

The Key Informant Interview Phase

Criminal Justice

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Description of the Criminal Justice Key Informants

Thirty-five key informant interviews were conducted, with senior people from a broad range of criminal justice areas, between September 1998 and April 1999. All the key informants had been working in the same criminal justice field for five years or more and a number had worked in their field for two and three decades. Almost all had had practical experience in the field before attaining their managerial/executive role.

The key informants consisted of:

- Five senior officers and operational staff from specialist drug and ethnic focused units within Victoria Police.
- Five senior officers from Victoria Police criminal investigation branches and district support groups.
- Seven senior officers from national agencies, including the Australian Bureau of Criminal Intelligence, Australian Customs Service, Australian Federal Police, National Crime Authority and the Office of Strategic Crime Assessment.
- Two senior officers from specialist drug units within the NSW Police Service.
- Six academics with a special interest in drug issues and crime statistics from the Australian institute of Criminology, the NSW Bureau of Crime Statistics and the University of Melbourne.
- Three senior members of the Victorian judiciary.
- Four senior managers from the Victorian Juvenile Justice Service.
- Three senior managers from the Victorian Prison Service.

Methodology

The interviews were conducted one on one, or one on two, in a semi-structured format. All but one key informant—who was interviewed at the Macfarlane Burnet Centre—were interviewed in their own office. A list of the questions and topics to be covered in the interviews were sent in advance to each participant. Following the interview, a copy of the transcript was sent to each participant for their comment and

any additions. All participants agreed the transcripts were a true account of their comments.

During the interviews, people were encouraged to speak frankly based on their own personal opinions and observations. Many of the opinions expressed are contrary to the public positions the various organisations have had to take. Thus, agreement to participate in the interviews was on the understanding that no comments would be attributed to identifiable individuals. Where quotes are used, they have been identified only through the criminal justice area in which the person works.

Summary of Findings

Introduction

In the past, illicit drug taking was seen as a fairly straightforward criminal offence, and traditional policing methods and the court and prison system had been able to cope with it quite adequately. However, the character of drug offending has changed enormously over the past decade and the old ways of looking at and responding to the problem are considered to a large degree to be no longer adequate. Additionally, treatment services were considered by criminal justice key informants to be responding as though the problem were merely one of addiction, when in fact they believe it is very much more complicated than that. It is apparent to the key informants that drug addiction is a symptom of underlying social/psychological or economic problems. It was perceived that the criminal justice response to drug users and low level 'street' dealers is becoming increasingly inappropriate and ineffective.

The contemporary drug scene is no longer just about using drugs; it is about peer support, an alternative marketplace, an alternative source of income and alternative social affiliations and recreations. For young people who are struggling with all the problems common to normal adolescence and who may also have a range of family, social and health problems, the drug scene can be very attractive. It gives them many of the things they lack, such as a place in society, something to do with their time, status, peer associations and money. The recent rise in the status of illicit drugs is perhaps also contributing to use by vulnerable people by giving them 'social notoriety and an importance that they didn't have before' (Academic key informant).

We have to keep in mind that we are in a different historical moment now than we were ten years ago and we have a very different set of people with a very different relationship with the state...We need to model the responses we have on the changes that are occurring so we create alternatives which are in tune with the current culture of using (Academic key informant).

A number of criminal justice key informants pointed out that, on the scale of harm in the community, illicit drugs were very low compared with legal drugs. For example, health issues aside:

Alcohol is present in most crimes, particularly those of violence, and is a leading factor present in domestic violence and family breakdown which of course lead to all those other associated problems of children being abused, leaving home, having low self-esteem and so on which may contribute to illicit drug use (Criminal intelligence key informant).

The main drug associated with crime is alcohol...I think that alcohol is the drug that most affects policing and always has been. However, the Pennington report more or less forced us into the greater focus on illicit drugs (Police key informant).

The majority of key informants believed that, in order to effectively address the problem of illicit drugs it was important that the problem be considered in the context of overall harm so that there was a possibility of pragmatic and effective responses being developed:

Sometimes I think that the criminal justice system is so driven by moral panic over illicit drugs that it loses sight of the level of actual harm that is happening...the sentences given for crimes where someone has been horrifically hurt and their lives very often ruined, are often less than for someone who has sold drugs to willing buyers and where you would have to say the level of harm is considerably less. This is not to trivialise the offence of traffic illicit drugs, but the sentences involved appear to be unbalanced... (Criminal intelligence key informant).

Good public policy is made by governments and then explained to the public. The politicians should not be led and influenced to the extent they are by the media and public opinion that is based on fear and prejudice (Criminal intelligence key informant).

Academics pointed out that changes to legislation and government policy in the past have been brought about by community-based action, not by politicians, and that this pattern was probably going to be repeated before illicit drug use was responded to in a rational and humane way:

Domestic violence...child abuse, occupational health and safety, and drink driving too, were all issues which were brought to attention by social movements and non-government means. Twenty years ago these were not recognised as social harms and it was only after much lobbying and eventual acceptance by mainstream society that government policy responded (Academic key informant).

The Value of Examining Illicit Drug Issues in the Context of Ethnicity

The great majority of criminal justice key informants believed there was value in examining drug issues in the context of ethnicity. From a criminal intelligence point of view though, ethnicity was viewed as a factor, like any other, that needed to be taken into consideration when investigating illicit drug offences or building up profiles of the people involved. Key informants were at pains to point out that those few people engaged in illegal activities from particular ethnic communities have been able to make a big impression, out of all proportion to their actual numbers.

From a police perspective it was not considered worthwhile examining illicit drug issues in the context of ethnicity. However, Juvenile Justice, court and prison key informants believed that identification of ethnicity was crucial to a better understanding of their client population and their possibly differing needs, expectations and experiences. It was believed that information about ethnicity would assist agencies in identifying staff training needs and in provision of more culturally appropriate services:

Culture does have an impact. [For example], there is a definite connection between low frustration levels and poor impulse control, and being the eldest son in a [non-English speaking background] traditional household where [he has] been used to being treated like [a] little god because [he is] the eldest son. We see plenty of these in prison and they have a lot of difficulty because they are used to being waited on and being macho...I also think that young Vietnamese are presenting in the classical way that has been documented for the children of holocaust survivors...they have been overprotected and they have been parented in an emotionally remote way. In many ways I think young Vietnamese, who themselves have not experienced war, are more psychologically disturbed than their parents are... (Prison key informant).

Key informants from academic and intelligence areas also all agreed that there was value in examining illicit drug issues in the context of ethnicity:

If you are going to talk about age and drug use, gender and drug use...then to leave out ethnicity is ridiculous...Drug users are assumed to be ethnicity free and research tends to focus on how many times they inject a day for example. The drug user is usually ill defined and we have very little understanding about the role of ethnicity in terms of how that shapes and affects, and is affected by, drug use. This information is very important for a whole range of reasons including better targeting of education campaigns (Academic key informant).

And, from another academic:

It is critical to investigate drug use in the context of ethnicity and to expose the true picture...the history of all aspects of the criminal justice system in relation to minority groups is that it is distorted and discriminatory. The issue of illicit drugs linked to certain minority groups is a prime example of how this occurs. Examining illicit drug issues in the context of ethnicity is also important from the point of view of the concerns that many ethnic communities have about alienated young people who are cast out from mainstream society and who may well be suffering grievously as street kids, as well as being involved in illicit drugs. This needs to be identified, dealt with and prevented (Academic key informant).

Difficulties for People from Non-English Speaking Backgrounds in the Criminal Justice System

Understanding of the Legal System

The court system and its services and procedures were considered to have been designed to deal with a certain type of person, namely: the Anglo-Saxon male. As such, the system '...finds it difficult to deal with anyone who is outside this category of person' (Court key informant). Often people from NESB have no idea how the Australian legal system works or indeed what behaviour constitutes a crime:

Our legal system is quite a complex intellectual system. The language that is used and the formality are unfamiliar...the average person is pretty overawed – their behaviour changes just because they are inside a court – suddenly they can't speak, their words lock up – and that's your average person whose first language is English... (Court key informant).

...although I will explain through an interpreter that they have an opportunity to speak on behalf of the offender, parents and other supporters of the South East Asian offenders do not think it is appropriate for them to speak and it is very difficult for them to do so. Also, explaining to people how the court works takes a lot of time and there is just not that time when we are seeing case after case and there is a schedule to follow (Court key informant).

As well as the systems and procedures, there was concern that the judiciary themselves were not consistent in their outlook. For example, a Magistrate had been quoted in the media as saying, 'We have to get these scum off the streets,' while other Magistrates view drug using as a social and health problem rather than a criminal offence.

Communication

The body language of some people of ethnic background, and its interpretation by the judiciary, is considered a possible source of discrimination. The body language and expression in Asian society, for example, tend to have opposite meanings to those in Anglo society. It was considered an unfortunate cultural tendency for Asian background people to say 'yes' to statements made to them. This response often gives the impression that they are agreeing that they have done something, or are agreeing that they understand something, when in fact what they really mean is 'yes,' they heard the question:

They will tell you that they understand and may repeat back to you what you have said but they really do not understand and they end up breaching their orders...staff are always busy and the need to take time and ensure people understand everything is sometimes forgotten in the rush (Juvenile Justice key informant).

All court and criminal justice paperwork is written in English and it is therefore difficult for many NESB people to understand fully what is required of them, for example, what their community-based order requires:

It would be best if we could have the court orders written in the person's own language as well as in English. Often the parents do not know what the orders mean (Juvenile Justice key informant).

Communication was considered vital, particularly in the Juvenile Justice area. There was thought to be an opinion held, especially by refugees, that authority is bad and to be feared. This gets in the way of effective communication because while the Juvenile Justice workers are trying to assist the young person, they nevertheless represent authority and this makes it difficult to work in a cooperative way with the children and their parents:

Parents of Vietnamese and Cambodian background feel uncomfortable here and add to that, workers who can't speak the language...these things do discriminate against people of NESB (Juvenile Justice key informant).

Another consequence of poor communication is that without adequate explanation, some young people get the impression that the court sentence is very trivial. In comparison with their, or their parents', sometimes horrific experiences as refugees, this view is understandable. It was considered less of an issue when there was ability, and time, to explain the seriousness of the dispositions and the future consequences of the same behaviour.

Interpreters

Interpreting services were considered to be the main culture-specific service offered by the justice sector. Some key informants thought there were not enough interpreters to meet the demand and that interpreters for some languages were very difficult to obtain. Others were happy with the interpreter service. However, even where interpreters were freely available they were not considered to be the complete answer to ensuring services were culturally sensitive. Also:

Vietnamese, especially those that speak no English, often do not like interpreters because traditionally all problems were kept very much in-house and it is difficult to share the family and personal problems with a third person – that is, the interpreter (Court key informant).

Several key informants mentioned the expense of using interpreters:

For every job we do involving Asians or Romanians we use interpreters. In one case we had to spend \$30,000 on interpreters...Often we have the intelligence information but what we actually act on has to be balanced with what resources we have and, if a case is going to be expensive, it is difficult (Police key informant).

Why Young People of NESB Become Involved in Illicit Drugs

The reasons why young people of NESB become involved in buying and selling illicit drugs were considered to be various and often much more complicated than at first sight.

Family

Unrealistic expectations of their children, lack of appropriate parenting skills and lack of time to adequately supervise their children were problems mentioned by court and Juvenile Justice key informants. There was a perception that Vietnamese background parents expect their children to be totally obedient to them and that the adolescents' knowledge of relationships and behaviours in the families of their Anglo peers, consequently resulted in conflict at home and sometimes resulted in the child leaving home:

...many Vietnamese parents expect their children to give them absolute and unquestioning obedience and often place a great deal of pressure on their children to succeed. There needs to be a shift in the parent's attitudes so that children forced out of home can move back to the family and receive greater support and understanding from their parents (Court key informant).

