

Human
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Drugs in a Multicultural Community

An Assessment of Involvement

EXECUTIVE SUMMARY

Public Health Division

Drugs in a Multicultural Community

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Executive Summary

Introduction

Drugs in a Multicultural Community: An Assessment of Involvement has been a program of research into the involvement of ethnic communities in Victoria with illicit drugs. The research has been carried out for the Victorian Government by a consortium of the Macfarlane Burnet Centre for Medical Research (MBCMR), North Richmond Community Health Centre (NRCHC) and the Centre for Culture, Ethnicity and Health (CEH). The research has been funded under the Turning the Tide program, supervised by the Department of Human Services, and based at the Centre for Harm Reduction (CHR) at MBCMR. The Project commenced in July 1998 and concluded in May 2000. The project objectives were:

- To provide a framework in which the cultural attitudes, experience and expectations of Victorians can be understood and taken into account in policy and other decision making.
- To develop proposals and strategies which will assist the community to understand the harm minimisation principle and its impact on communities, families and individuals of differing cultural backgrounds.
- To provide data and information which can influence the design and development of drug-related initiatives of the Victorian Government.

The research has consisted of a number of stages, including:

- Comprehensive literature reviews within both the health/welfare and criminal justice fields.
- A review of the influence of the media.
- An examination of all relevant national and Victorian health and criminal justice databases.
- An examination of the 1996 census Australian Bureau of Statistics.
- Interviews with key informants working within the health and drug treatment services and criminal justice sectors.
- A series of ethnic community consultations.

A broad range of issues has been identified by this research, which the key informants and people from culturally and linguistically diverse backgrounds (CLDBs) considered to be of the

most value in addressing the illicit drug problem within those communities. Thirty-nine findings have been identified. These are listed below, in the section 'Findings of the Research'. The researchers found enormous interest in the current study and a strong desire-particularly from health and welfare and criminal justice participants-for copies of the final report. The current research is considered to represent the most comprehensive study in this area to have been undertaken in Australia. As such, there is great merit in making various aspects of the research more widely available through publication in various professional journals.

Ethnicity Variables

Country of birth can be misleading if used by itself as a measure of ethnicity.

Self-identified ethnicity is considered to be a more valid measure...

The lack of adequate definitions of 'ethnicity', and the absence of variables useful for assessment of ethnicity in all Victorian and national databases concerned with any aspect of drug use, are major obstacles to any accurate assessment of the extent of illicit drug use in Australia's ethnic communities. 'Place of origin', commonly referred to as 'country of birth', is the variable most widely collected. However, this mode of identification is biased towards identifying the most recent migrant groups.

Country of birth is not an accurate indicator of ethnicity, and can be highly misleading if used by itself as a measure of ethnicity. Self-identified ethnicity is considered to be a more valid measure for most purposes, as it takes into account the shifting dynamics of ethnic identification.

Because of these limitations, interpretation of current data collected on all aspects of illicit drug use must be undertaken with extreme caution in relation to ethnicity. The section 'Databases', includes a summary of the results of the data analyses undertaken.

Literature Reviews

Research on illicit drug use among those of culturally and linguistically diverse backgrounds (CLDBs) had methodological problems including inadequate conceptualisation, inaccuracy of definitions and inappropriate research designs.

Socioeconomic status, rather than ethnicity *per se*, was considered to be the major contributor to high risk behaviour and drug use.

Research on simplistic ethnic categories without regard to factors of sociocultural variables is not only scientifically meaningless, but is a great disservice to the people from CLDBs.

Although the literature reviews were extensive, it was found that there was an overall paucity of quality information about ethnicity and illicit drug use in both the health and criminal justice fields. Approximately 132 criminal justice and 200 health and related publications were examined. Very little national research was found, and that which had been done tended to lack depth. As would be expected, most literature was from the US.

Research investigations and published literature that examines links between ethnicity and illicit drug use are rare, and therefore little is known about actual levels of drug use among people from different CLDBs. What studies have been undertaken often have significant under-representation of ethnic groups within known populations of illicit drug users. Different studies have concluded that use of illicit drugs is more common, the same, or less common, among ethnic communities than in the wider community. In addition, there are cultural preferences for the use of different drugs in different communities, which makes comparisons between groups difficult.

Almost all research on illicit drug use among people from CLDBs had methodological problems, including: inadequate conceptualisation; inaccuracy of definitions; inappropriate research designs; disagreements over basic concepts; and poor data collections related to the over-inclusiveness of ethnic groups.

Studies which look at drug taking behavioural differences among people from specific CLDBs often found that their case numbers were too small to be of statistical significance.

Socioeconomic status, rather than ethnicity *per se*, was considered to be the major contributor to high risk behaviour and drug use. However, a common methodological and conceptual problem in the available research was that researchers commonly ignored relevant socioeconomic factors. There are numerous studies in both health and criminal justice literature that point to social and economic disadvantages as being the key factors in the vulnerability of people, whatever their ethnic or cultural background, in their involvement with illicit drugs. Physical environment, learned behaviour, low self-esteem, mental health difficulties, low income of parents, peer pressure, lack of effective parenting skills and unemployment are all factors, singly or in combination, which may lead people to drug use. In relation to people from CLDBs, there are the additional vulnerabilities of intergenerational conflict, acculturation and low proficiency in the English language.

There was a tendency of research from all countries to homogenise CLDBs to the extent that findings were all but useless, for example, using ethnic variables such as: 'black', 'white', 'Hispanic' and 'Asian'. Research based on simplistic ethnic categories and without regard to all the other possibly confounding factors of sociocultural variables is not only scientifically meaningless, but a great disservice to the CLDB under examination. Within the Australian literature in both the health and criminal justice fields, few studies were found which focused on a specific CLDB. The most studied CLDB group was people of Vietnamese background. Other ethnic groups for which there was some health literature included: Greek; Italian; 'Asian'; 'Chinese language speakers'; Cambodian; Laotian; and 'Arabic speaking'. For other CLDBs there was either extremely poor or no literature.

Summary of Literature-Health

Drug treatment services were found to have little knowledge of the diversity of people utilising their services and less about the perceptions, expectations and needs of their clients.

...low admission rate of CLDBs into drug treatment is considered a reflection of an under-utilisation of the services by people from CLDBs, rather than a lower need for such services.

Literature consistently found that there was generally a poor understanding by people from CLDBs of how to access services; a poor understanding of what the services did; and perceptions that services were not appropriate to their needs. This was considered to have resulted in an under-utilisation of drug treatment services by people from CLDBs.

