interactive teaching methods are important for engaging students in the learning process (Cuijpers 2002; Evans & Lee 1986; McBride 2002; Midford, Munro, McBride et al. 2002).

Qualitative research compiled by Victoria's Department of Education over the past seven years indicates *Creating Conversations* has had benefits for families from culturally diverse backgrounds. Trials with schools that implemented *Creating Conversations* across one or more of the seven languages, which include Arabic, Somali and Vietnamese, indicate the program has been successful in attracting parents from culturally diverse backgrounds to the school. (The *Creating Conversations* manual is available in English and seven other languages on the



Department's website at www.sofweb.vic.edu.au/druged).

Students conduct the activities in their parents' first language and a bilingual facilitator helps generate the discussion about issues raised. Schools have reported that the bilingual facilitator is critical to the success of events as they help to generate discussion, which is the key to success. There are few programs for parents available in languages other than English, so parents utilise this opportunity to talk to teachers, students and other parents about a range of concerns they have in relation to their children's education and parenting issues. Parents said such events provided an opportunity to start to build a relationship with their child's school and "work together on issues". Some parents also commented that, while not their traditional practice, openness and honesty was an important way to support their children on a range of issues they faced in Australia.

One Somali woman, who has four children attending a secondary school in Melbourne's northwest, said *Creating Conversations* was crucial in helping her family address a difficult issue.

"We are exploring ways to communicate openly with our children, because we always avoid talking with our children. It (drugs) is a big taboo within our culture. I think the program that lets the young people talk and work together is very

good because, with young people, they always listen to their friends. That's why having a time for parents and their children to communicate is very good," she explained.

Students have also found it invaluable to have the program in their parents' first language. One 16-year-old student from the same school said, "It's easier to raise things as a group than on your own. Then you have more people who have the same idea as you so you are not alone. They can help you to fix up some problems. The event made it safe to tell the parents about our thoughts because everyone was saying the same things. It was a way of doing it safely."

For further information, contact the author on tel. (03) 9637 2029.

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Bridging the cultural drug education divide

"The parents encourage each other to join in so that those that have been coming longer can support those who are new to the school," Ms Kliman says.

Several research studies spanning more than a decade suggest that partnerships between the school, family and the community provide a strong network of connections that help improve learning outcomes for children and protect them from a range of harms including those associated with drugs, anti-social behaviour and emotional distress (Blum & Libbey 2004; Glover, Burns, Butler *et al.* 1998; Libbey 2004; Resnick 2000; Resnick, Harris & Blum 1993).

St Albans East PS has run numerous activities utilising students to involve parents. These activities include the Education Department's *Talking Tactics Together* drug education program, which involves students and parents in activities and discussions about drug issues. After consulting with parents about their needs, the school also has held a number of parent information sessions across a range of parenting and wellbeing topics. Multicultural education aide Tina Nguyen explains that "these topics include guiding your children into a successful and happy life, coping with changing attitudes, physical, emotional and social development in teenagers, and communication between parents and children."

Ms Nguyen says that more than 80 parents attended most of the events and there was "lots of great discussion".

In one initiative conducted with various community organisations, St Albans East PS delivered a program the school titled "Bridging the Gap". This featured a number of forums in which groups of parents and adolescents aged 13–19 discussed issues common to Vietnamese families. The aim was to build a bridge of understanding between the two generations.

A CD was produced to record the salient points from these discussions and the strategies for enhancing communication between parents and students. The CD is available from Ms Nguyen at St Albans East PS. All of the case studies, including the one from St Albans East PS, are available on the Department of Education's website at www.sofweb.vic.edu.au/druged.

For more information contact Tina Nguyen at St Albans East Primary School on tel. (03) 9366 2071 or Robyn Ramsden at the Department of Education on tel. (03) 9637 2029.

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Evidence-based practice in prevention work with CLD communities

by Helen Sowe, Project Officer, Drug and Alcohol Multicultural Education Centre (DAMEC)

For those of us accustomed to working within a framework of evidence-based practice, undertaking drug prevention work with CLD communities can be daunting. Where is the evidence about what works and what doesn't? Certainly, some evidence is available, but at this stage it is still quite limited.

