

Recommendations

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Community and Parent Education and Information

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

Harm Reduction

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

Culturally and Linguistically Diverse Communities: Resources and Services

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

Treatment Services

- Individual drug treatment services should form interagency partnerships and establish working protocols with ethnic welfare service providers to ensure seamless service to drug users and their families from CLDBs.
- Individual drug treatment services should be continuously improving management strategies to improve the services' understanding of the needs of clients and tangibly improve the flexibility of service provision to meet the needs of clients from CLDBs (perhaps implementing this through service level agreements with contracted services).
- Drug treatment services should be required to record electronically individual clients' demographic and other relevant details (including the recommended culture/ethnicity variables), and conduct half-yearly analyses to identify the size and nature of the client base.

Further Research

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

Data Collection

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

Further Recommendations

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

- The final report of *Drugs in a Multicultural Community* should be made available to all participants and be widely disseminated, particularly among drug treatment services, ethnic welfare agencies and criminal justice agencies.
- The various specific issues arising from the project should be submitted to criminology and health journals in order to increase the level of knowledge, awareness and debate in the field.

Other important issues for policy makers:

- Bilingual outreach workers who work with drug users should be employed on three-year contracts to enable skills development and continuity of care for clients, particularly those from CLDBs.
- Drug treatment services should be expanded to meet the demand, including expansion of services specifically designed for adolescents.
- As a result of the relatively large numbers of Vietnamese young people using heroin, treatment services need to have a multicultural focus that meets the specific needs of Vietnamese people and those from other CLDBs.
- Supported accommodation should be expanded and made more available for adolescents not living at home.
- Post-detoxification services should be provided to assist people, and their families to develop coping strategies.
- Ongoing counselling should be provided to assist people to develop coping strategies after detoxification, and to assist their families to cope.

- Greater utilisation should be made of bilingual case managers in the treatment of drug users. This is particularly so in cases where clients have a range of complex issues (some of which may be related to cultural issues).
- Drug treatment services should take a less clinical and more holistic approach to drug treatment. They should continue to develop and implement other treatment options that better meet the needs of the client base, such as the expansion of home detoxification programs and programs that actively involve the parents/loved ones.
- A service management and continuous improvement framework should be developed for implementation by all drug services to assist in their ability to monitor and evaluate their services and continuously improve their services to meet the different needs and expectations of clients
- Alternative, flexible education centres should be established to cater for young people who are behind in their studies in mainstream schools and/or are unable to cope with the discipline and routine of traditional schools. Education should be made available until the young person reaches year 12 standard or until they turn 25 years of age, whichever is the sooner.
- Bilingual workers should be used extensively to assist migrant parents understand:
 - How the school system works and what they can expect
 - How they can best support their child with their school work at home
 - Their child's progress
 - What careers are realistically available to their child and the difficulties of the job market
 - General parenting skills, including understanding the cultural differences their children will be exposed to and how to lessen their impact.
- As a matter of urgency, a youth remand centre (for young men aged 18 to 25 years) should be established for non-violent young offenders.
- Research should be conducted of the background characteristics of people of Vietnamese background incarcerated in adult and juvenile facilities for drug offences, to establish if their treatment in the criminal justice system is equitable and desirable.
- Magistrates Courts should be provided with bilingual workers who can explain the legal and court proceedings, the nature and meaning of the dispositions and the seriousness of a repeat offence.
- Legislation is needed to allow police to take drug-affected persons into protective custody if found to be under the apparent influence of a drug in a public place, and where they may be a danger to themselves or others.

- Drug users, including lower level drug dealers/users, should be treated primarily as a health responsibility. This would prevent greater harms occurring and would allow criminal justice to concentrate their resources on higher level drug dealers and importers.
- A number of different strategies, including 'safe injecting' places and heroin on prescription, should be trialled to address the issue of illicit drug addiction.
- English language classes should be available, free of charge, to all new migrants for a number of years after settlement.
- In locations where there is a significant proportion of school age children of new migrant parents, homework centres should be established which involve both the child and the parents.
- Job training and assisted job seeking programs should be established for the children (15-25 years) of new migrants to assist them into employment.

On arrival in Australia there should be clarification to new migrants/refugee parents of the difference between reasonable chastisement of children, and what would constitute an assault, unlawful imprisonment, etc.