According to the literature, specific barriers to drug treatment services for people from CLDBs include: cultural and language barriers; lack of advocacy by ethnic community leaders; social pressures to be discreet about drug use; a desire to be self-sufficient in dealing with drug problems; and lack of family inclusion in the drug treatment regime. A number of further institutional barriers were identified, including ignorance by service providers that an unmet need exists, and that current services have inadvertent cultural biases built into their service delivery.

In order to target their service delivery accurately and in such a way that a variety of client needs could be met, treatment services require extensive knowledge of their client base. On both the macro and micro level, the literature found that very often, drug treatment services have little knowledge of the diversity of people utilising their services, and even less about their clients' perceptions, expectations and needs. Without appropriate data, the ability to target scarce resources in the most productive way remains uncertain, as does the ability to identify changed demographics, emerging new groups, shrinking resources and gaps in community infrastructure. The literature considered that the best way to develop culturally relevant drug prevention

programs is primarily through surveillance of the target population and interviewing its members to gain information. The literature also considered that participation by CLD young people in program planning, management and policy development would advantage drug treatment services.

The low admission rate of CLD people into drug treatment is considered, in the literature, to be a reflection of an under-utilisation of the services by people from CLDBs, rather than a lower need for such services. It has been suggested that positive outcomes are more likely where client groups are empowered, and where services have a sensitivity to the complex interrelation between ethnicity, gender, social class and factors associated with particular localities. Cultural sensitivity comes from being able to deal with diversity, and this must be incorporated into the delivery regime of drug treatment services.

Summary of Literature-Criminal Justice

Rather than eliminating drug offences through their [police] activities, the users and sellers of illicit drugs appear to merely adapt.

...arrestees coming into contact with the criminal justice system [are] released without any of their health, drug dependency and lifestyle issues being addressed.

A number of reports have pointed to the inherent discrimination that exists within the criminal justice system towards people from CLDBs. In Australia there is evidence of discrimination at every level of the criminal justice system, including police attention on the streets, police processing, courts, sentencing and in prison. Indo-Chinese youth may be highly visible if they congregate in groups, and to some this projects a 'gang' image, and may attract police attention. Community unease about such groups, exacerbated by media scares about Vietnamese youth violence, in turn heightens these youths' public visibility and community concern. One consequence may be that the police feel pressured to be seen to be taking action. Recent studies show that the traditional methods of policing

illicit drugs may, in some cases, be exacerbating harmful *outcomes*. Rather than eliminating drug offences through their activities, the users and sellers of illicit drugs appear merely to adapt.

The literature considers that reduced opportunities to sell drugs to pay for a drug habit may increase property crime, and also could encourage low-grade or 'fake' deals, making the market a more dangerous place. Intensive policing activities may also cause users to engage in riskier behaviour, thus enhancing the likelihood of the spread of bloodborne viruses. Specialist drug units such as the Drug Squad, have adopted policies primarily aimed at drug providers but generalist police have not, and this has resulted in a disproportionate number of users arrested each year. There is an overarching problem that most arrestees come into contact with the criminal justice system only to be released again, either immediately or eventually, with none of their health, drug dependency and lifestyle issues addressed. While diversion programs exist in Victoria, at this time the number of clients involved is small and there is little data available to show what their impact has been. However, a comprehensive evaluation is planned for the future.

Media Review

...media reporting of illicit drugs has been to blame others for the problem.

Media scaremongering about drugs diverts attention and resources from the larger causal problems.

In preparing this Report, an examination of the literature about the media's impact on illicit drug issues was undertaken. It was found that, despite frequent acknowledgement of the importance of the media in influencing public opinion and government policy in relation to illicit drugs, little research has actually been done that examines the extent and nature of media influence.

In the absence of news that places ethnic people in many different contexts, mass media stereotypes can be particularly dangerous by giving a false perception of 'others'. One of the

dominant themes in media reporting of illicit drugs over more than a century has been to blame 'others' for the problem. In Australia, there has been a long history of anti-Asian sentiment incorporated into media reporting on illegal drugs. In the late 1800s people of Chinese background were consistently labelled as 'demons' who corrupted and tricked innocent Anglo-Australians through supply of opium. This theme is repeated in modern reporting of illicit drugs, where there is a persistent characterisation of the 'evil supplier' of heroin as ethnic, and the user as a victim of Anglo background. Media scaremongering about drugs diverts attention and resources from larger causal problems, particularly when it focuses on individual immorality and personal behaviour instead of endemic social and structural problems. When there is no distinction made between people *with* problems, and people as problems, there is a tendency to blame the victims of social injustice.

The detailed reports in newspapers which show where, when and how to buy illicit drugs, act as 'free advertising' for the drug market, and actually attract new users and sellers to particular localities, thus arguably turning the exaggerated original reports into reality. An examination of the literature leads to the conclusion that sensationalist media reporting of illicit drugs has, both directly and indirectly, affected the 'illicit drug market', public opinion (and political perceptions of public opinion) and has led to legislative change and political policy and action.

Databases

...databases were found to need upgrading both for their own stated purposes and for the purposes of casting light on ethnicity and illicit drug involvement.

An extensive series of systems exists in Victoria and nationally which gathers data on various aspects of illicit drugs and, potentially, on the involvement of members of ethnic communities. All relevant national and Victorian databases that collect information related to illicit drugs were examined for their usefulness in measuring involvement of ethnic communities. The initial

search identified 49 relevant databases, consisting of 26 in the field of criminal justice and 23 in health and drug treatment services. Most databases were found to need upgrading, both for their own stated purposes and for the purposes of casting light on ethnicity and illicit drug involvement.

Both health and criminal justice databases had limited variables indicating ethnicity. A principal problem lies in the policy of most organisations: to place very little priority or focus on ethnicity. There is widespread utilisation of crude and static concepts of ethnicity. Currently, the most common ethnicity variable used is 'country of birth'. This means that second or further generation Victorians, even where there is a strong identification with an ethnic background, are made invisible by statistics which aggregate them under the one 'Australia-born' category. The variable 'country of birth' is also problematic, from the point of view that it discriminates towards identification of the most recent arrivals by making them the most visible in the statistics. Other ethnic indicators used, were: 'language spoken'; 'language spoken other than English'; 'country of birth of parents' and 'racial appearance'. Only one database used self-identified cultural/ethnic background. However, this variable was not recorded electronically in the database. On the basis that each had at least one ethnicity variable, six health and four criminal justice databases were selected for further analysis.