Nevertheless, workers around Australia are, on a daily basis, engaging with CLD communities and trialling innovative approaches to drug prevention. My own work involves drug prevention with African refugee communities. Since these communities are newly arrived in Australia, undertaking this work necessarily involves a large element of learning and the creative development of new strategies.

Often, as drug prevention, community development or health promotion workers we do not consider ourselves to be researchers. However, I have come to realise that any attempts we make to evaluate the effectiveness of our work can form the foundation for future evidence-based practice.

Sadly, it is not often that evaluation data from this work is analysed, written up and circulated widely. Project workers frequently focus their energies on project planning and implementation, and may lack the desire, skills or support to devote themselves to evaluation. In community project work, progress is slow and unexpected obstacles are many. Even if evaluation is part of an original project proposal, time and money often run out before evaluation data can be properly analysed, reported and disseminated.

As individual workers we learn a lot from the projects we do, and we can

take these lessons with us wherever we go in the future. However, from an organisational point of view, if the lessons learned are not documented, then when workers move on, knowledge is lost. It is hard to develop best-practice models without a system for maintaining the knowledge acquired from previous experience.

Beyond the organisation, knowledge can be shared through databases and clearinghouses, which maintain records not only of research projects and their findings, but also of community based prevention projects and their strategies, sometimes including links to downloadable resources developed by these projects. While the technical capacity of these databases is often great, their use by workers in the field lags far behind.

To a large extent, their value depends upon the number of contributions they receive, so start submitting now!

Finally, conferences and seminars are a well-established means of sharing new ideas. Once again, the value of these forums is enhanced when the proceedings are documented. Conferences that publish their proceedings (in print or online) assist in providing valuable resources for developing evidence-based practice.

The difficulties described above are not unique to drug prevention projects with CLD communities—in fact, they are common to almost all community based projects. However, given the scarcity of documented evidence in relation to drug prevention work with CLD communities, it is our obligation to take whatever steps we can to overcome the difficulties and lay the groundwork for evidence-based practice.

The African Companions project is a community education and capacity building project intended to reduce alcohol and other drug-related harm within African refugee communities in NSW. The project is conducted by DAMEC, in partnership with the NSW Refugee Health Service and STARTTS, and funded by the Alcohol Education and Rehabilitation Foundation. The African Companions are active members of African refugee communities who have undertaken training in alcohol and other drug issues including: the cycle of addiction, existing mainstream treatment and rehabilitation services, and the process of referral.



Above: The African Companions from Liberia were launched into their community at another barbecue event held in Doonside, NSW on 2 December 2006.

Below: This photo was taken on 4 November 2006 in Auburn, NSW during the launch of the East African Companions (from Somalia, Ethiopia and Eritrea) into their communities.



Providing drug information for CLD communities—a smorgasbord of options

by Helen Soweby, Officer, Drug and Alcohol Multicultural Education Centre

Education is an essential aspect of drug prevention programs. Often, this education includes the distribution of printed information about drugs and drug use. When working with CLD communities, it can be invaluable to have access to such information in translation, so that people can read about drugs in their own languages. Many translated resources are available free of charge, and many can be downloaded from the Internet.

Using translated written materials is, however, not always the best way to disseminate information within CLD communities. Written materials will be of little value when working with people who have limited literacy skills, even in their own language. Similarly, written materials will have little impact when working with people from oral cultures, where information is traditionally transmitted by word of mouth. Within these cultures, information gains its legitimacy not by virtue of appearing in black and white, but rather from the authority of the speaker. This means that, even if written information is read, its content may not be considered credible unless it is attributed to a known individual.

A more effective way to undertake drug education with CLD communities is to use a variety of different information delivery methods. It is essential to familiarise yourself with the community you are working with,

and to reflect upon the information needs of that particular community. Then it will be possible to choose the most suitable methods from the smorgasbord that exists. Options for information delivery include:

- ▶ **Audio-visual resources** such as videos or DVDs. These are usually well-received by communities, although they can be very time-consuming and expensive to produce. They have also traditionally been difficult to disseminate widely. As the cost of “burning” DVDs falls, however, it is easier to consider distributing audio-visual resources to individuals and families.
- ▶ **Audio resources** such as CDs are much less costly to produce than audio-visual resources. Audio resources can be used in a group setting as a trigger for discussion, or broadcast in community languages on community radio. If a suitably trained bilingual alcohol and other drug professional is available, interactive talk-back sessions on community radio can also be arranged.
- ▶ **Posters** with good visual elements and few words can also be used effectively. Consultation with community groups will suggest locations where posters can be hung for maximum exposure to the target group. Visual advertisements can be placed in community

newspapers. It is worth noting that visual resources can also be further utilised when working with native English speakers with low literacy skills.