Key informants had observed that some young people had become involved with illicit drugs because drugs were already in their families or because the family was in need of money:

I have had young people trafficking to get money to buy drugs for their parents. It is a very hush-hush thing so it is difficult to know whether the parents became addicted in the refugee camps or prior to this. The child may be making money to pay off their parents' gambling debts (although this is probably the same for people of ESB as for people of NESB). In addition, many of these people are struggling to pay for food, clothing and accommodation and just don't have the skill to present well at job interviews. Even if they have a job the salary for unskilled labour is very low. So, where there is an opportunity to earn \$400 per day selling drugs the temptation is enormous (Juvenile Justice key informant).

Self-Medication

One reason for illicit drug use, which was mentioned by a number of key informants, was that illicit drugs are being taken to treat physical pain, such as toothache or to treat depression or other psychological disorders. For many youth, particularly those who are no longer living at home with their parents and who have no Medicare card of their own, it is easier, and possibly cheaper, for them to use heroin. This compares with the trouble involved in visiting a doctor or dentist, obtaining a script and then buying drugs at a pharmacy. Additionally, there is a tendency in some cultures to deny the presence of mental health problems so, in the absence of diagnosis and treatment, the young person is left to cope alone:

In Vietnamese culture mental illness is rarely acknowledge so if the parents are told by the school or social worker or whatever that it is possible their child may have a mental illness they are not likely to take their child to get properly diagnosed. Maybe these young people when they get a bit older are self-medicating through using illicit drugs to try to control their serious mental health problems, such as depression and post traumatic stress (Juvenile Justice key informant).

The issues with NESB and ESB youth may be exactly the same but what is different is that ESB youth will get diagnosed with a problem and get help, whereas the NESB will not. One of the common themes I have observed for children of NESB (whether born here or overseas), is that they seem to be fine in school until they get to year nine and then they can't cope. They do the first term of Year 10 and that is the end. Then they are out of school and there is nothing for them to do with their time. Young people who come from English speaking backgrounds who are performing badly at school tend to be diagnosed with behaviour problems and get some treatment...How many Vietnamese young people are there who have been diagnosed with Attention Deficit Disorder? We have had none through Juvenile Justice... (Juvenile Justice key informant).

Education

Another area that was thought to be crucial to the ability of adolescents to have a positive self-image—and the prospect of participation in the workforce—was education. The lack of adequate schooling and low levels of literacy, particularly for many migrant and refugee children, was considered a serious problem. It was thought that without literacy skills it was impossible for youth to participate productively and legitimately in the life of the wider community, and that this realisation left such youth vulnerable to the temptations of using and selling illicit drugs.

Lack of Opportunity

Another reason why young people used illicit drugs was considered to be related to the nature of modern society:

...one of the reasons young people, regardless of ethnic background, become involved in illicit drugs is that many of them feel in limbo and unable to participate in society as an adult. Modern society does not treat adolescents as adults, as would perhaps have been the case in the past, and there are very few opportunities for young people to join the adult world and obtain an independent identity. Given this limbo hiatus period in the lives of many young people it is probably not surprising that they seek an identity in other less legitimate ways. Drug dealing provides them with the finances to buy the trappings of adulthood. That is a powerful sort of attraction...Peer pressure is also a powerful influence in the lives of young people and this is an additional powerful influence (Juvenile Justice key informant).

Coercion

Another even more disturbing reason for involvement in illicit drug selling was that young people were being forced by 'standover' men and moneylenders to pay for the debt of their parents by selling drugs:

...Some of these kids from the Vietnamese community are hooked into dealing on the basis of a complex, almost Mafia-style network. The loan sharks or the 'stand over men', have either lent the parents money to set up businesses or are claiming protection money from the parents. Part of the deal to keep safe is that the kids must shift drugs for these characters. The Juvenile Justice workers have said that the reason magistrates won't hear this in the pleas at court is that there is a risk of death or serious injury for themselves or their parents if they speak about it. We have been told that this situation is an entrenched part of that community and it is very closed—you won't find out about it. This is the principle that the Mafia operates on (Court key informant).

Recreation

It was acknowledged that a considerable, but unknown, amount of illicit drug taking was recreational and not problematic from a criminal perspective.

There are people who use heroin recreationally, are not addicted and who maintain a normal lifestyle. To force these people into treatment when there are no harms and they do not want treatment is probably not a good idea (Academic key informant).

Backgrounds of Drug Offenders: Differences Between Anglo and Asian Drug Offenders

Differences between Asian and Anglo background offenders related to their different social backgrounds and criminal histories. Court and Juvenile Justice key informants believed that, in their own experience, young offenders of Anglo backgrounds were much more likely to come from dysfunctional families and to have a history of sexual and/or physical abuse and a lack of opportunity generally. Young drug offenders of Asian background on the other hand, appeared often to come from relatively good homes and were attending school regularly. Thus the pattern of offending for Anglo youth was fairly linear, in that they had poor childhood experiences, became young offenders and continued as adult offenders. The pattern of offending for Asian youth, however, may be an aberration associated with adolescence. Thus there was a certain degree of optimism by court and Juvenile Justice key informants that young Asian drug offenders may well grow out of their offending patterns and continue on with their lives as productive adults:

I think Asian background offenders in Juvenile Justice are more properly characterised as being in the adolescent decline category, while Anglo offenders tend to be a product of their poor upbringing. A typical Anglo presentation will be poor childhood experience, poor adolescent functioning and poor adult functioning...Whereas with Asian background youth in residential facilities they will commonly have had a good functioning childhood, poor adolescent functioning and the hope is that they will have good adult functioning. This is not universal but it is the general picture (Juvenile Justice key informant).

With the Vietnamese young people many...are quite bright kids but are throwing it away altogether by committing drug offences. The big issue here I think is one of culture. Many of the Vietnamese background youth do not believe they belong to their parent's generation and culture and they feel they do not belong to the Australian culture either. I think that is why ethnic background kids form groups and gangs...they can get that feeling of belonging from these associations (Court key informant).

The most common background variable for all young offenders of Asian background was considered tension in their family situation:

Frequently they will be living with extended family and things have not worked out, or they will have only one parent left...Many parents also have to work very long hours and it is difficult for them to maintain any supervision or control over their children (Court key informant).

and:

...Many children and their parents have suffered considerable trauma and are here as refugees. The parents are often not capable of parenting effectively because of all the trauma they have been through and the lack of role models (Juvenile Justice key informant).

For Asian people appearing in the Magistrates Court on drug charges, the average age was estimated at 18 to 21 years, compared with Anglo background offenders on drug charges who were considered to be usually aged in their mid-to-late 20s. Average age of drug offenders appearing at the Children's Court, across all ethnic groups, was considered to be 14-17 years.

Operational police in police districts varied in their perceptions of the offending of Asian background people. Some thought that it was impossible to generalise and some made comments, consistent with the observations of court key informants, that Vietnamese offenders tended to sell drugs as their only offence, unlike drug offenders of Caucasian appearance who tended to more frequently commit property and violence offences as well. Of the 35 key informants, only two thought that Vietnamese drug offenders were generally more violent than other groups.

Observations on Frequency of Offending

Police Arrests

Police statistics show a significant rise in the number of arrests of youth of Asian background over recent years. However, it was pointed out that high representation of some ethnic groups in police arrests, and their subsequent high representation in court and corrections statistics, does not necessarily indicate a higher level of actual offending. Rather it is more likely to be a reflection of police activity:

I am sure that police...are not focusing on particular ethnic groups. However, the large proportion of Asians in the statistics points to a fundamental operational reality about policing and that is that police focus on the highly visible offenders and tend to retrace the steps where they have had previous success (Academic key informant).

We have to play the numbers game because that is how we are assessed, so we tend to focus on the street level crimes because that is where we can get the most number of arrests (Police key informant).

Court Appearances

In the Children’s Court, one key informant estimated that 50 per cent of the children appearing for drug offences were from South East Asian background, while another estimated 60 per cent-70 per cent of the children appearing for drug offences were from NESB generally. One key informant estimated that in the case of drug offences, about 75 per cent of the offenders appearing in the Melbourne Magistrates Court were from South East Asian backgrounds. It was pointed out that this pattern may well be a result of the location of the Court’s catchment area, rather than an indication that there was a large NESB offender population and that in other courts the proportion of offenders of NESB may be very low.

Viewed in the context of overall drug offending, it was felt that youth of Asian background were probably *not* more likely than other groups to offend. However, their street-based culture and their different appearance tended to bring them to the attention of the public and the police more easily than other groups. Thus, Asian background youth tended to enter the criminal justice system more easily than other groups:

Their [Asian] appearance makes them stand out and there is huge media attention on them and I think that filters down. I think they have been demonised as the heroin users of Victoria and this is not right. Many of our Asian kids...would rather sell heroin than rob someone. [They] will talk about the morality of dealing drugs and that this is a better, less harmful way of getting money to pay for their own drug habit – because they are selling to willing buyers – than stealing or hurting other people. However, in the courts they are dealt with much more harshly for the drug dealing and so they then come to our attention because we handle the kids who are given more serious dispositions by the courts (Juvenile Justice key informant).

Incarceration

Court and Juvenile Justice key informants observed that Asian background juveniles are getting higher sentences at an earlier point in their involvement with the justice system than are juveniles from other backgrounds. This was thought to be because the most common offence for Asian background juveniles was traffic drugs, and this offence now carries a higher penalty than many property or violence offences.

Police, court, Juvenile Justice¹⁸ and prison key informants believed there had been a substantial rise in the number of young Asian background offenders being sentenced to youth training centres. The rise was considered to be due to three main factors: their high visibility; the new *Sentencing Act* amendments introduced in 1997 which give harsher penalties for street level drug dealers; and the fact that Magistrates are loath to send young, non-violent men into the adult prison system. Thus if the offender is aged between 18 and 21 years they tended to be sent to Juvenile Justice facilities rather than to an adult prison:

Confidence in the prison system is not high among magistrates, particularly in the situation of custody where very young men of eighteen to twenty-one are placed with older men. In general [Asian background offenders] are not violent and they are very young. I am very reluctant to remand these people in custody because I have had experiences where these young men have been physically assaulted and in some cases raped by a group of other prisoners while on remand (Court key informant).

Drug Treatment Services

Key informants were sceptical of the efficacy of the current drug treatment services, primarily because they appeared to be very Anglo-Saxon and middle-class in their orientation and there was no evidence of their success:

...the drug treatment industry it is starting to resemble a very middle class, psychosocial base and the service providers are applying their treatments from a particular frame of reference. There is no evidence to say they are achieving results or indeed that they are not achieving results. However, my feeling is that they probably do not have a high success rate. Many young people are at the crossroads and are surrounded by chaos in their lives. Their ethnicity gives a particular twist to their experiences (Prison key informant).

There was considerable concern by law enforcement key informants that young drug users and street dealers were not receiving a humane response or adequate services—particularly those of Asian background:

¹⁸ The Juvenile Justice Service provides community based supervision of convicted young offenders (under 18 years) sentenced to community based orders and provides custody on youth training centres for young offenders aged under 21 years.

Young Vietnamese males are ‘falling through the cracks’ in Victoria and their situation is exacerbated by their being projected in the media and considered by the general population as evil. They need to be brought together and assisted to become part of the community – part of us – and not treated in any separate or specialist way because they have exactly the same needs as any other young person (Academic key informant).