Drug of Dependency Information System: Methadone Registry

Thirty-one per cent of those who received a methadone permit were from CLDBs, while the rest were of Australian culture or English speaking background.

For the 12 month-period February 1998 to February 1999 there were 6,019 methadone permit forms which contained full ethnicity data. Thirty-one per cent of those who received a methadone permit were from CLDBs, while the rest were of Australian culture or English speaking background. Seventy different ethnic/cultural

background groups were identified. The most common ethnic backgrounds were Vietnamese, Greek and Italian. Of those declaring Italian and Greek ethnicity, 80 per cent were born in Australia, compared with only six per cent of those with Vietnamese ethnicity who were born in Australia.

HIV Surveillance Database

Of people (n=4,085) diagnosed with HIV in Victoria from 1983 to the end of 1998, eight per cent reported a history of injecting drug use (IDU). Of the 323 individuals who reported a history of IDU, 47 per cent supplied their Country of Birth (COB). Eighty-seven per cent were from 'mainly English speaking backgrounds', while 13 per cent were from CLDBs. Twelve 'culturally and linguistically diverse' countries were identified, with those born in Vietnam constituting the greatest number of individuals diagnosed with HIV.

Victorian 1996 Secondary Students Alcohol and Drugs Survey

Except for marijuana use, there are generally no contrasts in substance use between English-only speakers and those of CLDBs.

A total of 4,432 students responded to questions about drug use. Except for marijuana use, there are generally no contrasts in substance use between English-only speakers and those of CLDBs. The other substances used were heroin, LSD, cocaine, speed and ecstasy. The prevalence of lifetime (ever used) heroin use for people from CLDBs and English-only speakers was four per cent and three per cent respectively. Marijuana use was statistically more prevalent among English-only speakers over their lifetime.

Alcohol and Drug Information System (ADIS) (Treatment for Heroin Use)

CLDB men were more likely to use residential drug withdrawal services, while men born in Australia were more likely to use an individual client service.

Caution is required when interpreting ADIS data, particularly because the unit of measurement is 'episode of care', not individual clients. The COB examined were Australia, Vietnam, China,

Romania, Cambodia, Turkey, Lebanon, Greece, Italy and Macedonia. National groups were also re-classified into CLDB and Mainly English Speaking Background (MESB). Persons listed on the database were more likely to be from the local government areas of Greater Dandenong, Maribyrnong, Yarra, Port Phillip and Brimbank. CLDB men were more likely to use residential drug withdrawal services, while men born in Australia were more likely to use an individual client service.

The proportion of 'English language speakers' was high for all the COB examined. Vietnamese language was the most frequent after English. Unemployment was lower among those of MESB (25 per cent), compared with those of CLDB (57 per cent). The median period of drug use was longer among those of MESBs (36 months, compared with 20 months for CLDBs). The proportion of those currently injecting drugs was greater for those of CLDBs (74 per cent) compared with MESB (55 per cent).

1995 Victorian Drug Household Survey

Cannabis was the most prevalent illicit drug used by both MESB and CLDB respondents.

The sample size was 1,200, which included Victorian respondents from the National Drug Household survey. Eighty-five per cent of the sample was of MESB, and 15 per cent were of CLDBs. Illicit drug use by those of MESB and CLDB was similar. For those of MESB, the prevalence of heroin use was two per cent, while it was less than one per cent for those of CLDBs. Use of amphetamines was significantly different, with seven per cent of people from MESBs using, compared with one per cent of CLDBs. Cannabis was the most prevalent illicit drug used by both MESB and CLDB respondents. Only one per cent of MESB reported ever injecting drugs, while no people from CLDBs did so. Most respondents, both of MESB and CLDB, had never sought help for a drug and alcohol problem, either for themselves or for others. Of those who sought assistance in the past five years most were from MESB.

Victorian Emergency Minimum Data Set

For the period January 1996 to June 1998, a total of 1,366 people presenting at hospital casualty centres (12 per cent of all poisoning presentations, and 0.3 per cent of total presentations) had illicit drug use in their 'character text narrative'. Ninety-one per cent of those providing information about their COB were from English speaking backgrounds. More than 50 per cent of 'preferred language' data was missing for those entered as illicit drug users. Heroin was the illicit drug most frequently reported by people from both CLDB and MESB (89 per cent and 85 per cent respectively).

Victoria Police (LEAP) statistics

...previously police concentrated on the effects of alcohol on crime, and on cannabis...now heroin is the number one priority.

Per 100,000 population, Victoria now has the highest heroin-related arrest rate in Australia...

...drug offence statistics reflect a disproportionate number of Vietnamese-born people...[this] may be related to apparent police focus on heroin-related offences in areas of high Vietnamese residency.

There has been a significant change in Victoria Police statistical patterns for illicit drugs over the previous few years. There has been an enormous increase in heroin-related offences and a decrease in cannabis offences. Whereas previously police concentrated mostly on the effects of alcohol on crime, and on cannabis, there has now been a change in focus so that heroin is the number one priority (senior Victoria Police officers). To a large degree, drug offences are detected directly by police as a result of police initiative, as opposed to having the crime reported to them by the public. (This view is supported by the key informants and by the 97.5 per cent clearance rate recorded for drug offences.) In the case of drug crime, the figures to a large degree reflect police activity and focus. (It should also be noted that police focus, priority and activity may be influenced by government and/or public concerns.) The increased focus is clearly reflected in recent changes in the statistical pattern. For example,

total arrests for trafficking heroin have increased in Victoria from 348 in 1994-95 to 928 in 1996-97; and 1,857 in 1997-98. Per 100,000 population, Victoria now has the highest heroin-related arrest rate in Australia, which is more than double that of NSW. The high priority of heroin-related offences in Victoria is also illustrated by the enormous *decrease* in cannabis-related crime statistics.

There were 9,034 reported cannabis offences in Victoria in 1997-98, which is a drop of 53.1 per cent from 1995-96 when 19,210 cannabis offences were recorded in Victoria (ABCI 1999: 20). Of the eight Australian jurisdictions, Victoria had the second lowest rate for cannabis offences per 100,000 population in 1997-98. This rate was similar to that of the previous year, but represents a considerable decrease from 1995-96 when the rate was 417.38 (ABCI 1999: 21).

Victoria Police drug offence statistics reflect the involvement of a disproportionate number of Vietnamese-born people. The explanation for this may be because of several interrelated factors, including the apparent police focus on heroin-related offences in areas of high Vietnamese residency.