- ▶ Using **drama** is another option. Travelling theatre groups are commonly employed in developing countries to spread health education messages among villagers in isolated locations who have limited literacy skills.

Another alternative to consider is running **community information sessions**. These sessions are most effective when they are held in consultation with the community, at a convenient time and in a venue familiar to the community. Information sessions provide an opportunity for people to learn about drugs and have their questions answered on the spot. However, one of the main drawbacks of this strategy is that community members may be reluctant to attend for fear that others will conclude that someone in their family has a drug problem. During preliminary community consultations, it is important to emphasise that drug information is relevant to everyone and that it serves a preventative purpose.

Finally, the value of engaging **respected community and religious leaders** as disseminators of drug information cannot be underestimated. These individuals

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Theory at work: Peer education in an Aboriginal community

by Lauren Stracey, Manly Drug Education and Counselling Centre

The open, practical nature of peer education and the use of traditional Aboriginal creative mediums to educate is what gave the Djabaan Marrung project its impressive results.

The unique nature of this project was to merge two differing worlds of experience to produce a drug and alcohol peer education project designed specifically for Aboriginal young people of the Biripi Nation.

Relying on this theory, the partnership took a group of ten Aboriginal young people away, trained them up on credible, factual drug information and gave them opportunities to learn about their own culture through leaders of their community from the Ghinni Ghinni Youth and Culture Aboriginal Corporation. The camp was held in an area of cultural significance to their people. It included programming aligned with traditional cultural ways, such as learning of specific rituals, visiting sacred sites and learning of men's and women's business.

“ As one peer educator stated, ‘We were taught to love our culture and not be shamed; one thing Roy said was that we should be proud of our heritage...like we are the oldest living people, like I didn't know that. ’”

On returning home, the group continued to learn by meeting weekly to work on a series of paintings containing drug and alcohol education messages the group felt were important to share with their community.

“ What an amazing opportunity, being a non-Indigenous person I had the chance to learn so much about Aboriginal culture while at the same time being able to share my knowledge in order to further empower a community to deal with their own community issues. ’”

Lauren Stracey

The results prove that theory, used appropriately, can have positive results. Key elements to the success of the theory's application was that it was targeted specifically to the needs of the community, was conveyed using a relaxed, fun and informal approach and utilised the natural leaders of the community.

Twenty weeks following the group's education camp, drug and alcohol knowledge levels had increased from 54.6 per cent to 72.3 per cent, demonstrating an increase and retention of knowledge. Over a 6-month period, the Djabaan Marrung peer educators conducted 294 educational conversations



within their networks. The majority of conversations were related to harm-reduction tips and correcting misinformation.

The young people chosen to participate in the project were not necessarily the “school captain” types. Rather, they needed to be street wise, credible among their peers and have natural leadership qualities in order to get this vital information to their friendship and family networks.

The theory of peer education bases itself on the knowledge that young people most often receive their drug and alcohol information from within their own peer groups, and are sceptical about information they receive from other sources. Utilising this knowledge, peer education trains young people in credible, non-judgemental information, and teaches skills in communication so that they might share this knowledge. Information taught was based on a needs-assessment conducted within the community, and was specifically targeted to the needs of the Biripi young people. Peer education also gives opportunity for otherwise not connected young people to engage with a range of community services, thereby increasing their support networks.

For further information about the project, contact Lauren on tel. (02) 9977 0711 or email lauren@mdecc.org.au.

DANA 2007 Conference: Regional Perspectives in Practice

Wednesday July 11 to Friday July 13, 2007

Drug and Alcohol Nurses of Australasia Inc. (DANA), in partnership with the University of South Australia, Centre for Regional Engagement (CRE), invite you to their 2007 Conference entitled "Regional Perspectives in Practice". The Conference will be held at the UNISA campus, in Whyalla, South Australia, in the Upper Spencer Gulf, where "the outback meets the sea". This is the "Good Neighbour" conference, raising awareness of local and shared issues for communities and their services, and fostering inclusivity across populations. We aim to provide a forum for nurses and health professionals to discuss innovations in the Alcohol and Other Drugs (AOD) field, and evidence which impacts on clinical practice on a daily basis.