There was also a concern that there were very few of the needed services available. This was considered a serious problem:

The concern we have is that there is no place to put the people who are affected by drugs. There is very little infrastructure or practical support for drug users despite the fact that we have committees and groups talking about the problem. The reality is that there are no services. When I go to the Department of Human Services or go to the council I get the same speak (sic). The services which do exist are spread too thin and are under enormous pressure to provide more than they realistically can provide... (Police key informant).

If you talk to the parents of children who have died it is very sad – they all say that they had a lack of support. The kids cannot get services, no matter what the government says to the contrary (Court key informant).

Complex Social Problems

As discussed above, there are a number of social and health reasons which are considered to affect whether a young people will take up illicit drugs, and there are important issues to be addressed in treatment. In the case of Asian background youth, there was a perception by court and Juvenile Justice key informants that these youth have a number of complex problems and issues going on in their lives which need to be addressed to assist them to keep away from a lifestyle with illicit drugs:

These adolescents need advice, practical assistance, support and encouragement in order to establish themselves in a socially acceptable way. In group accommodation what is needed is a person who can provide advice on living skills and assist the kids to get through their rough patches and remind them of all the good things they have going for them. How to set and strive for their life goals. It is hard to get good accommodation workers because all they get in return for their work is free accommodation and for this they are having to tackle some pretty complicated issues on a constant basis (Juvenile Justice key informant).

Post-Detox Support

A number of key informants mentioned that detox services were useless unless they were combined with post-detox services:

...the treatment addicts receive is only one-dimensional and focuses just on the addiction. It treats the addiction but it does not address all the social and other problems, which led to the taking of drugs in the first place. If you don't address these problems what is the point in detox? The person has no other option but to face again all those problems they have and without proper assistance the chances of them taking drugs again is very high (Court key informant).

Detox is useless without follow-up to assist the person to find other ways of coping with their problems. If there is no alternative lifestyle on offer it will be inevitable that the person will drift back to their old friends and their old ways (Court key informant).

Family Support

Other services considered urgently needed included: family support and parenting skill courses; better diagnosis and treatment services for learning, behaviour and psychiatric disorders; better employment and career opportunities; and post-detox support to assist the user and their family to sort out the problems which led them to use drugs in the first place:

The kids we see have a number of issues all happening at the same time, they have had horrific refugee experiences, they are going through the difficult adolescent years, they are caught between two cultures and so on. It is a huge and complex problem. I think more court-based services for families are needed. We do offer a court advice service but it is an Anglo advice service and even interpreters aren't able to counteract the Anglo focus (Juvenile Justice key informant).

Education and Literacy

Free schooling, regardless of age was considered essential, particularly to ensure adequate literacy skills:

Poor English has an impact on many things. Many of our refugees here were trapped in refugee camps in Hong Kong for years and there was little schooling...I think organising appropriate schools for refugees where they can get an education and learn English, despite their age, is urgently needed. However, I think the running is too late for the Vietnamese refugees. I would like to think that if we have another influx of refugees, perhaps from Russia or former Yugoslavia as is rumoured, we don't make the same mistakes. As a government and as a community we should be more proactive with migrants and refugees (Juvenile Justice key informant).

Prison-Based Services

The type and quality of drug services in prisons were considered to vary enormously depending on the type of staff they have. Key informants believed that Methadone should be able to be prescribed in prison, that continuation of Methadone on release be organised by doctors, and that doctors should be consistent in the service that they provide and should treat prisoners in exactly the same way as they would a person in the community.

Prisoners were thought to be at risk of using drugs again, and particularly vulnerable to death by overdose in the days after release, because of a lack of bridging support to help them establish their lives:

Where the work needs to be done is on release. If you look at drug treatment services, that is the place it all falls down...[Newly released prisoners] need assistance [in the short-term]. If I have to think about all the things someone has to do on release I get overwhelmed, so how do they cope straight out of an institution? they have to get every aspect of their lives in order and make rational decisions at the same time...they often are left to organise their own Methadone treatment as well. It is too much to expect of them (Prison key informant).

Appropriate Services

One key informant had asked prisoners about their experience of drug treatment services in the community. Their view was that drug treatment services need to be brought to the users, where they were easy to access, and that the services needed to be targeted at the users' level. Prisoners did not believe that this was currently happening. Many key informants mentioned their concern that treatment services were not appropriate for people of NESB. For example:

It has become very clear to us that Indo-Chinese people have grave misgivings about the dominant treatment methods. Indo-Chinese background people prefer abstinence as a treatment and not swapping one drug with another, as happens in the case of Methadone...' (Academic key informant).

One key informant believed that what was more important than being culturally appropriate was that the drug treatment service be adolescent-focused:

Drug treatment services are really adult services. They are not suitable for adolescents, never mind being culturally sensitive...Kids are not going to relate on an adult level and sit and talk about their problems. They need activities and stimulus, otherwise they are climbing the walls after a few days (Juvenile Justice key informant).

The urgency for more humane and effective responses to the drug problem were very apparent to workers in the field:

What I hate to see with our kids is that the drug problem has pushed their families to break-up point, the kids have health problems, they have criminal records and the likelihood of them ever getting a job is minute. The kids are under enormous pressure from sellers higher up the chain to remain in the drug business, and their lives are basically ruined. While this is happening, the people higher up are raking in vast amounts of money and living a wonderful life. It is a shame when you see the families who have gone through so much to come to what was supposed to be a wonderful country, only to then see their families breaking up and their children going wrong (Juvenile Justice key informant).

Other Crimes Linked to Illicit Drug Offending

Academic key informants point out that police have a tendency to assert that dependent drug users commit most property crime, and that most drug users are property criminals. However, many of these claims are not based on any evidence. For example, in the recent past:

Police Commissioners used to quote 70 per cent of property crime as being committed by dependent drug users. However, this figure was based on a study which showed that 70 per cent of burglars in jail said they had a drug habit and somehow police turned this around to mean 70 per cent of property crime... (Academic key informant).

The academic key informants believed that it was much more likely that a small proportion of dependent drug users commit a great deal of crime. Another key informant pointed out that overseas research indicates heroin addiction does not, in fact, induce people to take up other crime, but rather, addicts involved in crime had a prior history of offending before taking up drugs. One key informant thought that in the last 12 months there had been an escalation of violent offences related to drugs:

My impression is that there was more violence in the drug scene in the late 1980s than there is now. However...there has also been a great increase in syringes used as weapon in armed robberies. I would say that the level of violence associated with drug dealing is escalating quite frighteningly. In the main, these more violent crimes are committed by Anglo-Australians (Court key informant).

Types of crimes that were considered to be associated with illicit drug offending varied according to the level at which the drug offending was occurring. For example at the import level, where the aim is not to draw attention to oneself, it would be rare for other crimes to be committed. At the higher levels of drug distribution and sales, associated offences were considered to be primarily money laundering and fraud:

The higher up the chain you are, the more likely you are to be distanced from the violence and sitting behind a desk somewhere in business (Criminal intelligence key informant).

At the middle dealer level it was considered that there was more likelihood of violence including murder, aggravated burglaries, blackmail and extortion. Some illicit drug-associated crime has been found to be well organised:

In a recent raid, NSW police found that a Vietnamese person had a huge amount of stolen property stored shop-like, where people 'in the know' could go to sell stolen goods or to buy cheap goods. Most of the goods had been brought in by drug addicts to obtain money for their drugs (NSW police key informant).

However, at the lower end of drug offending the general consensus was that associated crimes were much more likely to be opportunistic property and violence crime. These offences included theft from motor cars, armed robbery and burglaries:

...drug offences are linked to property-based offences, mindless violence, impulse crimes, lack of thinking or [lack of] forward planning type crimes. I think drug offences are less likely to be associated with the type of crime which is planned or has some strategy about it (Prisons key informant).

Many of the victims of drug-related crime are themselves drug offenders:

Drug dealers prey on one another. At any point in time they will be either cashed-up or have drugs on them so they are therefore a good target to rob. Violence offences seem to go together with drugs and money (Criminal intelligence key informant).

Occasionally offences occurred in the context of gangs but this was considered to be unusual:

Sometimes we will be presented with young people who you think have acted out of racist motives, with one gang of a certain race attacking another group of another race. The young people will say the attack was based on racism but if you continue to probe it will often be the case that it is one group coming in and undercutting the established group and trying to take over their drug trafficking territory (Juvenile Justice key informant).

Two key informants in police and intelligence areas thought that higher level Asian background drug offenders were difficult to prosecute because such offenders tended to commit their crimes within the Asian community, making police investigations difficult and increasing the likelihood of the crime not being reported to police:

They are using their language skills and their cultural background to submerge their activities and therefore shield themselves from police detection (Criminal intelligence key informant).

Many of the aggravated burglaries are committed by Asians on Asian victims and many victims are loath to report to police. Therefore they are a good target from a criminal's point of view (Law enforcement key informant).

More Effective Approaches to Drug Control

The importance of properly researching the area of drug-taking was mentioned by a number of key informants as being extremely important for the planning of efficient interventions. As well as the reasons given in the section above, discussing the value of examining illicit drug issues in the context of ethnicity, it was also considered to be important to demonstrate that drug-taking behaviour was in fact normal behaviour and to avoid the tendency to stereotype and demonise drug users:

Research may also have the positive effect of putting illicit drug-taking into the context of normal human behaviour, rather than viewing it as an aberration of human behaviour. We all live in a drug taking community... (Academic key informant).

Second, it was thought that research was needed to obtain a truer picture of the patterns of drug taking. For example, one key informant had found from police patrol 'running sheets' that, contrary to common belief, the majority of drug users coming to the attention of police were in fact injecting themselves at home or in another person's home, usually with other people in the house:

...a lot of the injecting, certainly in the...suburbs, appears to be happening in the home. Throwing money at the problem is not the answer unless the money is going in the right area (Police key informant).

The general call to 'lock them up, lock them up' solves nothing and if what is said is happening [Asian background children coerced to sell drugs for moneylenders and standover men] then that would be a most unjust result. That is the reason I think there needs to be a proper analysis done (Court key informant).

Shaping the Drug Market

The view of all key informants was that the illicit drug market was never going to be eliminated. Others went further to say that much of the harm associated with drug use was largely due to its illegality. The only thing that was considered to be realistically achievable was to implement strategies designed to shape the drug market in such a way that it did least damage. To this end, a number of key informants thought there should be differentiation of drugs for the purposes of penalties, and more discrimination in what is considered to be drug abuse.

It was thought that use of illicit drugs which produce minimal health consequences should not be considered in the same way as drugs which have more severe health and social costs, as presently happens:

Given that smoking heroin is less harmful than injecting it, it would make more sense to make it easier for users to smoke heroin and more difficult for them to inject it (Criminal intelligence key informant).

Almost all criminal justice key informants believed that illicit drug users and street level dealer/addicts should be treated as a health problem rather than as a criminal one. Police pointed out that they were being required to identify if someone has a health problem and that this was not what they were trained for. Also:

When you have an established cohort of drug users there is not much point continually arresting and locking them up. It is more productive to treat them (Academic key informant).

I think if the drug problem was tackled as a health issue and as a social issue we would have a chance of improving things...I don't think they are bad kids but they are having struggles and the drugs are used as a crutch (Juvenile Justice key informant).

We really have to start looking at it as a health issue and to get away from demonising people who use drugs (Court key informant).