The explanation may also be related to the fact that the Vietnamese community has a very high proportion of its members in the peak offending age group. Seventy-four per cent of the Vietnamese-born community in Victoria is aged between 15 and 44 years, compared with 46 per cent of the Australian-born population. Ninety-two per cent of alleged offenders processed by police for drug trafficking/cultivation/manufacture offences are in the age group 15-44 years, and 96 per cent of offenders processed for drug use/possession offences are in the 15-44 year age group.

Another reason for the high representation of Vietnamese-born people in drug offence statistics may be due to the fact that they are a recently arrived migrant group, and 'country of birth' is used as the definer of ethnicity in the statistics. People of Vietnamese background show up much more than people from other ethnic communities

who have been in Australia for a longer time. This is because these other communities tend to have the greatest proportion of their young people (in the peak offending age group) incorporated into the 'born in Australia' category.

Whether the drug offending by people from the Vietnamese community is actually any higher than other communities is very much open to debate. Certainly police crime statistics are not a good indicator of actual offending, as they may focus on *police activity*, as is discussed in the body of the report. To a large degree police are the gateway to the criminal justice system. As such, statistics from Juvenile Justice services and prisons also reflect the high proportion of Vietnamese-born in their statistics, as the offenders pass through the criminal justice system. What is apparent from the Juvenile Justice statistics (and it is suspected in the prison statistics too-which are yet to be finalised) is that Vietnamese drug offenders are less likely than their Australian counterparts to also have been involved with offences of violence and property. It is also suspected that a majority of the Vietnamese drug offenders being processed are involved in the lower end of the drug trafficking chain. Nevertheless, these offenders are considered by many in the justice system to be receiving custodial sentences at a much earlier stage of their involvement with the criminal justice system than do offenders of Australian background. This may represent serious inequity in the criminal justice system (Court and Juvenile Justice key informants). Certainly this area is deserving of further investigation.

Juvenile Justice Client Information System

The majority of Juvenile Justice clients with drug offences are Australian (51 per cent). This compares with 26 per cent who are Vietnamese.

It appears 'Vietnamese' drug offenders are much less likely than 'Australian' offenders to have committed violence or property offences.

Of the total 1,466 Juvenile Justice clients in 1997-98, three hundred and sixty-one (24 per cent of all clients) had been charged with one or more drug

offence. The majority of Juvenile Justice clients with drug offences are 'Australian' (51 per cent), compared with 26 per cent 'Vietnamese'.

A large majority of the total 'Vietnamese' Juvenile Justice clients (84 per cent) have committed drug offences. The analysis has shown that 'Vietnamese' drug offence clients are much less likely than 'Australian' clients to have concurrent property or violence offences. Only 17 (or 16 per cent of total Vietnamese clients) have a history of drug offences, concurrent violence offences and/or concurrent property offences. It appears that 'Vietnamese' drug offenders are much less likely than 'Australian' offenders to have committed violence or property offences. (Note that the comprehensiveness and accuracy of offences recorded on the database rely on the clerk of courts, who may list only the major offences, particularly where there are multiple offences. Therefore the figures reported will be an under-representation of offences).

Prisoner Information Management System

Victoria has the lowest rate of imprisonment for *drug consumption* in Australia...usually resulting in a community-based order rather than imprisonment.

On the night of 30 June 1998, Victoria had 2,422 prisoners in custody. This represents the second lowest per capita rate of imprisonment in Australia. The rate is almost half that of New South Wales, Queensland and Western Australia- and of Australia as a whole. Victoria has the highest proportion of *secure custody* prisoners. Victoria has the lowest rate of imprisonment for *drug consumption* in Australia, with these offences usually resulting in a community-based order rather than imprisonment.

In 1998 the number of Victorian prisoners with 'traffic drug' as their most serious offence increased dramatically in 1998 to 254 prisoners. This compares with 176 prisoners in the previous year, and is an increase of nearly 50 per cent. The only 'country of birth' category which showed a consistent rise in numbers and proportions was Vietnam. The number and rate of Vietnamese-

born prisoners rose steadily from 22 prisoners in 1989 (0.5 per cent of the total prison population), until 1997, when it rose to 98 prisoners. It then doubled in 1998 to 139 prisoners, or 5.1 per cent of the total prison population.

The rise in the number of prisoners and offenders on community-based orders who are born in Vietnam is consistent with the enormous increase in heroin-related arrests by police in Victoria and the concentration of Victoria Police on areas of high Vietnamese population, including Footscray, Frankston, Springvale and Dandenong (ABCI 1999: 39). The figures are also consistent with the apparent trend in courts to sentence higher proportions of drug traffic offenders to incarceration than any other category of offender (Criminal Justice Statistics and Research Unit, 1998).

Community-Based Court Dispositions (OASIS)

Overall, the patterns found in the OASIS database mirror those of the police, prisons and Juvenile Justice databases. Vietnamese-born offenders are more likely than any other group to be in the criminal justice system as a result of drug offending. They have a higher rate of drug-only offences; they tend to have committed fewer violence-related offences or other types of offending; and they are of a younger age than are offenders of other backgrounds.

Australian Bureau of Statistics, Victorian Census Data 1996

...youth unemployment among the MESB compared with CLDB was lower (16 per cent and 29 per cent respectively).

The high rate of youth not in the labour force may be a result of some being engaged in studies, house duties or family responsibilities. However, it can be equally assumed there may be 'hidden' unemployment among this group...

Over 40 per cent of youth born in Vietnam indicated poor English proficiency... [for] those from Laos, Cambodia and Turkey the rate was approximately 50 per cent.

As a result of the examination of the literature it became clear the present study should examine the socioeconomic variables which may make

particular ethnic communities more vulnerable to illicit drug use. A comprehensive examination was made of the Australian Bureau of Statistics (ABS) census data related to ethnic communities.

In 1996, the combined unemployment rate for those aged between 15-24 years (youth) from mainly English speaking backgrounds (MESB) and non-English speaking backgrounds (CLDBs), was 16 per cent. For those aged 25 to 64 years (adults), the combined unemployment rate for MESB and CLDB was eight per cent. Examined separately, youth unemployment among the MESB compared with CLDB was lower (16 per cent and 29 per cent respectively).

A similar pattern was found among the adult population of both MESBs and CLDBs (seven per cent and 13 per cent respectively). Although population numbers were small from Somalia, Iraq and Afghanistan, over 50 per cent of their youth labour force was unemployed. Youth unemployment rates for those from Indonesia, Lebanon, Turkey, Vietnam, Bosnia-Herzegovina and Romania were above 35 per cent. In comparison, the unemployment rate for Australian born was 15 per cent.