Key themes include: working across AOD issues for regional, rural remote and indigenous communities; HIV and blood-borne diseases (including transmission and prevention); AOD and mental health comorbidity; and rural and remote perspectives for health and community care. Keynote speakers include Dr Lynette Cusack, Director, Community Services, DASSA, who, with Ms Daryle Deering, Director of Mental Health Nursing Practice for the Canterbury District Health Board, New Zealand, will focus



presentations on advanced nursing practice and nursing workforce issues, and comorbidity. Professor Doug Sellman, National Addiction Centre New Zealand, will provide an overview of innovations in the AOD field, with a focus on mental health issues, and Dr John Ring, Head, Hepatology Unit, Flinders Medical Centre, will present on viral hepatitis, liver disease and related care. An opening address will be given by the South Australia Chief Nurse, Adj. Professor Jenny Beutel. Pre-conference workshops will include indigenous perspectives in AOD and health, workplace drug testing, advanced nursing practice and assessment skill development.

Whyalla is centrally located in a vast region encompassing a diversely productive Eyre Peninsula, with farming and aquaculture enterprises. Whyalla is an important regional education centre. Next to the magnificent Flinders Ranges, Whyalla is just a step to the real Australian outback, so expect a clear and sunny July.

We hope you will join us!

For further information see www.danaconference.com or contact the Conference Secretariat on danaconference@eventcorp.com.au or tel. 07 3846 5858.

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Providing drug information

can transmit information in their own languages in culturally appropriate ways; their personal authority adds credibility to the information conveyed. Naturally, these community leaders may need some support to develop their own understanding of drugs and drug issues, and to ensure that the messages they convey are accurate and appropriate. This investment in community leaders would seem to be worthwhile, since they are often the first point of contact for community members with questions or problems relating to drugs. Moreover, if community leaders are seen to be willing to raise sensitive issues such as drugs publicly with their communities, then this can help to diminish the stigma associated with these sensitive issues.

Every method for information delivery has benefits and drawbacks. Drug prevention education will be most effective when a range of methods can be employed, and when these methods are chosen to address the information needs of the community.

Reviews

Practical guidelines for organising translations and working with interpreters

Review by Linda Rehill, Library Technician, DrugInfo Clearinghouse

Everyone working with clients in the drug and alcohol field would, at some stage, have experienced uncertainty when dealing with clients who have limited understanding of spoken English. Clients who may have a good understanding of everyday English may struggle when dealing with unfamiliar health issues. On the other hand, some clients have absolutely no English, and just trying to figure out which language, and dialect, they speak can present quite a challenge.



The Queensland Health website includes a range of helpful, and practical, guidelines and policies providing support for workers facing these difficult situations. The "Interpreting and translating page", found at www.health.qld.gov.au/multicultural/interpreters/interprtnng_trnsltnng.asp includes five documents:

- ▶ *Queensland Health language services policy statement*
- ▶ *Guide to working with interpreters in health settings*
- ▶ *How to work with interpreters (telephone)*
- ▶ *How to work with interpreters (onsite)*
- ▶ *Practical guide to organising translations*

Clear communication and valid consent for treatment are crucial aspects of all treatments. These brief documents

will assist workers to interact confidently with both clients and interpreters, to be sure that all issues have been fully understood, and clients have been able to clearly communicate their own thoughts to the worker.

Keep the link handy. You will want to be able to get your hands on these documents quickly and easily next time the need arises.



