Boosting understanding, Enhancing communication, and Supporting change (BES Project)

Alcohol and other drug treatment needs among Western Sydney’s CALD communities

Acknowledgements

- Participants who shared their time and knowledge
- Study partners: Western Sydney Local Health District (WSLHD), Community Migrant Resource Centre (CMRC) and SydWest Multicultural Services (SydWest)
- Project Advisory committee: John Abdel-Ahad (Corrective Services NSW), Abulla Agwa (SydWest), Margie Drake (Went West) Dr Kate Kennett (WSLHD), Dora Onesemo (WSLHD), Dr Mieke Snijder (NDARC), Hamed Turay (NSW STARTTS)
- DAMEC Clinical Team
- Dr Briony Larance

This study is funded by WentWest Primary Health Network.
What did we already know

- Consumption patterns change as a result of migration and resettlement (Horyniak et al, 2014)
- Under-representation of CALD communities in AOD treatment is continuing with little improvement in recent years (AIHW, 2018)
- Concerns about CALD persons with AOD issues “bypassing treatment services”; first contact with treatment often due to their involvement in the criminal justice system (VAADA, 2016)
- Australian national survey indicates CALD respondents were not less likely to oppose harm reduction measures such as NSPs, methadone/buprenorphine, naltrexone, regulated injecting rooms compared to non-CALD respondents (Rowe et al, 2018)

BES?

- **Boost understanding** by investigating the alcohol and other drug (AOD) treatment needs of key CALD communities in WentWest PHN catchment area
- **Enhance communication** by bringing AOD treatment and other health care providers into conversation with CALD communities in Western Sydney with the aim of promoting better awareness of the needs, issues and suggestions that members of these communities have to improve access to appropriate care.
- **Support change** by improving access to culturally responsive drug and alcohol information, health promotion and treatment services in Western Sydney.
How?

- 3 broad communities: Arabic-speaking, Pacific Islander and Sub-Saharan African
- Interviews and focus groups with community members
  - Who had or knew someone who had tried to get help for drug and alcohol use
  - Over 18 years old,
  - Currently or recently lived in Western Sydney
  - Participants receive a $30 voucher as compensation for travel expenses.
- Interviews with professionals
- Study approved by Nepean Local Health District Human Research Ethics Committee
Challenges

- Difficulties recruiting clients/patients already engaged with treatment services
- Checking eligibility – difficult particularly in community settings and due to the sensitive nature of the research
  - “our group just arrived in Australia for one year up to four years...we haven’t been in Australia a long time, we are newcomers so we don’t have much experience in our families about drugs, alcohol and everything. We are okay at this moment, but we have a rumour, news going around and experiences we can hear from other [people]” African Women’s Group

Seeking consent could be a long process, especially for new arrivals
  - “Why actually, how is it...why do you say that because we come from background where we have been persecuted, you know...so that’s why we are worried.” Arabic Men’s Group
  - [Discussion before signing consent form]

More time for training co-facilitators
A work in progress...

<table>
<thead>
<tr>
<th>Group</th>
<th>Participants</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals/ Key experts</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>African communities</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>Arabic communities</td>
<td>73</td>
<td>60</td>
</tr>
<tr>
<td>Pacific Islander communities</td>
<td>7</td>
<td>30</td>
</tr>
</tbody>
</table>

(Preliminary) Results

- Ranking alcohol, tobacco and other drug issues
- Ranking help seeking strategies
- Budget allocation between service types
Participant responses

“So in... communities in general, actually, the tobacco and the alcohol are like, normally being used but the drugs are [not] And I think the female actually is not – it’s not every day seen to see a woman smoking or drinking alcohol inside or outside the house.” Arabic Men’s Group

“People who use the shisha told me that it’s much worse than smoking because what happened when you use – it’s the same – firstly, whatever they use, the one on top to smoke it, they share it, from mouth to mouth, first, and secondly they’re saying when you smoke a shisha then you get more smoke coming in into your lung that goes in than a normal cigarette.” Arabic Women’s Group

“Maybe marijuana, apart from it I don’t know” African Women’s group

Participant responses

“Anything to do with health, they trust the community members. Someone from our community who the women trust, women talk about these issues. And then the young people, also someone from our community.” Key Expert

“I know somebody, he had a problem with smoking, he used to smoke a packet a day and then he used the help of a doctor and he stopped smoking. He quit smoking for two and a half years, but then he went back to his country and everyone made fun of him that there’s something wrong with him, he’s sick or something, why you not having a smoke, why are you not smoking a cigarette, so up to two and a half years he went back to smoking.” Arabic women’s group

“African community churches, you don’t really want to tell them anything because they’ll probably go tell someone”. African youth group
Participant responses

“Some people are addicted to the smell of the petrol and also the paint. We don’t deal a lot of drugs in our country, so they use other alternative, like this ones. And I do feel that it’s much more dangerous than the normal drugs. We used to have a centre for treating this kind of...Because people were addicted to the sniffing of these smells and the taste of these medicines.” Arabic Women’s Group

“...walking in off the street by word of mouth. And that primarily seems to be the case particularly with these populations. So one [person] might come and then bring 5 others with them, over a period a time.” Key Informant

Participant responses

“It’s easy to avoid the problem, not to take – to have the problem and they start to treat that problem. So this is the first issue to avoid the problem.” Arabic Women’s group

“So if there’s something that can help the parents ... the whole community to be aware of this and how to make someone in the family that’s alcoholic or is using drugs to accept the treatment, to accept that that’s the problem first, because you have to accept something to be treated” African Women’s group

“...what I feel kind of goes like, first you go through detoxification, go through rehabilitation. And after, when you’re feeling good you kind of go through counselling to fix everything else. Then okay, so you go through the family programmes to kind of fix your life back together after you’ve gone through all of those. And then the telephone helpline is in case those things don’t work and you're like, at the end point where you can’t talk to family, you have no one to communicate with.” African Youth Group
Limitations

- Not a representative sample
- Likely sample relies heavily on new arrivals so not able to determine if/how people’s opinions and preferences change over time
- Presence of support workers may have influenced people’s responses
- Accuracy of language translation: Using interpreters and researcher/assistants from the same or similar community doesn’t automatically mean all your data collection problems are solved

Where to from here

- Interviews/focus groups with Pacific Islander communities
- Qualitative data analysis
- End of project forums in Western Sydney
- Follow up information sessions with study participants at migrant services
References