MESB youth not in the labour force was 33 per cent, compared with 60 per cent among those from CLDBs. A smaller, though still significant disparity was found among the adult population (22 per cent for MESBs and 33 per cent for CLDBs). The high rate of youth not in the labour force may be a result of some being engaged in studies, household duties or family responsibilities. However, it can be equally assumed that there may be 'hidden' unemployment among this group, where many would like to work but are no longer actively seeking work, and therefore not in the unemployment statistics. Local government areas (LGA) which had high concentrations of CLDB populations had significantly higher levels of unemployment among the CLDB residents compared with MESB residents living in the same areas. The largest disparity was in the LGA of Melbourne, where the total MESB unemployment

rate was 15 per cent. This compares with 39 per cent for the total CLDB population.

Among those who arrived in Australia between 1991-1996, approximately 20 per cent from CLDBs spoke another language and their English was poorly spoken or not at all. In the same period (of arrival) over 40 per cent of youth born in Vietnam indicated poor English proficiency, and for those from Laos, Cambodia and Turkey the rate was approximately 50 per cent.

For Vietnamese and Turkish youth with poor English and looking for employment either full-time or part-time it was higher (26 per cent and 30 per cent respectively). While poor English proficiency was relatively high for youth of CLDBs, there was nevertheless a significant percentage of youth from CLDBs attending University or other tertiary institutions, compared with those from MESB (29 per cent and 14 per cent respectively). The proportion of people born in Vietnam attending tertiary education was 25 per cent, compared with the Australian-born rate of only 14 per cent.

Key Informant Interviews

[Although] Key informants...considered that the high visibility of the Asian community had contributed to a community perception these groups were more involved with illicit drugs than others...this was not necessarily the case.

Cannabis, heroin, amphetamines and hallucinogens were considered to be the most commonly used illicit drugs...

Sixty key informant interviews were conducted with senior people from criminal justice and health, welfare and drug treatment services, between September 1998 and April 1999. The interviews were conducted one-on-one, or one-on-two, in a semi-structured format. People were encouraged to speak frankly on the basis of their own personal opinions and observations. As many of the opinions from criminal justice were contrary to the public positions their various organisations have had to take, agreement to participate was on the understanding that no

comments would be attributed to identifiable individuals. Many of the opinions expressed were based on perceptions and direct observations, while other comments were based on knowledge of internal statistics.

Key informants from both health/drug treatment and criminal justice considered that the high visibility of the 'Asian' community had contributed to a community perception that these groups were more involved with illicit drugs than others, although according to key informants, this was not necessarily the case. Age of starting illicit drugs was considered to be mostly during adolescence. Polydrug use was considered to be widespread depending upon availability and price. Cannabis, heroin, amphetamines and hallucinogens were considered to be the most commonly used illicit drugs, and steroid misuse was also mentioned. The most commonly misused pharmaceutical drugs were considered to be Valium, Temazepam, Serepax and Rohypnol.

Many key informants from health, welfare/drug treatment and criminal justice considered that more imaginative, radical and innovative solutions-such as safe injecting places and prescription heroin-should be trialled because of the obvious failures and flaws of the current approach.

Health, Welfare and Drug Treatment Services

Common themes relating to illicit drug issues...affecting...CLDBs include: high rates of youth unemployment...poverty; drug trafficking as a viable alternative employment...increased accessibility of illicit drugs; and coping with refugee experiences and life trauma.

...drugs were an issue in many communities, although no more than for the wider Australian community.

...[there was] unanimous agreement that the current approaches of drug treatment services were not meeting the needs of CLDBs.

...a comprehensive educational approach was imperative for a better understanding of illicit drug use and addiction...

Key informants from health, welfare and drug treatment services considered that reasons for involvement in illicit drugs were complex. Common themes relating to illicit drug issues which are affecting many people from CLDBs include: high rates of youth unemployment and low job opportunities; poverty; drug trafficking as a viable alternative employment; lack of effective parenting skills; increased accessibility of illicit drugs; and coping with refugee experiences and life trauma. (These issues were also mentioned by a number of criminal justice key informants.) According to key informants, the apparent dismantling of settlement services, educational difficulties and racism also caused people to feel marginalised.

Key informants thought drugs were an issue in many communities, although no more so than for the wider Australian community. Key informants believed there was a high rate of denial about the drug problem and widespread ignorance and confusion about illicit drugs and drug treatment services generally. (The perception that CLDBs denied they had a problem was contrary to the findings of the community consultations.) The concept of harm reduction was considered to be able to be successfully understood and accepted by drug users from all CLDBs. However, it was considered that the perceptions of the wider ethnic communities were that harm reduction promoted drug use and that the only acceptable outcome of treatment for drug use was abstinence.

Key informants thought that clients had unrealistic expectations of drug service providers and that there was often ignorance and misunderstanding about the complexity of illicit drug use and issues of addiction generally. People from both CLDBs and MESBs expected 'quick fix' solutions to their long-standing problems. It was considered that there were not enough service/treatment options available for people, given the complexity of the issues, and that what was available was too narrow in focus. This was considered to be a significant reason for the repeated failures and relapses observed by many of the key informants.

There was unanimous agreement among the interviewees that the current approaches of drug

treatment services were not meeting the needs of CLDBs. Reasons for this were numerous, including: language difficulties; layout and design of the clinic; inappropriate food; lack of support during the process; lack of information about the process; prolonged waiting times (also mentioned by criminal justice key informants); fear of a lack of confidentiality; and an increasing awareness of treatment failures by the drug users themselves.

It was considered that services were under-utilised by people from CLDBs because there was ignorance that the services existed, or because people were ashamed to seek help outside the family, or because they were uncertain of the legal ramifications. Many key informants had been told by CLDBs they did know what services were available, and that they were reluctant to use the services because they perceived them to be inflexible and insensitive to their cultural needs.

Most of the interviewees believed a comprehensive educational approach was imperative for a better understanding of illicit drug use and addiction, not only for drug users themselves, but also for parents, the wider community and for all health and welfare service providers.

The involvement and incorporation of families into the drug treatment process were considered to be vital to the success of treatment. Home detoxification, with appropriate support, was considered by a number of key informants to be a 'good' approach, which should be expanded. Most key informants recommended community development strategies should be implemented based on primary health care principles incorporating CLDB drug users.

Criminal Justice

...the illicit drug market was never going to be eliminated.