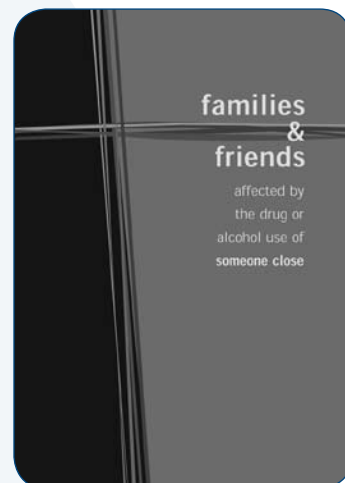
Family and friends affected by the drug or alcohol use of someone close

Review by Cindy Van Rooy, InfoDesk Coordinator, DrugInfo Clearinghouse

A range of resources produced as part of the NSW Health Families and Carers Training (FACT) Project included a booklet titled *Family and friends affected by the drug or alcohol use of someone close*. This booklet has also been translated into six languages: Arabic, Turkish, Croatian, Serbian, Chinese and Vietnamese.

The booklet covers a range of issues and concerns relevant to people who have a family member or friend who is using alcohol or other drugs, including what to do if you think or find out someone close to you is using drugs, and understanding the possible impact this might have on your family. Many resources currently available focus on parents dealing with children who use alcohol or other drugs; this booklet includes a brief discussion about the potential effects of alcohol and drug use on different relationships. For example, it also outlines possible responses to a sibling, parent, partner or grandchildren using drugs.

There is also a section that discusses treatment options, myths and facts about treatment and includes contact details for referral and further information. Since the booklet was produced by the NSW Department of Health it only contains referral information for NSW services, so those located in other states and territories will find this section limited.



Electronic copies of the booklet can be downloaded from NSW Department of Community Services website, at www.community.nsw.gov.au/html/news_publications/brochures.htm and print copies can be ordered from the Drug and Alcohol Multicultural Education Centre (DAMEC) on tell. (02) 9699 3552.

Program review

Quit the Shit

www.drugcom.de

by Elise Wald, Research Assistant, Centre for Youth Drug Studies, Australian Drug Foundation

A German initiative, the "Quit the Shit" program has been running online since 2005. The program is aimed at teenagers and young adults intending either to quit cannabis or reduce their consumption. It uses online contact, email, chat rooms as well as an online diary with feedback. Once registered, an adviser assists the user with information, goal planning and motivation.

An evaluative study by Jonas, Tensil and Tossman (2006) shows a 50 per cent reduction in the consumption of cannabis for the participants after three months. A further study is now underway, due for completion in 2008. It appears that the program targets an otherwise not reached population which would normally not have had access to programs in their local area, or might reject programs based on group identity, time constraints or stigma, or there may be financial barriers. The website is in German and therefore limited to German speakers, but it presents a possible alternative method of initiating the change process through the use of the Internet. This positive use of the Internet shows promise in addressing barriers to treatment and fits well with the information technology era of help seeking.

Reference

Tensil M-D, Jonas B & Tossman P 2006 *drugcom.de Jahres- und Evaluationsbericht 2005*, Berlin: Bundeszentrale für gesundheitliche Aufklärung.



New in the DrugInfo library

Cole R & Mitchell J 2006 *Community development with Sudanese refugees. A case study. Coming together: Two cultures, one life*, Brunswick: Victorian Foundation for Survivors of Torture Inc., available at www.foundationhouse.org.au/pub_comingtogether.htm

This report documents a community development process that took place within a South Sudanese refugee community in Melbourne's west. The pilot program for the project explored the literature and found there was little documented work on this subject. The review process also led to the choice of this target group for the pilot study: the largest group of refugees arriving in Melbourne came from southern Sudan.



Social and psychological trauma can result in a range of human reactions. The pilot program aimed to reduce fear and anxiety and restore meaning and purpose to life, and at the same time encouraged this group to take ownership and to start planning for the future with dignity.

This report is aimed at the practitioner and clearly sets out the process for developing a similar program in other districts. The report clearly describes how to establish goals and to measure the outcomes. It includes a detailed process for choosing stakeholders and the problems encountered while developing the model. It explores each problem with sensitivity, yet doesn't lose sight of the goal of recovery and assimilation. Each section includes useful "Issues to consider", questions that cover just about any contingency. There are also examples of activities for workshops. This is a very thorough report and would be useful for any professional or group working in the field.