The majority of key informants believed that providing heroin to those users who were addicted to it, and providing safe places to use the drug, were sensible. Indeed, some key informants said they were at a loss to understand why there was such enormous reluctance to introduce safe houses and heroin on prescription:

Why is there the enormous reluctance to conduct safe houses or have heroin by prescription available for addicts? Politicians and the media need to stop scare mongering about illicit drugs. Law enforcement as a strategy against users and those low level dealers who are raising money for their own habits is a total waste of time and resources because it achieves nothing (Criminal intelligence key informant).

You still hit very hard anyone found bringing heroin into the country. However, for that group of injecting users which no other method can help I think it is the answer...Ultimately, this sort of option for people where nothing else has worked, is going to save lives...Heroin trials are about reducing the harm. Both politicians and the media were very irresponsible in allowing the link to be made with legalisation [during the debate over heroin trials in Canberra] and it has done a lot of damage (Criminal intelligence key informant).

The only way to reduce the damage being done by heroin is to allow addicts to have heroin on prescription, to have safe injecting places and to provide addicts with the support they need to get their psychological, relationship and self-esteem issues sorted out...While heroin remains totally illegal the harms associated with it are going to be very difficult to reduce (Court key informant).

I think there needs to be legalisation of illicit drugs but with strict controls and regulations. It would at least give people a chance to establish themselves more easily into a legitimate lifestyle because they would not have to participate in the street drug scene and the lifestyle that goes with it to get the drugs they need (Juvenile Justice key informant).

If a young person could have their drug needs met in a safe, controlled environment they wouldn't die, they wouldn't have to commit crime. At the moment they are only focused on where and when they can score. This fills their day and the longer you are in a lifestyle the harder it is to get out of it. It is like car accidents; I think you need a lot of different things going on at the same time like community education, recognition that there are other issues going on, not demonising the issue. We lost a kid to an overdose on the weekend. Never mind dealing with the criminal side of things – we are sometimes just trying to keep the kids alive (Juvenile Justice key informant).

Coordination and Sharing Information

Many key informants mentioned the need for greater coordination and integration of data from health, independent researchers and law enforcement, particularly in the compilation of current national illicit drug assessments:

Without improvements to standardise, coordinate and integrate drug data on a national scale and across the full range of related disciplines there will continue to be the situation where national policy makers are being presented with incomplete or conflicting advice (Criminal intelligence key informant).

Even within departments, there was a lack of electronically integrated databases. In Victoria, as is probably the case in other jurisdictions, police specialist squads and district crime units had their own stand alone data bases which were not linked with one another at any level.

Provision of strategic intelligence advice to senior policy-making bodies at the national level was not considered to be frequent or direct enough. In addition, it was thought important that there should be greater access to the National Drug Strategy Committee.

Police and Community Involvement

A problem identified by a number of key informants was the difficulty community members had in working with police on community-based solutions to local drug issues. Primarily this was due to the tendency of police to move frequently to different duties and to different work locations. The lack of continuity in community liaison resulted in a loss of knowledge by police of specific ethnic communities and frequent changes in focus and priorities as new police individuals became involved:

...It is difficult for police to develop knowledge, understanding, contacts and trust within ethnic communities and it must also be very hard for communities to build trust relationships with police and to help police in the process of identifying and prosecuting the criminals within their communities when individual police, focus and style of liaison are constantly changing (Criminal intelligence key informant).

New Legislation Needed

The ability for police to compel heavily dependent people to attend drug treatment services, similar to the legislation which allows police to compel the mentally ill to be assessed, were considered to be needed. At present, 'There is no way we [police] can force people to go along for treatment until they get a court report' (Police key informant). Police considered themselves to be ill equipped to tackle the drug problem, particularly in relation to the lack of appropriate specific legislation, lack of 24-hour drug services for referral of people, and the lack of police resources available compared with the size of the problem. Utilisation of existing powers was also problematic. For example, electronic surveillance was often needed for the more serious drug offenders; however, justification for its use needed considerable evidence which was in many cases considered to be impossible to obtain without electronic surveillance.

A number of key informants pointed out that police have no power to take people found under the influence of heroin or other illicit drugs into protective custody. If there was this power it was considered that young people could be placed in a safer situation and also their details could be taken down and their parents notified:

Many times, as we see in the drunk and disorderly cases, the parents are rung by the police and it starts the alarm bells ringing. There should be the same provision for young people under the influence of drugs. Many children do not have any parental support; however, there are a proportion of parents for whom this type of action would prompt them to do something about their child's problem (Court key informant).

Finally, measures, such as the better control of the hydroponic equipment supply trade was considered to be one strategy that could result in increased detection of commercial cannabis production.

Cost-Effectiveness

Police and criminal intelligence key informants believed they could be more productive with their finite resources if they were able 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:

What would be good is a movement of law enforcement resources away from users and towards the higher level dealers and importers. All the strategies, such as treatment clinics and methadone and all the services for users...I think would help to free up law enforcement resources to concentrate on the higher levels and especially to put more resources in at the most effective end – the barrier (Criminal intelligence key informant).

Demand reduction and harm reduction were considered by all criminal justice key informants to be the keys to addressing the illicit drug problem. Many of the federal criminal intelligence agency key informants were concerned that the Federal Government appeared to be moving away from the harm minimisation approach.

While police were receptive to new ideas to address the drug they were still being required to persist with traditional policing tactics, such as saturation policing, despite it being clear from research that such tactics may be causing greater harm:

Police are becoming increasingly aware of the deleterious effects of [saturation policing]. Things like the operation's impact on needle and syringe programs, where saturation policing actually had an enormous negative affect in terms of displacement and risky practice. Additionally, these drug operations take up a lot of time and resources for very little gain in relation to removing the problem or minimising the harm done by it. However, at the moment the organisation rewards district police for these types of operations (Academic key informant).

Harm Minimisation in Criminal Justice

It was pointed out that a police crackdown on street drug dealing by drug users might well have the effect of turning users to other revenue raising activities, such as armed robbery and theft. Despite their better judgment, police were being required to persist with hard line, traditional policing tactics, such as saturation policing.

Similarly, in prisons, there was a simultaneous requirement to have a hard line approach to illicit drugs as well as a harm minimisation approach. An illustration of how these two policies conflict was given as follows: searching and testing for drugs has improved considerably in prisons to the extent where there are fewer syringes and less injecting equipment now present. However, demand for drugs has not decreased, which means prisoners are using at around the same rate but much more unsafely. The question is whether there should be a 'drug safe' approach or a 'drug free' approach in prisons and could they co-exist? It was considered that new methods to reduce the harm of drugs in prison should be tried, rather than aim for

elimination of drugs in prison because this latter goal was unachievable. For example, one method would be to rate sanctions on drug use according to the level of harm the drug causes. It was thought that harsher penalties for the more harmful drugs might encourage drug users to opt for those that are less harmful. At present in the Victorian prison system all illicit drugs are sanctioned in the same way. Thus, possession of marijuana by a prisoner has the same penalty as possession of cocaine. This was not considered unfair, given that marijuana pacifies behaviour while cocaine induces violent behaviour:

No one has had the guts to pull the pin on our current treatment of marijuana. South Australia prisons have a different system where they have a ranking of drugs according to seriousness so there is a scale of punishment given out to offenders, based on drug type. That is a promising thing because while marijuana tends to pacify behaviour other drugs like Rohypnol and cocaine induce violent behaviour and there have been some ugly scenes where people are getting injured as a result of the use of these drugs. It makes sense that the possession of drugs should be sanctioned differently according to the harm they are likely to cause (Prison key informant).

In any case, there was a perception that 18 to 24 year-olds – who are usually in prison for shorter terms – are not motivated by the present sanctions on drug use in adult prisons, and many were not motivated to seek treatment for their drug use.

The ‘War on Drugs’

The unanimous view of criminal justice key informants was that the ‘war on drugs’ was lost. A number of reasons for this were put forward including that:

- It is impossible to control pleasure with legislation.
- Police and intelligence agencies have to observe jurisdictional boundaries and make decisions based on how much operations will cost, while 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 agencies is a continuing difficulty.

At the street dealer and user level, police key informants said they could not keep abreast of the sheer volume of calls and information received. Lack of services to refer people to, particularly after hours when most of the drug activity occurred, also meant police were often tied up for extended periods with a drug user and unable to get back out on the road:

The war is lost...the Federal Police have thrown in the towel and they are not concentrating on drugs any more...Look at the docks area...there were all sorts of checks and they used to use dogs...now the customs staff have all gone...and they say it is the police's responsibility and problem. We have lost the battle, we can't do it (Police key informant).

Higher Level Illicit Drug Importers and Distributors

There was agreement that drug importers and distributors are from a broad range of backgrounds. Police and intelligence key informants emphasised that they did not focus on ethnicity as such, but that it was an issue which arose by virtue of the nature of illicit drug importing and distribution, in that most of the drugs in Australia come from overseas. Also, because there must necessarily be a feeling of trust between people contemplating illegal behaviour, it was natural that family, social and business associates (who are commonly of the same ethnic background), may be safer choices for collaboration:

The main issue is trust – whether that is by virtue of a shared school, club, long-standing business association, ethnic background or whatever. In terms of the movement of drugs around the world ethnicity is important. In terms of importing drugs into Australia there is a business advantage if you share a similar background, such as ethnicity with the suppliers. This is the same down the chain although there are more opportunities for greater participation by a variety of groups the further down the chain you go (Criminal intelligence key informant).

In general it was believed by key informants that the large importers of heroin in Sydney and Melbourne were criminals of Chinese, Vietnamese, Romanian and Albanian backgrounds. Previously, it was believed to be dominated by people of Lebanese and Turkish backgrounds. The main groups involved in cannabis are still considered to be from Greek and Italian backgrounds and amphetamines were considered to be mainly produced by Anglo-Australians (although an amphetamine 'cook' from Bulgaria and two from Russia had been arrested recently).

Chinese background importers were thought to sell heroin in Australia wholesale and not be involved in its distribution:

Chinese will sell heroin wholesale to Vietnamese as well as to other nationalities. People of Chinese background tend to work through business related contacts based on a system of obligation and personal contacts (Criminal intelligence key informant).

Criminals of Vietnamese background, who are involved in the distribution of heroin on a larger scale, were considered usually socially marginalised people with very mobile lifestyles:

The more marginalised these individuals are, the more involvement they appear to have in the drug trade. People of Vietnamese background are constantly moving drugs, and the proceeds of drugs, along the east coast of Australia by road between Sydney, Melbourne and Brisbane (Criminal intelligence key informant).

While there does not necessarily need to be an individual or group of the same ethnic background in Australia for an importation to be successful, it has been found that for imports of cocaine for example there will tend to be a Latin American (Spanish speaking) connection somewhere in the importing loop. However there have been many examples where strategic alliances between different ethnic groups have been established in Australia, primarily at the point of transfer between import and major distribution:

One of the hallmarks of modern drug criminals is their ability to strike business alliances with other groups. There may be a group of criminals of the same ethnic background but they will be able to establish a business alliance with a group consisting of a totally different ethnic background (Criminal intelligence key informant).

Organised Crime

Except in the case of two police key informants, there was agreement among police and criminal intelligence key informants that drug importation and distribution in Australia is not connected to any organised crime groups. It was acknowledged that some criminals will claim, such associations in order to intimidate others; however the connection, if any at all, was invariably found to be very loose:

The concept of drugs being associated with organised crime is very appealing especially because they are a very visible 'other' who is involved. Anyone can say they are part of an organised crime group and immediately they can have status and can engender fear by the threat of possible violence and in fact carry out the violence in the name of these groups (Criminal intelligence key informant).