Police considered themselves to be ill equipped to tackle the drug problem...

...the reasons for the drug use were not addressed and post-detoxification support services were not adequately provided...

...a considerable concern [that] young drug users and low level street dealers-particularly those of Asian backgrounds-were not receiving humane responses or adequate services.

The view of all criminal justice key informants was that the illicit drug market was never going to be eliminated. A number of reasons for this were put forward, including that it was impossible to control 'pleasure' by legal means. While police and intelligence agencies have to observe jurisdictional boundaries and make decisions based on how much operations will cost, the importers and higher level drug distributors were extremely mobile, well financed and not bound by any rules or procedures. Lack of coordination and information sharing within agencies and between jurisdictions, were also considered to be major obstacles.

Police considered themselves to be ill equipped to tackle the drug problem and unable to keep abreast of the volume of calls and information being received. They felt they lacked the resources, the appropriate specific legislation and 24-hour drug services to which they could refer people.

(Police felt that this last issue was forcing them to evaluate if someone has a health problem-a role they were uncomfortable about.) Utilisation of existing powers was considered problematic. For example, electronic surveillance was often needed for the more serious drug offenders but justification for its use needed considerable evidence which was often impossible to obtain without electronic surveillance. Police and court key informants believed that police needed the power to take people found under the influence of heroin or other illicit drugs into protective custody (that is, to a holding facility). If this power existed it was believed that young people could be placed in a safer situation, and their details could be taken down and their parents notified. This was a strategy considered to be helpful for many young people with alcohol problems where this power existed.

There was considerable scepticism about the efficacy of the current drug treatment services, and concern that there was a lack of services to

refer people to, particularly after hours when most of the drug activity occurred. This resulted in police often being tied up for extended periods with a drug user and unable to get back out on the road. Services were considered to be Anglo-Saxon and middle class in their orientation and generally not appropriate for adolescents.

Two of the most serious gaps in the treatment of drug users considered, were that the reasons for the drug use were not addressed, and that post-detoxification support services-which might assist people to keep away from a lifestyle with illicit drugs after detoxification-were not adequate.

Law enforcement key informants expressed considerable concern that young drug users and low level street dealers-particularly those of Asian backgrounds-were not receiving humane responses or adequate services. 'Asian' drug dealers were often considered to have little or no history of violence or property offending, and yet they are entering the criminal justice system at a much higher level than are offenders from other backgrounds. This may be because of the higher penalties attached to drug dealing. Sentences were considered to be frequently more severe for low level 'Asian' drug trafficking offenders than for Anglo offenders, who most typically presented at court with long histories of violence and property offending committed over extended periods of time. The humanity of placing young, non-violent men into adult remand centres and adult prisons was considered highly questionable and needing urgent attention.

Almost all key informants believed that illicit drug users should be treated as a health rather than as a criminal problem; even though a number of these people may be involved in some low level street dealing to support their own habit. A shift in focus would enable criminal justice to concentrate on the higher level dealers, rather than being under pressure to focus predominantly on the more visible, low level street dealers and users, as was currently the case. A number of key informants thought that most of the harms associated with drug use were largely due to its illegality, and that providing heroin to

those users who were addicted and safe places to use the drug was sensible. Some key informants were at a loss to understand why there was such enormous reluctance to introduce safe houses and heroin on prescription. The only thing that was considered to be realistically achievable in controlling the damage of illicit drugs was to implement strategies designed to shape the drug market in such a way that it did least damage.

Ethnic Community Consultations

All ethnic groups thought drugs were a problem in their community.

All communities consulted said they had little or no knowledge of the existence of specialist drug treatment services.

...communities perceived drug services to be fragmented and poorly coordinated with other services, particularly ethnic based services.

...ethnic communities would understand and accept harm reduction, but only if benefits were clearly and comprehensively explained to them.

Articles and programs about drug issues rarely appear in ethnic newspapers and radio, and seldom gave any depth to the issues.

The community consultation phase has included two ethnic community leaders' information forums, fifteen community consultations, and focus group discussions with eight different CLDBs. The eight communities chosen to participate were from Italian, Greek, Turkish, Lebanese, Vietnamese, Timorese, Somali and Eritrean backgrounds. These communities were considered to cover a range of sizes and various settlement time periods in Australia. Time and resource constraints prevented any further communities being selected for involvement. The community consultations and focus group discussions were conducted during June and July 1999. It needs to be emphasised that the following text is a summary of what the communities told the researchers:

All ethnic groups thought drugs were a problem in their community. Participants from the

Eritrean, Greek, Lebanese and Vietnamese communities considered that the problem was severe in their communities. Participants from the Italian and Turkish communities were divided about the severity of the problem. People from the Eritrean, Somali and Timorese communities thought the drug problem was less in their communities than other communities, but the impact was probably greater because their community was so small. People from Greek and Turkish communities thought the illicit drug problem was the *same* in their community as in other communities. People from Lebanese and Vietnamese communities tended to think the illicit drug problem was *the same or greater* in their communities. Views of people from the Italian community varied.

The most at risk groups for using drugs were considered to be young males. Heroin and cannabis were mentioned as being used within all ethnic communities. Reasons for using illicit drugs included: peer pressure; management of psychological difficulties; poverty; lack of discipline for the young people; unrealistic pressures on children to succeed; lack of communication in families; lack of effective parenting skills and supervision; broken families; generational/cultural conflict; low self-esteem; unemployment; low career prospects; living in neighbourhoods where there is visible drug use; difficulties at school; lack of life goals; gambling; boredom; escapism; ignorance of the dangers; laws not strict enough; and male shows of 'bravado'.

All communities consulted said they had little or no knowledge of the existence of specialist drug treatment services. Some individuals within a number of communities had heard of drug treatment services, however expressed a lack of faith that the services were of any use. People from the Turkish, Lebanese, Vietnamese and Greek communities said it was common for parents to send a drug using child back to their home country (the researchers were not able to determine this action numerically). Some people of Somali background also considered this option.

Obstacles to accessing services were considered by communities to be due to: difficulty in admitting that there was a problem; the fact that users' families were perceived to be excluded by the services; difficulties with communication and language; cultural inappropriateness and insensitivity by the drug services; and perceptions that there might be a lack of confidentiality. A number of communities mentioned that they perceived drug services to be fragmented and poorly coordinated with other services, particularly ethnic based services. Others thought that drug services were too bureaucratic.