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CALENDAR

ONGOING ABCD—Parenting Young Adolescents, free parenting program for parents of young adolescents is funded by the Department of Human Services and available across the state. Delivered by Moreland Hall, the program is run for 2.5 hours (ABCD) or 2 hours (ABCD Plus) for 4 or 6 weeks. It has a group format, is run by a trained facilitator and is delivered in six languages (English, Vietnamese, Macedonian, Turkish, Spanish and Arabic), web www.morelandhall.org

JUNE

5–6 National hepatitis C health promotion conference, Engaging communities, Melbourne, Vic., tel. (02) 6232 4257, web www.hepatitisaustralia.com/07_conference.html

13–15 University of Wollongong Creating Synergy IV conference, Creating synergy between prevention, early intervention and treatment, Wollongong, NSW, tel. (02) 4221 8173, web www.uow.edu.au/conferences/SynergyIV/Home.html

15 John Wiseman, VicHealth Centre for the Promotion of Mental Health & Social Wellbeing, Community wellbeing: Challenges, trends and opportunities, Talking Point seminar, Fitzroy, tel. (03) 8413 8413, web www.turningpoint.org.au/service_information/si_talkingpoint.html

18–22 Drug Action Week, An initiative of the Alcohol and other Drugs Council of Australia, web <http://drugactionweek.org.au>

20 Cognitive behavioural approaches to treating anxiety and depression in clients using drugs and alcohol, PADA workshop, 9.30am to 4.30pm, Moorabbin, VIC tel. (03) 9886 9400, web www.pada.org.au

27–29 Family Alcohol and Drug Network conference, Drugs. Families. Solutions: Getting on with family work, Preston, VIC, tel. Stefan Gruenert (03) 9420 7619 or Felicity Hunt (03) 9721 3624, web www.odyssey.org.au/fadnet

JULY

2–4 18th Annual Australian winter school on alcohol and other drugs: The way forward, Brisbane, Qld, web www.winterschool.info/?home=1

11–13 DANA 2007 Conference: Regional perspectives in practice, Whyalla, SA, tel. (07) 3846 5858, web www.danaconference.com

12–13 Unpacking the suitcase conference: Maintaining the well being of newly arrived young people, Melbourne, Vic., tel. (03) 9706 8933, email conference@sermrc.org.au

Quick bites

Creative writing competition for students

As part of the Schools' Creative Writing Competition for Mental Health Week, school students from Years 5 to 12 can win cash prizes. The competition is designed to raise awareness and stimulate discussion about mental health issues among students. The closing date is 10 August. For details see www.mentalhealthvic.org.au.

Commitment to Young Australians

In May the Australian Research Alliance for Children and Young People (ARACY) launched the *Commitment to Young Australians*, a document promoting seven guiding principles that organisations can use to make decisions that will positively impact on children and young people. See www.aracy.org.au.

More than words festival

Also in May, the Maribyrnong City Council hosted the 'More than Words' festival, with author talks, readings, workshops, live rap and spoken word, children's story time, comic and zine making, and some events in languages other than English. The traditional writer's festival was expanded by creatively exploring literacy in all forms.

Volunteers and mentors wanted

Do you have some spare time and would like to share your skills? Do you want to volunteer, but need your commitment to be flexible around your life? Warrnambool City Council has launched a recruitment drive. For information, tel. (03) 5559 4914 or 1300 301 018, or email volunteers@warrnambool.vic.gov.au.

AUGUST

28–29 10th Annual ANEX conference, Melbourne, Vic., web www.anex.org.au/conferences.htm

SEPTEMBER

18–19 16th Western Australian drug and alcohol symposium: Working out what works, Fremantle, WA, tel. 08 9389 1488, web www.woww2007.com

OCTOBER

7–13 Mental Health Week, web www.mentalhealthvic.org.au

22–25 4th Australiasian drug strategy conference, Meeting the future: innovative and effective policy and practice, Gold Coast, Qld, tel. (07) 3364 4605, email jarman.sarahk@police.qld.gov.au

Websites

Foundation House

www.foundationhouse.org.au

Foundation House provides support for refugees and asylum seekers who have experienced torture and trauma prior to their arrival in Australia. The website provides a thorough listing of the services available ranging from advocacy, referrals and counselling to professional development training, refugee mental health programs, community development and parenting.

The site also links to the Refugee Health Research Centre (RHRC), which is an innovative partnership between the Faculty of Health Sciences at La Trobe University and Foundation House. The RHRC website promotes the health and wellbeing of refugee communities through research, teaching, education and professional development.