Drug activities are more entrepreneurial and broad-based, with each group making profit on their own part of the importing process. There is no evidence of hierarchical crime organisations being involved in any Australian drug crimes (Criminal intelligence key informant).

Violence, too, was not considered to be associated with higher level drug dealing to any significant degree:

There does not appear to be much violence or competition in the [higher levels of the] drug market. If people...realise the competition is too great, they seem to find something else to do. I think that at the higher level there is no point in fighting over turf because everybody would lose. The gang on the street might control a territory but there is not the equivalent at the higher levels (Criminal intelligence key informant).

Media

It was pointed out by several key informants that ethnicity is not a major factor in drug offending. Rather, drug offending was a problem that transcended all ethnic groups and was related to a number of complicated and interrelated socio-psychological and economic issues in the lives of the drug users:

Media coverage is not at all accurate. The focus on Vietnamese is a beat-up and they are convenient scapegoats. Of course there are Vietnamese involved in street level dealing but that is the bottom level. One of the most successful drug syndicates ever in Australia was the 'Mr Asia' drug syndicate and it comprised New Zealanders with one or two Australians. It wouldn't surprise me if there were other 'Mr Asia' syndicates in existence. However, these types of syndicates do not feed people's prejudices and they don't sell newspapers (Criminal intelligence key informant).

Some key informants were aware of groups of Anglo and ethnic background youth heavily involved in alcohol and cannabis in other locations, such as on the Peninsula, but observed that these groups do not attract the attention of the media:

...you could just as easily focus on the Peninsula...and you would come across many young people of Greek, Italian and South Pacific backgrounds who abuse alcohol and commit crimes of violence. They have big problems there but they are not the focus of the media. It is easy to think there is a big problem with Asians and narcotics but in the total scheme of things it is only one of many problems which occur in pockets of the population (Juvenile Justice key informant).

Certain sectors of the media were considered to give disproportionate coverage to Vietnamese involvement in illicit drugs through selectivity, exaggeration and provision of illustrations that show Asians:

The Herald Sun in particular has clearly been running what could be considered to be a vendetta against the Vietnamese in Victoria and *The Age* has not been far behind. There have been some examples of quite unconscionable behaviour by the *Herald Sun* (Academic key informant).

Newspaper reports of drugs were also considered the way many people found out about where to go for drugs:

There are repercussions from media reports. We have people coming down from Sydney because of the publicity. You have to be very careful what you say because if it is reported they will come from everywhere (Police key informant).

Outcomes from the Community Consultation Phase

Methodology

The Process of Community Consultation

The community consultation phase included an ethnic community leader's information forum and fifteen community consultations and focus group discussions with eight different ethnic communities. The eight ethnic 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.

Except for the community leaders information forum, where a mix of different ethnic group leaders were present together, all other consultations and focus group discussions were held with people from the same ethnic community. All agencies known to be connected to the chosen ethnic communities were invited to participate. The agencies were sourced from the Multicultural Commission Directories 1996 and 1999. A number of further contacts were provided by Steering Committee members. Additional agencies were identified through the snowballing effect of agencies informing the researchers of relevant others. Each agency was initially contacted by telephone and the project explained to them. A letter of further explanation of the objectives of the research and an invitation to participate followed this up. Dates of the consultations were negotiated and then a letter of confirmation sent. A number of the consultations were held at the Richmond Community Health Centre, and others were held at venues nominated by the participants.

During June and July 1999, eleven community consultations were held with community leaders and workers from the Lebanese, Greek, Somali, Turkish, Italian, Vietnamese and Timorese communities. Four focus group discussions were held with workers and other professionals from the Greek, Eritrean, Italian and Vietnamese communities. A further three focus group discussions were held with young people from the Somali, Greek and Italian communities. An average of about eight people attended each consultation session. Where numbers for a session were three or less, (as in the case of the first Italian, Vietnamese and Lebanese community consultation) an additional meeting was arranged for that group. The researchers also attended a drug information session for Somali mothers, which had been arranged by the Darebin Community Health Centre.

All meetings were tape-recorded after permission had been obtained from the group. Notes were also taken. The consultations and focus group discussions followed a semi-structured interview format. Interpreters were used during consultations involving the Timorese and Eritrean communities.

Results

Results have been placed under a number of different headings as follows:

How big is the drug problem in your community?

All communities thought that drugs were a problem in their communities. Participants from the Eritrean, Timorese, 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. All communities considered that there was a high level of anxiety in their communities about drugs caused primarily from their lack of knowledge about the problem.

I would say that for the first generation of Italians illegal drugs are not a problem at all but I would say for the second and third generation it is definitely a major problem. For those of the first generation it appears to be the use of benzodiazepines and alcohol that becomes a problem. For generations that follow, heroin use is the principal illegal drug, as is [...] cannabis (Italian community consultation).

The problem of drug use in the community is very visible...there is no point in denying the problem. It is obviously a great concern to the Vietnamese parents. They try to keep quiet about it. It is sensitive and complicated and people don't want to say anything publicly in case their words are misinterpreted (Vietnamese community consultation).

How big is the drug problem in your community compared with mainstream?

All communities thought it was hard to estimate how big the problem was in comparison with the general community. People from the Eritrean, Somali and Timorese communities thought the drug problem was *less* in their communities, but that the impact was probably greater because their community was so small:

...we have this problem that is beyond our control. We have as a community only been here for 15 years, there are about two or three thousand people, but considering our background – where even smoking was considered a sin – this issue is a concern. When we came here, we found the problem of the drug. It is a big trauma for us (Eritrean focus group member).

People from Greek, Turkish and Timorese communities thought the illicit drug problem was the *same* in their community as in other communities:

As with most other communities, drugs are a problem within the Greek community. The problem itself is severe but not any more severe than the general community and just as severe as in other ethnic community groups (Greek focus group).

People from Lebanese and Vietnamese communities tended to think the illicit drug problem was *the same or greater* in their communities

It is hard to say how big the problem in the Vietnamese community is compared with other groups. The Vietnamese appear to use drugs more but they are the most visible (Vietnamese community consultation).

Views of people from the Italian community varied. Some considered the problem to be less, others considered it to be the same, and others believed that the illicit drug problem was greater in their community than in other communities:

Compared with other ethnic groups it is not as rampant in the Italian community compared with other groups (Italian focus group).

On the scale of issues of most concern to your community, where does the issue of illicit drugs fit?

People from the Vietnamese and Timorese communities considered illicit drugs to be their major problem.

The drug issues are the biggest concern...Drugs are definitely the number one issue. They see drugs every day and it has now become part of their life. Every family has a kid and they are always worried about the drug issue (Vietnamese community consultation).

There is a real sense of panic in this community about drugs...in the Timorese community the issue of drugs is the number one issue. Late last year there were two Timorese who overdosed and died and it was then perceived to be a big crisis (Timorese community consultation).

People from the Greek community also thought illicit drugs were a major concern in their community, together with the issues of gambling, domestic violence, family breakdown and unemployment (for both the young and for people in their fifties, who may have been out of a job for a few years).

People from the Turkish community considered the drug problem to be serious but not their number one concern:

A drug problem is always combined with many other problems, such as school, family problems, unemployment and so on (Turkish community consultation).

People from the Lebanese community considered illicit drugs and unemployment to be the biggest issues for their community. Also of concern was the mostly undeserved, negative publicity the Lebanese community perceived that they received in the media whenever there was a problem:

In the crime rates Lebanese are ranked third most criminal people. I bet you if you looked at it you would find that many of these people are Egyptian, Sudanese, Palestinian and Syrian. But they are calling themselves 'Lebanese' when there is a problem. If there is something good being reported, it is always toward the Arabic community, not the Lebanese (Lebanese community consultant).

For people from the Somali and Eritrean communities, poverty, housing issues and unemployment were of most concern, as was the issue of schooling (particularly where the parents had little experience of schooling and could not support or monitor their children's progress).

For people from the Italian community, illicit drugs were not a major concern. Of more concern was the ageing Italian population; unemployment (particularly for older people), and the issue of keeping their young people within the Italian culture.

Perceptions of the Most Common Illicit Drugs Being Used

Heroin and **cannabis** were mentioned as being used within all ethnic communities.

Cannabis use was considered to be common in the Eritrean, Lebanese, Timorese, Turkish, Greek and Italian communities. People from the Vietnamese community considered that cannabis use was not so widespread in their community, and *Heroin* was considered to be the most used drug in the Vietnamese community, sometimes used in combination with other drugs like *Rohypnol*. *Heroin* was considered to be the drug most used by Lebanese, and the second most common drug in the Eritrean community. People from the Italian and Greek communities were divided in their opinions about how widespread *heroin* use was in their communities.

Cocaine was considered to be used in the Greek, Italian and Lebanese community and to a small extent in the Vietnamese community. *Ecstasy* was mentioned as being commonly used as a party drug for youth within the Lebanese, Greek and the Italian communities. **Amphetamine** use was considered by some Greeks to be second to cannabis as the most commonly used drug in the Greek community. *Only the Greek community mentioned steroid use:*

Young males are particularly prone to using steroids and it can be quite an accepted drug among the members of their peer group. For the young athletic male, often unemployed or on some type of sickness benefit, it is very easy to obtain steroids both injectable and oral [at these places like gymnasiums] (Focus group participant).

Although not an illicit drug in Australia, **khat** was mentioned as being commonly used by the Somali community:

Khat is common—like taking coffee. ‘I have it every Friday night.’ You buy it at a particular house. We don’t talk about it at all because we don’t want the supply stopped (Somali youth focus group).

How are the drugs taken?

Cannabis was understood by all communities to be smoked. While other communities were of the opinion that heroin was mostly injected, people of Eritrean background considered smoking to be the common mode of ingestion in their community:

None of us have heard of injecting of drugs in our community. We cannot say it does not exist but we have no proof that it happens. I have been working with the young for five years but as of yet I have never come across anyone injecting. As for smoking heroin I have heard of this (Eritrean focus group member).

People from the Vietnamese community considered both smoking and injecting to be common. People from the Greek community had not heard of smoking heroin, only of injecting:

They are mostly taking the heroin by smoking. Smoking is very common and they have told me when you start injecting you are finished. They will say, ‘I can smoke but I do not want to inject they usually start off with smoking then move onto injecting’. (Vietnamese community consultation).

Who are most at risk of using illicit drugs?

All communities mentioned that young men in their late teens and early twenties were the group most likely to use illicit drugs. Most common age for drug use was considered to be:

- 16–25 years for the Somali community
- 13–20 years for the Eritrean community
- 14–15 year olds were commonly using cannabis in the Turkish community and older youth for other drugs
- 15–45 years for the Lebanese community
- 14–35 years for the Greek community
- 20–25 years for the Italian and Timorese communities.

People from the Somali community believed very young Somali children living in the high-rise flats were being used by drug dealers as go-betweens:

We have problems where individuals from other cultures approach Somali children and offer them presents to get involved in illicit drugs. They bribe the children with, say, \$10 and it is the money they are interested in, they probably don't understand what they are doing. The drug sellers sit in their car and they ask the seven to ten year old children to take a package to someone and bring back the money to them and the children get a reward for doing that. At an older age – say 18 to 19 years – the young men feel powerful to be involved with the illicit drugs and they move around Melbourne (Somali community consultation).

Sometimes, Vietnamese children as young as 13 to 14 years were thought to be involved in selling drugs:

Some children think you sell the drugs and then you can buy anything... Young people like certain products like Nike and Adidas and things like that. The parents could not often afford to buy these things (Vietnamese community consultation).