Many communities mentioned that the government should be more creative and flexible with their approaches to illicit drugs and that they should be trying multiple solutions because of the complexity of the problem. A number of suggestions were made by the various communities about how drug services could be improved. A frequently mentioned suggestion was that support services after detoxification were essential. Many communities mentioned that they considered pamphlets (even in another language) to be useless unless they were part of an education campaign involving personal interaction and explanation. Some communities have attempted to address the problem of illicit drug use in their communities, however, these efforts were considered to be sparse and sporadic.

About half of the community representatives understood the concept of harm reduction and agreed with it. Most of these were ethnic welfare and health workers. After a full explanation of harm reduction was provided to those who had not heard of it, or did not understand the concept, most agreed with it. Participants from all the communities consulted thought that their wider community did not understand the concept of harm reduction. Most believed their wider ethnic communities would understand and accept harm reduction but only if the benefits were clearly and comprehensively explained to them.

Most community participants already knew of and supported needle and syringe programs (NSP), although many were not fully aware of the

objectives behind them in relation to preventing bloodborne viruses. Many thought that NSP should be only a small part of a bigger response to illicit drugs. Many community participants thought their wider community might be less accepting of NSP. However, it was considered that if information and education, which took into account the perspectives and prejudices of the various ethnic groups, was provided, most participants in the wider ethnic communities would support NSP.

Except in the case of young people, people from CLDBs who are proficient in English nevertheless still consider ethnic newspapers to be a more important source of information than mainstream English language newspapers. Articles and programs about drug issues were considered to appear rarely in ethnic newspapers and radio and seldom gave any depth to the issues. There was widespread support by the older, more established ethnic groups for inclusion of ethnic identification in government and other databases. These communities found it impossible to obtain any statistics about the size or level of involvement in illicit drugs by their second and third generation youth population because they were included in the category 'born in Australia'. Such information was considered important for program development and for ensuring that funding goes where it is needed.

Research Findings

...while there is a severe drug problem among sections of the Vietnamese community...it is directly related to the degree of socioeconomic disadvantage they experience. That is, the greater the disadvantage, the higher the likelihood of an illicit drug problem.

As a community, the Vietnamese experience a higher degree of socioeconomic disadvantage than does the general Victorian population.

...illicit drugs are a problem, particularly among the young...[for] responses to have any expectation of success, then each interrelated vulnerability must be addressed in a simultaneous, integrated and comprehensive manner.

The following findings have been identified after an extensive examination of the issue of illicit drugs in CLDBs. The findings are based on the perceptions, observations and knowledge of workers in the fields of health, ethnic welfare and drug treatment services. The findings also include the views of a wide range of criminal justice areas and ethnic community members. The recommendations and broader issues listed below are those considered to be of most value in addressing drug-related issues among CLDBs. These are, to a large degree, supported by the literature. Many important issues for policy makers have been identified by this research, but many of these are beyond the current project's brief. Therefore, findings have been divided into recommendations and other important issues that have a wider scope and may be addressed at a later stage.

There is a widely held *perception* that people from the Vietnamese community are involved with illicit drugs to a greater degree than are other communities in Victoria. The evidence from health and criminal justice databases suggests that this perception is correct. However, a number of deficiencies in the databases—and the fact that the Vietnamese are more visible, and thus more easily targeted than other groups—means that it is impossible to say confidently to what degree their involvement with illicit drugs is *higher* than that of other communities. What can be said with confidence is that the Vietnamese community does have a high rate of involvement—especially by young Vietnamese—in both the use and the sale of heroin in Melbourne. Like any community though, involvement in illicit drug use is directly related to the level of socioeconomic disadvantage and level of exclusion from the legitimate economy experienced within that community.

It needs to be emphasised that all this evidence is, in a sense, indirect and subject to major biases. In our investigations we have found that there are several factors underlying and influencing this perception. A first factor is the commonly held belief that as drugs come from overseas, there must be greater involvement of people whose origins are overseas. That this is not necessarily

the case is confirmed by the criminal intelligence key informants interviewed in this study. The media magnifies such perceptions-that people from Vietnamese backgrounds are more involved with illicit drugs-through their focus on the Vietnamese community more than any other group. In part this is influenced by the greater visibility of drug offending by Vietnamese: by virtue of their 'Asian' appearance; the fact that have a high profile in some geographical areas; and that they tend to sell drugs in public places (unlike others who may make their transactions in clubs, bars, private homes and the like).

Their high visibility, together with their role as the focus of media reporting and explanation, and the resultant public concern, are perhaps also reasons why Vietnamese have increasingly become the subject of police attention. Police arrest rates for drug offenders of Vietnamese background have increased more than for any other group in the past three years and, as gatekeepers to the criminal justice system, this has led to their over-representation in the criminal justice system as a whole.

This investigation has found that, while there is a severe drug problem among sections of the Vietnamese community, it appears that it is no more or less than any other community-whether from other CLDBs or English speaking backgrounds. It is directly related to the degree of socioeconomic disadvantage they experience-the greater the disadvantage, the higher the likelihood of an illicit drug problem. As a community, the Vietnamese experience a higher degree of socioeconomic disadvantage than does the general Victorian population.

What appears to make people of any cultural background vulnerable to illicit drug use (and subsequently vulnerable to participating in street level selling of drugs and other revenue raising crime) is young age, level of peer influence on behaviour, high level of youth unemployment and low levels of literacy. For people who are new migrants there are additional vulnerabilities related to coming to terms with the effects of refugee trauma, lack of proficiency in English,

trying to establish themselves in a different culture and in a climate of diminishing opportunities for unskilled labour, and cultural and generational conflict. Most of these vulnerabilities are complex issues. Determining which factors are more influential than others is difficult. What is known is that these factors all contribute to make young people vulnerable to illicit drugs, and that the factors are often closely interrelated.

The conclusion of this research is that illicit drugs are a problem within the entire community, particularly among the young. If responses are to have any hope of success then each interrelated vulnerability must be addressed in a simultaneous, integrated and comprehensive manner.