Queensland Health

www.health.qld.gov.au/multicultural

This website covers a wide range of health topics that can be searched by language or topic. The site has been designed to present information customised specifically for public users and health professionals.

Public users can access health resources in a number of different languages, information about the Queensland health system and services, a calendar of events and a comprehensive list of links to other multicultural health sites.

For health professionals, the website provides demographics and profiles, community health statistics and a directory of multicultural communities. There is also a list of cultural competency training and education sessions, interpreting and translating services and multicultural policies and plans. Support tools such as practice guides, handbooks and resources for inclusive health service planning and engagement are also on offer.

NSW Multicultural Health Communication

www.mhcs.health.nsw.gov.au

The NSW Multicultural Health Communication Service provides information and services to assist health professionals in communicating with non-English-speaking communities throughout New South Wales.

The website provides a useful A–Z listing of health topics, including a catalogue of multilingual resources. There are over 450 health publications, including specific products on alcohol and other drugs, in a wide range of languages that can be accessed by topic or language. Some multilingual resources produced by other services are also posted on the website and there are links to related websites. Guidelines, protocols and policies for staff working with multilingual information, directories and the quarterly newsletter can also be accessed online.

Funding opportunities

Commonwealth Bank Staff Community Fund

Supports initiatives that improve the health and wellbeing of children, awarding community groups up to \$10 000 to fund grassroots programs that will directly benefit their local community.

Round 2 applications open 9 July 2007.

Web http://about.commbank.com.au/group_display/0,1922,CH2045%255FTS16848,00.html

Victorian Multicultural Commission (VMC)

The VMC runs a grant program to assist culturally and linguistically diverse and community based organisations with programs and activities that help to meet the needs of these communities.

Applications for the 2008 round of Organisational Support, Strengthening Multicultural Communities, Building and Facilities Improvement and Educational Programs will open in late September 2007.

Web www.multicultural.vic.gov.au/grants/index.htm

Trust Foundation

As trustee for over 350 charitable trusts, Trust Company Ltd allocates income distributions for a number of trust funds to provide for the care, maintenance, support and education of people of all ages living within the Commonwealth of Australia.

Applications close on 30 June 2007.

Web www.trust.com.au/Content.aspx?topicID=211

FROM THE EDITOR

Cultural awareness and sensitivity to the needs of new and established immigrants are concerns that have been increasingly highlighted across the community, health and welfare sectors in recent years. In 2003 and 2006, at **DrugInfo** we looked at the successes, issues and barriers to prevention work with culturally and linguistically diverse (CLD) communities, including newly arrived refugees. This time we return to the topic from a fresh perspective, and I hope you find the array of articles and reviews of value in your work.

This quarter we also celebrate **DrugInfo's** five-year anniversary, with a brand-new design—we hope you like it!

Coming up

Forthcoming issues of **DrugInfo** for 2007 will focus on the themes of Local government responses to alcohol, Rural and remote communities and drug prevention, and Indigenous communities and drug prevention. Keep an eye on the **DrugInfo** website for publication details.

Acknowledgements

Having produced 20 issues of **DrugInfo** since it commenced in 2002, it is time for this Editor to say goodbye and thanks to all the loyal and enthusiastic readers. The past five years have been a pleasure.

A HUGE and grateful thanks to all of our contributors for their generosity in sharing their views and taking time out from their busy schedules to write. Special thanks to our regulars: Linda Rehill, Cindy Van Rooy and Wendy Fortington (reviews), Rosemary McClean (funding opportunities) and Angie Aird (web reviews).

Free membership

If you would like to receive quarterly issues of **DrugInfo** as well as our regular information resources, complete and mail in the form below, or join up online at our website www.druginfo.adf.org.au, or call tel. **1300 85 85 84** (Victoria only).

Renée Otmar

DRUG INFO
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Library membership is free and open to Victorians working or studying at postgraduate level in alcohol and other drugs, health, education or related fields.

Would you like to join the library?
 Yes No

* Essential fields

Your area(s) of interest

- All areas
- Community prevention
- Culturally and linguistically diverse communities
- Health and welfare
- Indigenous communities
- Justice
- Mental health
- Older people
- Parents and families
- Policy
- Schools/education
- Treatment
- Workforce development/training
- Young people
- Other _____

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If "yes", preferred format:

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