There was considered to be no illicit drug problem among women of Turkish, Somali, Eritrean and Lebanese background. Some women were considered to be using illicit drugs in the Italian, Greek, Timorese and Lebanese communities. In relation to party drugs used in the Italian community, use was considered equal for women and men. People from the Vietnamese community considered that there was a growing trend for women to be using heroin:

There have been increasing numbers of females using over the years... a lot of females start using because their boyfriends are using... a lot of them deal to support their boyfriend's habit (Vietnamese community consultation).

Reasons for Using Illicit Drugs

Peer Pressure

All communities (except Eritrean) mentioned peer pressure as being a common and powerful reason many young people become involved in illicit drugs:

Children don't take drugs to spite their parents; they do it to please their friends more than anything. It is a way to conform and to feel part of the group. They don't tell their families and the families will always say the difficult behaviour is a phase the child is going through (Lebanese community consultant).

Old people can forget how dreadful peer pressure can be. If you lose your best friend it is like a death. Peer pressure is a problem. I think the kids using drugs do not have the strength to say no to the drugs because they think they will lose their friends (Italian community consultant).

'Peer pressure is a big problem. This may come from the difficulties of not having full integration into Australian society. It is not so much the language issues but more related to the culture. There is the 'heroism factor' as well to be involved in selling drugs (Vietnamese community consultation).

There is temptation to be like [Afro-]Americans and drugs is part of the US culture (Somalia community consultation).

Management of Psychological Difficulties

Trauma from the effects of war was mentioned by people from Somali, Lebanese and Vietnamese communities:

Many kids who arrived in Australia after the wars of the mid-1970s suffered severe trauma. No money was ever spent on Lebanese refugees. They want to forget the war and be Aussies but their parents are traumatised by the war and they are over-protective and strict and put too much pressure on their kids to succeed (Lebanese community consultation).

Many people have had very bad experiences of torture and losing loved ones, of being raped, of life-threatening situations...Many have never found out what happened to the rest of their family, and most have never resolved all the issues that happened in their past. All these things make parents vulnerable – they need assistance (Vietnamese community consultation).

Poverty

Poverty was mentioned as a cause of illicit drug-taking by people from the Eritrean, Somali and Vietnamese communities:

Eritreans are very poor. Our children are our only asset and if we lose them then there is nothing. As the children have no income they are using drugs and selling drugs to get money (Eritrean focus group member).

Vietnamese community is still a poor community. Their incomes are still very low (Vietnamese community consultation).

Lack of Discipline

Lack of discipline was considered by people of Greek, Timorese, Eritrean and Somali communities a strong reason for children getting involved in illicit drugs. Australian

society is perceived to be very free and the parents are frightened to discipline their children for fear of breaking the law:

The government or the system in Australia (such as the school or anywhere), they say to the child, 'Is your mother insulting you, abusing you?' Obviously you are giving power to the kids over their parents. The kids are saying, 'I can do whatever I want. If something happens I have someone to go to.' Here the government gives them money into their hand from 15 years up (Eritrean focus group member).

When people come to Australia one of the first things they are told is that it is illegal to hit their children or to try to control them harshly. Parents therefore fear disciplining their children, they don't understand that you can discipline them within the law (Timorese community consultation).

There is lack of consistency with discipline in families and this can cause conflict (Greek community consultation).

Lack of Communication in Families

Lack of communication in families was mentioned as a problem by people from the Vietnamese, Greek, Italian and Turkish communities:

Often the children don't speak fluent Turkish and the parents don't speak or understand English very well. So often there is difficulty in talking to each other and this puts pressure on families. There are also different attitudes to religion and politics between the older and younger generations (Turkish community consultation).

Parents do not know their children. When parents are asked, 'Do you know your son?' they say, 'Not really.' 'What do you talk about at home?' Nothing. There is a lack of communication within the families. A lot of families tend to avoid the conflicts and lie, as it is easier to do this (Greek community consultation).

Lack of Effective Parenting Skills and Supervision

A number of communities mentioned parents working long hours and not supervising their children as reasons for children to become involved with illicit drugs:

...kids are often left to fend for themselves because their parents may work long hours. Basically there is no parental control, the kids don't fit in completely with the Australian society, they have no job, and they have no power. The only way they fit in is to be violent and to be dealing and using drugs (Lebanese community consultation).

The desire to save money, work very hard and pay off a house loan as soon as possible [to the detriment of the children]. The problem is not resolved after paying off the loan because the cycle starts off again with the purchase of another house and a further loan is taken out (Vietnamese community consultation).
Some parents preferred not to confront the problem even when they were aware of it. They will not exactly accept it – they just turn a blind eye. My best friend's mother found a little bag of cocaine in his glove box but she said nothing about it at all. Within the Italian community there is a denial of many issues (Italian focus group participant).

A large proportion of the Eritrean and Somali families are headed by a single mothers who are not aware of drug issues in Australia and are having difficulties in supervising and controlling their adolescent boys:

The majority of families are single mothers and many came from rural areas – they do not know of the dangers of the drug problem for young people here. These women do not have enough information about the issues of drugs. The kids who have grown up in Australia think they understand more than their mothers. This makes it very hard for the mothers to convince their children that what they are doing with drugs is wrong (Eritrean focus group).

People from the Vietnamese community considered that much of the parenting is emotionally remote, unlike what the child sees in other families around them:

There is...a huge gap when it comes to emotional support. There is no emotional involvement with their children. The families are working too hard...and basically they do not have the energy to provide that emotion for their children. I am looking after 16 parents and the pattern is they do not know about emotional involvement with their children. A lot of young people want more from their parents. I think they are using drugs as a way of finding more emotional fulfilment (Vietnamese community consultation).

People from the Greek and Italian communities believe that some youth had too much spare time and money provided to them by their parents:

Issues of financial difficulties are not a problem because most of us Greeks have got our parents to give us money. No Greek parent will let their child leave home without money in their pocket. It could be looked upon that because the money is there, this allows some people to access the drugs. You can always rely on the parents to come up with the money (Greek focus group participant).

Generational/Cultural Conflict

All communities felt that cultural conflict was an issue. People from the Greek community mentioned that there was often a problem with second and third generation children not coming to terms with their identity:

The young Greeks here have to find their identity. Are they wholly Australian; are they half-Greek or a quarter? Are they Greeks when they are with their parents? Or when outside, what are we? A lot of people do not come to terms with that. This can be a huge pressure for them... This can make people turn to recreational drugs. It's a real conflict with themselves. They are caught in two cultures (Greek focus group member).

Intergenerational problems are a very big issue. It is getting less but it is still a problem. The time clock syndrome is also a problem...the parents left Italy in the 1950s and they wish to impose those cultural values upon their children; thus conflicts emerge (Italian focus group member).

Even young people who are not using drugs are having difficulties gaining a sense of identity. Are they Turkish or are they Australian? They don't properly fit into either culture really and they often feel like they are living in limbo (Turkish community consultation).

People from the Somali and Eritrean communities came from refugee camps where they were used to living within well-established rules and where there was not a feeling that someone was better than someone else:

Coming to Australia with no preparation has caused problems. There is cultural confusion. The young people are trying to fit into two cultures. We are living in a society that has a belief in individuality while we came from a society that believed in community. We tell our children one thing and then they turn on the TV and they see something else, not supporting what we have said (Eritrean focus group member).

Unemployment

People from the Somali, Eritrean, Timorese, Lebanese, Vietnamese, Turkish and Greek communities all thought unemployment was a very big problem in their communities. Unemployment was less of an issue for Italians:

After they finish school the kids are not doing anything. They lack skills, lack opportunity and have no employment prospects and have low motivation. Many have dreams but to make the dream a reality they resort to the drugs to earn them the quickest money. They sell drugs but then they start to use drugs themselves and that is when the problems start (Lebanese community consultation).

Unemployment is a big problem, it is terrible. People have very little money (Somali community consultation).

When people graduate from Uni and cannot get a job, older Vietnamese would say, You have an education and so you should be able to do everything with your future. You stay home now and you do nothing (Vietnamese community consultation).

The parents are no longer role models for them. If the parents were employed and the kids could see the fruit of where their parents are getting to, they will think there is something for the future. If the parents cannot get jobs, how can they? More than 90 per cent of our community are unemployed or underemployed. You may find them very well qualified but they will be involved in very poor jobs (Eritrean focus group member).

I am into manufacturing but they are closing all of the factories. Now there are lots of older and younger people out of work and what are these people supposed to do during the day? They will take anything to stop the sadness in their lives. The leaders of our country are at fault for allowing this to happen (Greek focus group member).

Place of Living

Place of living was mentioned as a major problem by people from the Somali, Eritrean and Timorese communities:

The government is hosting the drug dealers in these high-rises by subsidising their housing and giving them handouts. All the unemployed people are in the one location. Somali people are trying to move as quickly as possible – from where they have been put by the government – to get away from the poor surroundings (Somali focus group).

Some of us here have found the problem threatening and scary. It is not the drug users who are scared to see us, it is us who are scared of them. We see them using drugs in the flats' laundries and we are scared. It is also happening on the stairs of the flats and on the streets. After they use the drugs they vomit all over the place and leave the needles everywhere (Timorese community consultation).

Education and Schooling

Education problems were a major issue for new migrant communities:

The greatest cause of the problems we are having with our young people is because the education and schooling system has been inappropriate for the Vietnamese children. They are put in classes according to age not their ability so they are always behind and can't catch up. They lose heart and they get very bored because they can't understand (Vietnamese community consultation).

Problems with schools, problems with homework, difficulty fitting in with the school environment. A lot of them drop out of school. There is a language barrier between teachers and parents and this is where the problems start. The parents and teachers find it hard to work together to deal with any early problems with the child (Timorese community consultation).

If the child is at school parents can't help their children at school and they lack English language so it easy for the child to hide problems from their parents. Many kids can outsmart their parents. If something is unfavourable to them at school, for example, they may mislead their parents about what the teacher is saying. There is an urgent need for interpreters in schools so that the parents get the real story about their children (Lebanese community consultation).

The mums and dads do not know what is going on at school. They can't read the school report cards and the child will tell them he is getting on okay at school so they don't know the real story (Somali focus group).

The kids say, My parents are very educated people but they still cannot find jobs so why should I stay at school? The young people have lost any hope and do not see any outcomes and thus cannot see the point of staying at school. This, of course, is leading them to drugs (Eritrean focus group).

Other Reasons

A number of other issues were mentioned as contributing to drug use, including lack of goals, gambling, boredom, escapism, ignorance of the dangers, broken families, laws not strict enough, low career prospects and 'manhood shows of bravado'. The pressure on children, caused by the unrealistic expectations of parents, was mentioned by a number of communities, particularly in relation to amount of time studying, professional occupation, success in life and total obedience to their parents. This was considered to affect a child's confidence and self-esteem severely:

Our parents from Vietnam know about careers as doctor, dentist, engineer and so on. If we do community development work, be a social worker, they will say we are running a charity. They really do not have an understanding of the career system. There are, however, a lot of youth who are starting to rebel against this approach. People are increasingly aware that completing a University course does not automatically guarantee a job and this has also proven to be disheartening (Vietnamese community consultation).

There is considerable expectation and a pressure to make a name for yourself. There is an expectation that you will work and be doing something with your life. There can be a lot of pressure within some families. The pressure is there within 99 per cent of the families. The Italians are very big on making sure that their neighbours see that they are doing well, be it in business or schooling or whatever. That stress on a person can be very intense. If you wanted to be a panel beater for example, that would be a disgrace to the family unless of course you owned the business (Italian focus group participant).

Where would you seek assistance or advice from for a drug problem?

