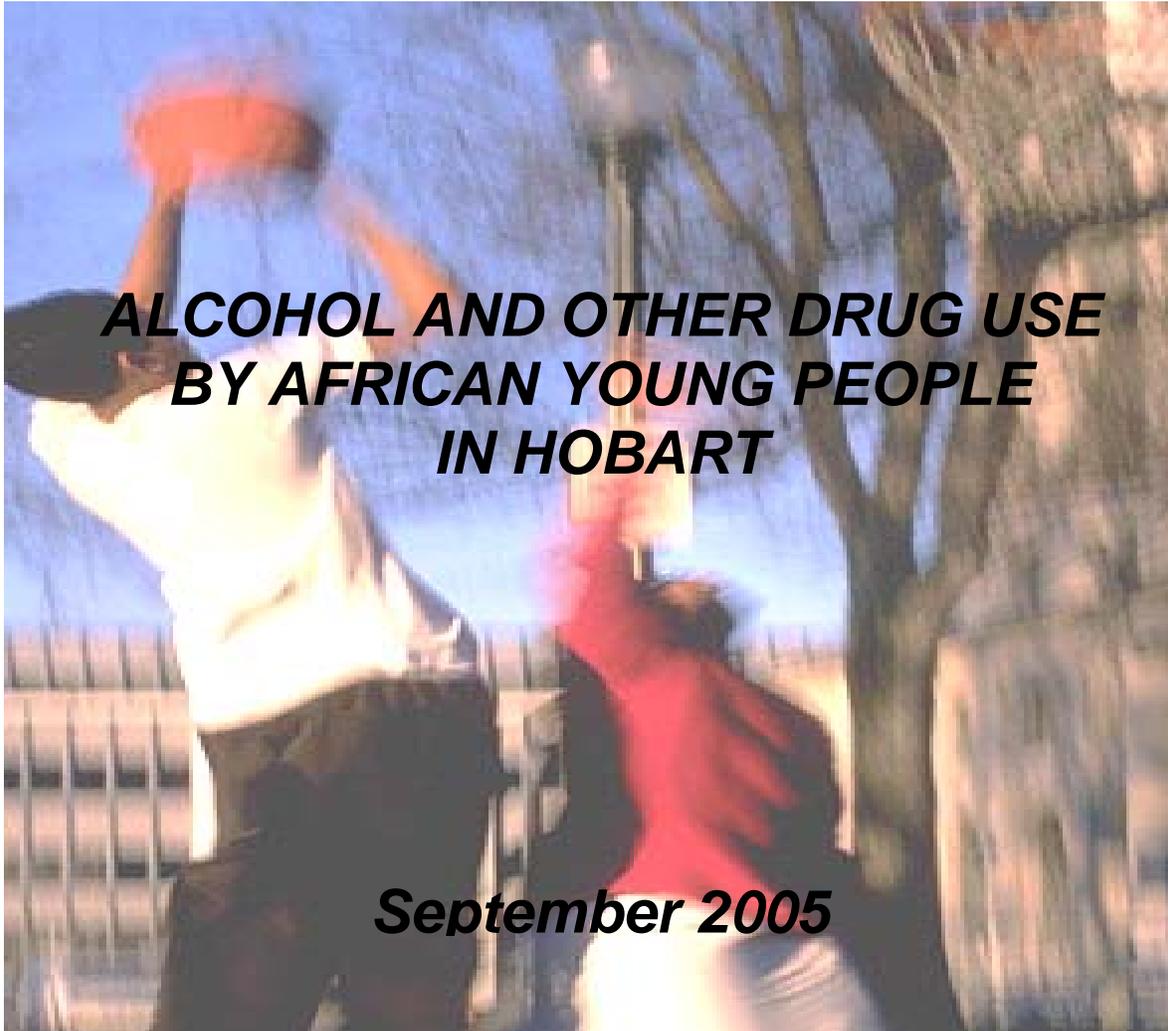


FUN & FORGETTING



***ALCOHOL AND OTHER DRUG USE
BY AFRICAN YOUNG PEOPLE
IN HOBART***

September 2005



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Martin

Martin Gibson
Multicultural Research Officer

2. INTRODUCING THE RESEARCH TEAM:

- Zakarias Robe:** I am 22 and a second year student at the University of Tasmania taking a Bachelor of Computing and Bachelor of Economics. In the future I would like to work in a government organisation or financial institution. I am originally from Ethiopia and am now an Australian citizen. I have been living in Australia for three years and a half. I enjoy helping new immigrants with the issues they face due to language problem.
- Danait Belay:** Danait has been in Australia for 2.5 years (or since Feb 2003). She comes from Ethiopia but has lived in Kenya for 2.5 years. She is studying her first year of Science/Law at the University of Tasmania and she enjoys reading, listening to music and playing tennis.
- Junisa Bangura:** I'm originally from Sierra Leone, West Africa. I left my country because of war, harassment, intimidation and persecution. I'm a widower with two kids (Joseph 7 and Isatta 5) and a younger brother (Mohamed 18). I came to Hobart on the 15th of October, 2003. I'm studying at Elizabeth College doing year 12. I'm planning to study Civil Engineering when I finish year 12.
- Awak Mario-Ring:** Awak is originally from Sudan and is studying Engineering at the University of Tasmania. He plays soccer for Hobart United.
- Irène Nyiransabimana:** I am 19 years old, and I came from Rwanda. I have been here for 2 and half years; I am doing business administration at TAFE. I am a very patient person, easy going, love to talk to people and encourage them. Because you took your time to read this listen to me. " It doesn't matter who you are, where you come from. The ability to triumph begins with you. Always." and "Dream what you want to dream; go where you want to go; be what you want to be; because you have only one life and one chance to do all the things you want in life and So tonight when the sun has given up and retired, look upon the day and all that which you have inspired, for everything you wish for will someday come true. Your strength is there.... your strength is YOU!"
- John Otto:** Otto has been in Australia since October 2003. He was born in Sudan and is now at Elizabeth College. He plans to study science at the University of Tasmania and become a scientist. He enjoys playing soccer, listening to music and athletics.