Recommendations

Community and Parent Education and Information

- Extensive CLD parent education and information programs (similar to the Department of Education, Employment and Training 'Backgrounds Program') should be established to inform parents about illicit drugs and addictive behaviours, the complex issues which lead to addiction, to explain harm reduction, and to provide assistance to families to develop strategies to overcome cultural/generational conflicts.
- Information about drug services and drug-related issues should be provided to community leaders, bilingual general practitioners and ethnic welfare providers within CLDBs. These groups should be consulted and used as advocates in the development and promotion of drug services. Harm reduction strategies should target their communities.
- Undertake extensive targeting of ethnic newspapers and radio and ethnic newsletters to get information out to ethnic groups, particularly to parents. Ethnic media should be encouraged and assisted to provide balanced and informative information about illicit drug issues and available services.
- Informing CLDBs about the risks of sending their drug using child to their home country in the hope they will stop using illicit drugs.
- Service and communication strategies should take into account the enormous shame associated with drug use within CLDBs, and emphasise professional confidentiality.
- Young offenders of ethnic background should be provided with court orders in their native language as well as English so that they, and their parents, can be clear about the court order's contents and requirements.
- Information and education should be provided about strategies that can assist new migrants/refugees who are parents. Support should be provided to them in their parenting role, particularly for families with adolescent boys.

Harm Reduction

- The concept of harm reduction should be promoted to CLDBs as an interim measure while people are trying to stop using illicit drugs. The important and successful role harm reduction is playing in reducing the spread of bloodborne viruses and other harms associated with drug use should be emphasised.

Culturally and Linguistically Diverse Communities: Resources and Services

- Ethnic communities should be provided with resources to enable them to use their own community members as drug educators.
- A central state drug resource and education/training centre should be established. This will improve access to services and information. Services provided should include: telephone advice for ethnic health and welfare workers; bilingual information; networking facilitation; and training and resources for ethnic community development and education.
- Ethnic welfare agencies should be provided with a bilingual drug liaison officers whose role would be to access drug information and resources, provide advice and referral and form partnerships with drug treatment services, including case management where required.

Treatment Services

- Individual drug treatment services should form interagency partnerships and establish working protocols with ethnic welfare service providers to ensure seamless service to drug users and their families from CLDBs.
- Individual drug treatment services should be continuously improving management strategies to improve the services' understanding of the needs of clients and tangibly improve the flexibility of service provision to meet the needs of clients from CLDBs (perhaps implementing this through service level agreements with contracted services).

- Drug treatment services should be required to record electronically individual clients' demographic and other relevant details (including the recommended culture/ethnicity variables), and conduct half-yearly analyses to identify the size and nature of the client base.

Further Research

- Research should be conducted on data from the Direct Line telephone drug information service and the Drug of Dependence Information System (Methadone Registry) to establish the extent of second generation CLDBs' involvement in illicit drugs and their social profile.
- Resources should be provided to enable criminal justice and health databases to be analysed, and the results made widely available for the purposes of better management, planning and service improvement, rather than merely for accounting purposes.

Data Collection

- All health, criminal justice and other government databases should contain at least the following two variables, together, to identify ethnicity: 'country of birth' and 'self-identified cultural/ethnic identity'.
- Managers in charge of each of all criminal justice and health databases should be given an explanation and information about the need for ethnicity information which captures second generation CLDBs.
- Managers of all criminal justice and health databases should be encouraged to feed information back to their data collectors to encourage accuracy and completeness.

Further Recommendations

The researchers found an enormous amount of interest in the current study and a strong desire, particularly from health and welfare and criminal justice participants, for copies of the final report. Therefore, it is recommended that:

- The final report of *Drugs in a Multicultural Community* should be made available to all participants and be widely disseminated,

particularly among drug treatment services, ethnic welfare agencies and criminal justice agencies.

- The various specific issues arising from the project should be submitted to criminology and health journals in order to increase the level of knowledge, awareness and debate in the field.

Other important issues for policy makers:

- Bilingual outreach workers who work with drug users should be employed on three-year contracts to enable skills development and continuity of care for clients, particularly those from CLDBs.
- Drug treatment services should be expanded to meet the demand, including expansion of services specifically designed for adolescents.
- As a result of the relatively large numbers of Vietnamese young people using heroin, treatment services need to have a multicultural focus which meets the specific needs of Vietnamese people and those from other CLDBs.
- Supported accommodation should be expanded and made more available for adolescents not living at home.
- Post-detoxification services should be provided to assist people, and their families to develop coping strategies.
- Ongoing counselling should be provided to assist people to develop coping strategies after detoxification, and to assist their families to cope.
- Greater utilisation should be made of bilingual case managers in the treatment of drug users. This is particularly so in cases where clients have a range of complex issues (some of which may be related to cultural issues).
- Drug treatment services should take a less clinical and more holistic approach to drug treatment. They should continue to develop and implement other treatment options that better meet the needs of the client base, such as the expansion of home detoxification programs and programs which actively involve the parents/loved ones.

- A service management and continuous improvement framework should be developed for implementation by all drug services to assist in their ability to monitor and evaluate their services and continuously improve their services to meet the different needs and expectations of clients
- Alternative, flexible education centres should be established to cater for young people who are behind in their studies in mainstream schools and/or are unable to cope with the discipline and routine of traditional schools. Education should be made available until the young person reaches year 12 standard or until they turn 25 years of age, whichever is the sooner.
- Bilingual workers should be used extensively to assist migrant parents understand:
 - How the school system works and what they can expect
 - How they can best support their child with their school work at home
 - Their child's progress
 - What careers are realistically available to their child and the difficulties of the job market
 - General parenting skills, including understanding the cultural differences their children will be exposed to and how to lessen their impact.
- As a matter of urgency, a youth remand centre (for young men aged 18 to 25 years) should be established for non-violent young offenders.
- Research should be conducted of the background characteristics of people of Vietnamese background incarcerated in adult and juvenile facilities for drug offences, to establish if their treatment in the criminal justice system is equitable and desirable.
- Magistrates Courts should be provided with bilingual workers who can explain the legal and court proceedings, the nature and meaning of the dispositions and the seriousness of a repeat offence.
- Legislation is needed to allow police to take drug-affected persons into protective custody if found to be under the apparent influence of a drug in a public place, and where they may be a danger to themselves or others.
- Drug users, including lower level drug dealers/users, should be treated primarily as a health responsibility. This would prevent greater harms occurring and would allow criminal justice to concentrate their resources on higher level drug dealers and importers.
- A number of different strategies, including 'safe injecting' places and heroin on prescription, should be trialled to address the issue of illicit drug addiction.
- English language classes should be available, free of charge, to all new migrants for a number of years after settlement.
- In locations where there is a significant proportion of school age children of new migrant parents, homework centres should be established which involve both the child and the parents.
- Job training and assisted job seeking programs should be established for the children (15-25 years) of new migrants to assist them into employment.
- On arrival in Australia there should be clarification to new migrants/refugee parents of the difference between reasonable chastisement of children, and what would constitute an assault, unlawful imprisonment, etc.