All communities said they had little or no knowledge of the existence of specialist drug services:

Most Greeks do not know where to go to seek out help but then again I think many in the general community also do not know where to get help. Greek people are not aware of the services or of social welfare available to them. Most do not even know what a social worker is. They have no idea as to how a psychologist could help [with] their problems (Greek community consultation).

Do they really know of the service providers out there? They are not publicised. A lot of the people do not think they have a problem. The media focus a lot of the drug problem within the Vietnamese community but no media advertises where can you get help (Vietnamese community consultation).

The age of the parents could determine if they would know where to access services. Older Italians who have had kids late in life are unlikely to know where to turn for help (Italian community consultation).

People from the Timorese community did not know where to go, however – when pressed – said they would go to the Community Health Centre near the high-rise flats. Even then, people of Timorese background would only go if they knew that the welfare worker was good. People from the Somali community were not sure where to go for help or advice but when pressed said they would ask the Housing Commission social worker for help. People from the Eritrean community said they might go to Eritrean leaders for help:

Most of those in the Eritrean community would not know where to get help...I think the mainstream community knows where the services are and how to use them but not us (Eritrean focus group).

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 have heard of drug treatment services but there seems to be a feeling among the community that the drug treatment services do not work. There seems to be a view that once my son or daughter becomes addicted to drugs that is it. It becomes a vicious circle and they will never get out of it and I have lost my child. With this feeling there is not much faith that anyone can assist them. It is a real feeling of despair and that there is nothing that can be done (Italian community consultation).

They may try a service once to see what it is like and then not go again if it wasn't useful. Because there is a lack of trust in [m]any services, people tend to try to manage by themselves. There are not enough committed Vietnamese workers in this field (Vietnamese community consultation).

How have people been responding to drug using in their community?

Sending the Drug User Back to the Country of Origin

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:

I have seen many cases of families who take their sons back to Greece and place them in the army and leave them there for 18 months so they can be detoxified completely. They have no confidence in the detox services here. They do not realise that the problem is worse in Greece. The Greek army is rife with drug use. They say, 'We took him back to get better and now he is worse' (Greek consultation participant).

Some families send their drug-addicted child back to Lebanon. Sometimes whole families will move back because they think they will be more supported at home (Lebanese community consultation).

I have heard of many parents sending their children back to Vietnam to detox in the last two to three years. I have [told] some of these people that it is very dangerous way because drugs are a big problem in Vietnam (Vietnamese consultation participant).

Some Somali families also considered this as an option:

One mother wants to send her child back to Somalia and go back herself. She doesn't want any other type of help. Another mother sent her drug-addicted child back to his father in Somalia (Somali focus group participant).

Italian Community Seeking Help

It was considered that in the Italian community a young drug user who wanted help would probably first tell a cousin or an aunt about the problem, who would then break the news to the parents. The problem would be handled within the family and outside services would only be approached for help in the event of a crisis. The services approached would usually be mainstream services:

...I visited a family who had a son who was going through a detox program and they would not let him out of the house. The father had even given up work so he could follow the son everywhere and...the father sleeps at the bottom of the bed with a chain attached to his arm which is then connected to a chain on the son's foot...there may be hundreds of cases like this. I did eventually convince the father this was illegal and he had no idea it was an illegal action and he stopped this action (Italian community consultation).

Greek Community Seeking Help

People from the Greek community considered that the young drug-using person would tell their family about the problem first and then the entire family would go to seek help from the Greek speaking family doctor or the priest. For anonymity, it was thought that some might go to a non-Greek speaking doctor:

Some doctors are good, others are not so good: one person I know went to the doctor and the advice was to go to a naturopath. The quality of advice depends on the individual doctor. I think doctors are used as a service first because people are going to the doctor anyway and see it as an easier, safer way to raise the issue of drugs. It is very important for doctors to be aware of drug issues (Greek consultation participant).

Most parents will not know where to get proper help. They may go to a GP or a family doctor and apart from this they would not know of other places (Greek consultation participant).

Turkish Community Seeking Help

For help with drug issues, people of Turkish background would tend to go to a Turkish doctor or welfare worker for assistance.

Lebanese Community Seeking Help

People from a Lebanese background thought that a problem of illicit drugs would be kept hidden and people may not admit they have a problem. It was thought that they might go to a religious leader. Generally people of Lebanese background will not use government services because there is a perception that such services pull families apart. Lebanese people also tend to want to see proof that a service works and develop some trust in it, before they will access it. Language is not necessarily a problem.

Vietnamese Community Seeking Help

People from the Vietnamese community thought that Vietnamese drug users who wanted to stop using drugs would usually first try to go 'cold turkey' on their own, because they are too ashamed to tell their parents. Parents would try outpatient detoxification for their child, then home-based detoxification, and then hospital.

What are the obstacles to accessing services and what can be done to improve them?

Difficulty in Admitting the Problem

One of the main obstacles to accessing services, apart from not knowing they exist, is that often people are not able to admit they have a problem. All communities mentioned the intense stigma, shame, embarrassment, 'loss of face', social disgrace, and feelings of parental failure, as obstacles to admitting there is a problem:

The parents knew what was happening because their son was open about it. However, in the face of the world everything was rosy for that family. The problem did not go beyond the four walls of the family nucleus and no outside help was sought. He committed suicide eventually (Italian focus group participant).

There is a really very high level of denial in this community about the drug problem. This is not just with drugs, it is with anything. The image of what other people think is very important. If your child has a drug problem it could be viewed as a reflection on the family. The parents and the family may be blamed and people would say they have raised their child badly (Italian community consultation).

Among Greek people there is huge shame for seeking out assistance. It is important to encourage families to speak to outsiders. Some of them do know about the services but there is also a real sense of embarrassment so there is a real need to make sure they understand professional confidentiality. If you do not establish this at the beginning you have lost them (Greek community consultation).

One of the cornerstones of Turkish culture for boys and men is that of honour...If you break that honour it is then very difficult to regain your place in the community. People are only accepted back if they have fixed themselves first...This issue is more important than just helping the person overcome their addiction. If the person is not accepted back into the community (which is a possibility even when they have managed to give up the drugs), then you get the suicides and overdoses and sense of alienation (Turkish consultant participant).

A campaign to get people to take responsibility for the problem is the first important step. At the moment parents don't want to know if there is a problem. In fact they hope the child will not tell them if there is a problem. If they are aware their child has a problem they will always blame the child's friends for the drug problem, or blame society. The community needs a lot of help to recognise they have a drug problem (Lebanese community consultant).

Families Are Excluded by Services

Another major issue mentioned by almost all ethnic communities was their strong dissatisfaction that the families were not included in the treatment process:

We do know of Eritrean youth who have accessed the drug services but they were referred to them by the schools or they were in contact with the workers so the parents don't know anything...the big issue is that no one is looking after the families affected by their kids using drugs. There is no support group for these people. Those parents are suffering in silence...they carry many problems with them. They start to feel sick and so on... (Eritrean focus group member).

The youth do not talk about language difficulties but when there is a family meeting that is when the problem arises. Families feel excluded from the whole process when involved with drug treatment. They often say, 'What happened, what was discussed, what effect is this treatment going to have, what happens if he goes back onto drugs?' All of these questions largely remain unanswered. There is a huge deficiency in this area (Greek community consultation).

If you just treat the kids without the family network being involved or helped, further problems will occur. Family members have informed us they feel left out of the process of detoxification. The kids go to see the workers and kids go there by themselves and then go home and tell the parents nothing. The youth may then go straight back onto the drugs and the parents are [thinking] 'What are they doing to him, should I trust the worker?' The parents are very concerned about what is happening (Timorese consultation participant).

Communication Difficulties

Language and communication difficulties was mentioned by all communities, particularly for parents with less proficiency in English who were struggling to understand what was going on:

The problem is a shortage of bilingual workers, and the lack of use of interpreters. [as a welfare worker] I have to constantly advocate to have an interpreter and half the time there is no interpreter available. Maybe there is no funding. That puts pressures on ethnic-specific services to fill the gaps and we can't spread ourselves that wide (Greek focus group member).

Interpreter services were considered by many groups *not* to be the answer to the communication problem. Bilingual workers with skills in drug issues were considered the best option:

Interpreters can't help. You need someone who has been specifically trained to help people with a drug problem (Lebanese community consultation).

The bilingual worker can work with the mainstream services. This is a way we can link (Eritrean focus group member).

I know there is a huge demand for this [bilingual workers] because I am one of the only ones and I have people from outside my region urgently wanting my help and I just can't help them (Turkish community consultation).

Cultural Difficulties

Cultural inappropriateness and insensitivity by drug services was a common theme:

In the detox units the Vietnamese youth will just stay one to two days and then leave. They leave because of the cultural factor and they feel alienated in that environment. Like in the Western Hospital; When I send my clients to that particular place they feel uncomfortable. They feel bored there in detox unit. They are missing their friends and being outside. The main thing I think is the cultural conflict (Vietnamese community consultation).

At none of the levels of service are there appropriate services for Vietnamese people (Vietnamese community consultation).

Mainstream services are no good because they don't understand the culture or where the young person is coming from and they are unable to communicate to the child's parents. Cultural barriers are a very big problem. We don't know where to send people any more (Lebanese community consultant).

I think the service themselves would not understand the needs of the Greek family. If a child is found to have been using drugs the entire family can go into a depression mode and there is a feeling the family has failed. We need to create a helpline and reach out to these people and then to focus on the individual within the family (Greek consultation participant).

What Eritreans are saying is, 'Treat us in a different way but not in a less way. Give us the same treatment like the mainstream but in a way we are going to accept it and the way we are going to understand it'. There are people and experts who work in the drug field but they do not have the simplest understanding about our traditions, or how to support our people. It is not just how to ask questions but also about how to get an answer (Eritrean focus group).

Perceptions of Lack of Confidentiality

It was considered to be very important that people – especially from newer migrant groups or older people from any ethnic group – have a clear understanding of the professional and legal requirements of workers to maintain confidentiality:

Vietnamese parents feel that if they go to Vietnamese workers they may know the person or that their problems will not be kept confidential. On the other hand if they go to an Australian worker they may meet with racism or find that they can't be understood. There is a perception that many workers in the field are prejudiced against Vietnamese drug users (Vietnamese community consultation).

...if we use an Eritrean counsellor there has to be confidence about confidentiality. The services are saying, 'Eritreans do not want to use an interpreter because they will not feel comfortable with Eritrean workers'. It is not true. We have explained that to be an interpreter you must be confidential and that interpreters can be sued legally if they go around and tell some else. Now everyone wants to have an interpreter because they wish to participate in the process (Eritrean focus group member).

Has the government got the right approach?

Many people mentioned that 'the government' should be more creative and flexible with their approaches to illicit drugs and should be trying multiple solutions because the complexity of the problem requires it:

Governments and politicians love to solve major problems because it gets them votes. They don't want to fund programs that might prevent the drug problem from getting worse. We desperately need bilingual workers to tell people what services are available (Lebanese community consultant).

Currently people are feeling very frustrated about the drug problem and think, 'What can the government do anyway? Do they really care about the issues?' Nothing is going to be solved and there is a sense of hopelessness about the situation (Timorese consultation participant).

While it was acknowledged that the government was collecting a lot of information, there was dissatisfaction that this information could not be turned to practical use because of the lack of ethnic drug-specific workers:

People working at the grass roots level hardly notice any of the initiatives that are going on...there needs to be affirmative action (Ethnic community leaders' forum).

People from the Lebanese community considered that the attitude in their community was, 'If the government does a thing then it must be okay'. However, there was also a perception that government services pull families apart:

You have to have people's confidence that something is going to work before they will use a service. They need to see proof. The most persuasive thing for people is to hear testimonials (in Lebanese language) by ex-addicts. This has a very strong influence on the Lebanese. Services need to be seen in the Lebanese community and there need to be spokespeople who are out there saying this or that works (Lebanese community consultation).

How could drug services be improved?

Follow-up support service after detoxification was mentioned by many of the communities as being essential:

Parents often say, They [the services] are setting up my child to fail they get them into detox and there is no follow-up. Outreach support person may be available three to four weeks later and this is too late (Vietnamese community consultation).

Longer-term treatment should be made available. There are too many short-term programs. There needs to be a consolidation of the programs, improved rehabilitation and follow-up and it needs to be long-term. Detox is for seven days. If you have been on heroin for ten years that is a joke. The support service after detox is not at all adequate (Greek focus group member).

People from the Vietnamese community mentioned that the services are very bureaucratic and full of red tape. People of Vietnamese background do not want extensive consultation—they want someone to tell them what to do when they are in a crisis:

If you give them too many options it takes too long to decide and too long to make choices (Vietnamese community consultation).

The services need stress management for their workers so they can cope with the workload...and they also need some customer service (Vietnamese community consultation).

A common theme was that services need to understand the cultural needs of their clients:

I think the services need a protocol for the various ethnic communities. Each service can have a manual so that the workers at the service can have a better understanding of how to go about some tasks that involve particular communities. This information can be obtained through consultation with the communities (Eritrean focus group member).

Mainstream drug services do not take into account a person's Turkish culture and political issues which may be important in tackling the drug use problem (Turkish community consultation).

Also mentioned was the lack of accountability from services about the quality of their services:

I would like the drug treatment services to be audited and if they are not working then they should not be funded. We are the judges of success, not the government—I am very frustrated (Ethnic community leaders' forum).

A number of communities mentioned the fragmented nature of drug services and the poor coordination with other services, particularly ethnic based services:

We get referrals from drug treatment services and we try to refer people to drug services. There need to be better partnerships between agencies...the agencies out there need to be directing much more of their resources to ethnic communities. They only ever produce material in English language (Greek community consultation).

Services are very fragmented. Most people have multiple problems when they present to a service; but instead of being treated and helped by the one agency, they have to go to many agencies, each dealing with one of the issues (Turkish community consultation).

Even long-term workers [in an ethnic service organisation] don't know where to send people with drug problems. We are so overworked we have not had time to find out all the information we need (Lebanese community consultation).

Ethnic specific organisations get referrals from drug services...but they cannot do everything. They are not equipped to be drug counsellors (Greek community consultation).

There should be proper consultation with ethnic communities before services are developed. This is essential. Many Turkish organisations have a religious or political slant and it is a very segmented community. The Health Department needs to employ professionals who are able to be above the factionalism and not part of it (Turkish community consultation).

Pamphlets were not considered to be of any use on their own, although people from the Somali community thought that pamphlets in Somali language would be useful for education purposes and could be made available through the mosques:

It was mentioned that you need more pamphlets in Italian and I said, 'No you don't'. This is the last thing you need. You need to have some kind of educational campaign to go hand in hand with the pamphlets. The pamphlets have been done to death in all kinds of issues. On their own they do not work (Italian community consultation).

We can see nothing is done for us, everything is just paper. If you just distribute pamphlets then this will not work (Eritrean focus group).

Have ethnic communities addressed the issue of illicit drugs in their community?

Only the Vietnamese, Turkish, Lebanese and Greek communities had made any attempt to address the problem of illicit drugs in their community. However, these attempts were admitted to be sparse and sporadic, but cover community information forums, radio programs and self-help groups:

There is the parents support group – which is a Vietnamese initiative – but it meets during the day so is not convenient for everyone. We are setting up another support service for parents in the western suburbs (Vietnamese community consultation).

I have a regular medical program...I had a heroin user on the program and we spoke about a number of the issues and about detox. We had a huge number of calls of support afterwards. No one had had this type of open discussion before (Greek focus group member).

Perceptions of Harm Reduction

About half 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. However, one Somali consultation group remained opposed to harm reduction:

Harm reduction is no good. Drug use is drug use and it is not tolerated. Whether you use drugs safely or not does not matter, as this behaviour is not allowed in Somali culture (Somali community consultation).

My immediate reaction to the term is that it is not logical because you are opening the gates. I do however try to question myself and I cannot comprehend the problems of trying to get off the drugs. I am strong believer in giving the youth choice. As a community we have to offer a range of options (Italian community consultation).

When you explain about harm minimisation, people do understand that it is a good thing and they start to realise why Australia has the lowest incidence of HIV in the world. The wider Turkish community doesn't understand this connection (Turkish community consultation).

Participants from all the communities consulted thought that their wider community did not understand the concept of harm reduction:

The community would have a problem understanding harm reduction. They may say, 'Drugs should not happen in the first place'. It will be hard to alter their views. Once they have accepted harm reduction they will want to minimise the harms of the drugs as much as possible (Greek community consultation).

The Turkish community does not accept harm minimisation. As a worker I fully accept harm minimisation but as a Turkish community member I know many do not (Turkish consultant participant).

Within the Eritrean community I do not believe we have any knowledge about reducing the harms. Presently people do not accept this idea of harm minimisation as there is very little understanding what it is (Eritrean focus group member).

There are still many parents who believe in the authoritative way and wonder why they do not send every drug user into the desert like they would in Vietnam... (Vietnamese community consultation).

Most believed that their wider communities would understand and accept harm reduction but only if the benefits were clearly and comprehensively explained to them:

We need consultation about how the campaign should be designed for the Eritreans. With an overview of the concept of harm reduction, we do believe the Eritrean community may be better able to understand and accept what this is about. It is a matter of time (Eritrean focus group).

With proper multicultural education there is hope and a chance that Greeks will accept harm reduction. They should be educated about the topic through all the media that is available (Greek focus group).

Needle Syringe Program

Most community participants already know of and support Needle Syringe Programs (NSPs), although many were not fully aware of the objectives behind them in relation to preventing bloodborne viruses. Some people mentioned the problems associated with NSPs, such as needles being thrown away carelessly or being used as weapons. Many also thought that NSPs should be only a small part of a bigger response to illicit drugs. One Somali group was opposed to NSPs and one Lebanese welfare worker considered needle exchange not appropriate for their community:

Drug users should be punished. Needles give drug dealers a business and a market for people to make millions of dollars...what they need is drug-reducing programs. In other countries [like] Africa such people might be killed as punishment and that is one way of reducing the harm (Somali community consultation).

...it is good to keep them free of diseases. For the general community, needle exchange is okay, but not for the Lebanese community because they are more vulnerable and it would give access to further use of drugs rather than reducing the problem (Lebanese community consultation).

Many community participants thought their wider community might be less accepting of needle syringe programs:

I think generally most Greeks would look upon such programs as promoting or helping drug users, as opposed to punishing them. I think the older Greeks generally are not forward thinking about these issues (Greek community consultation).

Needle exchanges are seen as the government providing the facilities for the drug users. At the moment this is not acceptable, people are still angry. What they want is treatment for cure, and prevention, not harm minimisation. They feel we have to stop the problem not reduce the harm (Vietnamese consultation participant).

We all think it is a good program. As for the wider Vietnamese community, they do not like [NSPs], as they want people to abstain. The people need more education about these issues of drugs in their community (Vietnamese community consultation).

With information and education, which took into account the perspectives and prejudices of the various ethnic groups, it was believed by most participants that their wider community would support harm reduction and NSPs:

Eventually these people do accept the situation because of the reality. It is highly likely that if people were educated about the subject there would be a change in their current views of the situation and of such programs (Italian community consultation).

When people in the community do not understand the purpose of the needle exchange, they think it is harmful. There is a real lack of understanding about these issues and about the existence of programs. Education about what programs exist – and why – is a real requirement for this community (Timorese community consultation).

Media

Excepting young people, those people of non-English speaking background who are proficient in English, nevertheless still consider the ethnic newspapers to be a more important source of information than are mainstream English language newspapers.

Greek Media

The Greek media usually reflect the mainstream media's way of reporting drug issues. Reporting is very simplistic in Greek papers and very biased in singling out a certain ethnic group to blame drugs on. They present drug issues stories as though they were a problem for others. In the Greek newspapers there are rarely stories about the drug problem. A lot of Greek people listen to the Greek language radio.

Italian Media

Drug stories and issues are not presented in the Italian media enough and certainly not as much as in the general media. The general media is very biased and there is blaming of certain ethnic groups. Italian language radio would be a positive approach for getting information out to people because at the moment it can be difficult to find out about drug issues and access information.

Turkish Media

Turkish language newspapers just reflect the mainstream papers and they don't treat the drug problem in any depth (Turkish community consultant).

Lebanese Media

In the Lebanese papers the drug issue is rarely reported. Very occasionally the Lebanese papers will translate a mainstream report on illicit drugs into their paper:

There is no debate or discussion about drugs in the Lebanese papers. Arabic papers would never address the issue of drugs in a way that suggested drugs was an issue for the Lebanese or Arabic speaking. The papers try to hide the problem and not mention drugs. None of the reporters are professional journalists (Lebanese community consultation).

Vietnamese Media

Vietnamese papers often translate general news from the mainstream media, but when you compare them, the meaning is often different. Often the Vietnamese newspapers will try to provide some information or education into their articles on drugs:

The mainstream media are biased in their reporting. This has caused enormous distress and problems for Vietnamese people. People feel really stigmatised. People feel embarrassed and labelled as being responsible for all the drug problems in Australia. Vietnamese people are now very sensitive to what is said about the drug problem and they read things into reports even when there may be no intention to slur Vietnamese (Vietnamese consultation participant).

There is a Vietnamese talkback radio [program], which discusses drug issues, and the response is very good.

Somali Media

There is a Somali newsletter but there are never any articles about drugs and no one ever talks about it. Reading information can be a problem because so many Somali people cannot read. Somali radio on a Friday is just news from the BBC.

Eritrean Media

There is only a newsletter that is circulated within the Eritrean community. To date there have not been any articles on illicit drugs. Face-to-face, verbal explanation of any written material submitted for inclusion in the newsletter is essential, both from a cultural point of view (of how things should be done), and from the point of view of accurate interpretation and explanation of the subject in the Eritrean language in the newsletter.

Timorese Media

There is a Timorese newsletter and this is only distributed to those who are members of the Timorese Association. There is a Portuguese newspaper, that some Timorese read, but there is nothing reported in that paper about drug issues. There is a Timorese radio station. However, this station never mentions drug issues.

Databases

When asked about the value of including ethnicity identification in government and other databases there was widespread support. People thought it was important for program development and for ensuring funding went where it was needed. The older, more established ethnic groups considered their youth had drug issues but it was impossible to identify either the size of the second and third generation youth population or their level of involvement in illicit drugs because they were all included in the category 'born in Australia':

More research is required...it certainly is compounding the problem in the first generation who may say there is no drug problem in the Italian community there is a real need to identify the second and third generation of Italians who are the ones most affected by this problem (Italian community consultation).

When people ask me what nationality I am, I say I am Italian even though I was born here (Italian community consultation).

There is no evidence in the way of data that can be used to show that we have a problem in the Greek community. Our problem with our youth is invisible because second generations do not show up in the databases. We have no way of demonstrating that we have a big problem so we can't get any funding. There should be identification of ethnicity in the major databases collecting information on drug use. I don't think anyone would have a problem giving their ethnicity on forms for data collection (Greek focus group)