3. EXECUTIVE SUMMARY

This research indicates that significant numbers of African young people in Hobart are drinking alcohol and some use of marijuana and cigarettes. Almost all the indicators, however, suggest significantly less use of alcohol, cigarettes, marijuana and other drugs by African young people living in Hobart than for other Tasmanians of similar ages.

Alcohol Use

Almost 70% of respondents aged 12-24 and around 50% of respondents over the age of 18 indicated that they do not do not drink alcohol. This is despite living in a culture that supports alcohol use and the various stresses that African young people are subject to on arrival in Hobart.

Around 30% of 12-24 year olds surveyed indicated drinking alcohol in the last month. 14% of 12-17 year olds surveyed indicated drinking in the last month (compared to a national figure of 50% for this age range - Australian Secondary Students Alcohol and Drug (ASSAD) Survey 2002) and 39% of 18-24 year olds surveyed indicated drinking alcohol in the last month (unfortunately comparative national figures are not available for the 18-24 age range).

Less than 10% of all respondents reported drinking alcohol at least weekly. 15% of 18-24 year olds surveyed indicated using alcohol at least weekly. This compares to around 24% of Australians aged 12-19 and 48% aged 20-29 that drink weekly (National Drug Strategy Household Survey 2004).

Survey results indicated that young women were drinking in similar numbers to young men. This is a notable result given the strong cultural norms in relation to women using alcohol. Caution should be taken with regard to the statistics given the small survey sample and the fact that survey findings conflict with the view of the Research Team.

The only statistic that was comparable with alcohol use by Australian born young people was in relation to binge (or high short-term risk) drinking which is perhaps notable given the comparatively low percentage of young Africans involved in alcohol use.

Survey results suggested that alcohol use among this group tends to increase with time spent in Australia.

WHY ARE AFRICAN YOUNG PEOPLE IN HOBART DRINKING ALCOHOL?

The majority of responses described recreational use (i.e. for fun and use at parties). There was also substantial evidence, however, of use to assist with coping with living in Australia. Research participants described using alcohol to give them confidence, "forget bad things", make friends, stop nightmares and relieve loneliness and stress.

PROBLEMS ASSOCIATED WITH ALCOHOL USE

While levels of use are not high compared to levels of use by young people in Australia, African-born young people were able to identify a range of problems associated with alcohol use. These include that it is expensive, feeling sick afterwards, feeling guilty afterwards, missing school, fighting, drinking and driving, driving without a licence and harassment of young women. Further study is required to determine whether these problems are any more acute in the African community than in the general community.

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OTHER DRUGS

Marijuana use appears minimal - 3% of respondents indicated use in the month prior to the survey and 5% of people surveyed indicated marijuana use in their lifetime.

The only other drug mentioned in the survey were painkillers and it would seem that this is a reference to Panadol and similar medications used for pain relief. One service provider mentioned speed and ecstasy use but this was not mentioned in the survey or focus groups.

KNOWLEDGE GAPS IN RELATION TO ALCOHOL AND OTHER DRUGS

Clearly the research has shown gaps in knowledge of African young people in relation to alcohol and marijuana and especially in relation to safe levels of consumption for driving.

WHAT IS STRESSFUL ABOUT LIVING IN HOBART?

The main stressors identified included racism, difficulties finding employment, difficulties at school, language, loneliness, income and transport issues.

A further issue identified was the pressure to do well in Australia and the sense of failure and loss of hope when young people find it difficult at school and begin to believe that their employment prospects are limited.

NIGHTMARES

The survey indicated a high incidence of nightmares among this group. This finding along with the refugee experience of many of these young people would suggest a high incidence of trauma symptoms.

VICTIMS OF OTHER PEOPLES' ALCOHOL AND OTHER DRUG USE

The survey indicated a high incidence of African young people as victims of other people's alcohol and other drug use. Almost one in three young Africans reporting having suffered in some way from another persons' alcohol or other drug use, with physical and verbal abuse being the main issues reported. No attempt was made in the research to identify the perpetrators of this abuse.

AWARENESS OF AND CONFIDENCE IN SERVICES

Interview responses and research team discussions indicated a lack of awareness of services and a lack of confidence in the ability of services to effectively cater to the needs of African young people.

ATTITUDES TO COUNSELLING & SUPPORT

Young people expressed a willingness to use counselling services provided that they could access these without the knowledge of other members of the community and that they were truly confidential. At the same time many expressed a preference to talk with their friends about issues that were troubling them.

STRENGTHS & MOTIVATIONS

Clear themes emerged of a friendly and outgoing group of young people, who are highly motivated, have strong friendship networks and a strong faith.

4. RECOMMENDATIONS

YOUTH SERVICES

1. That youth services make efforts to engage African young people and become culturally appropriate for African young people through initiatives such as:
 - i. Employing African youth workers
 - ii. Employing African bi-cultural workers to act as mediators between services and young people
2. That efforts be made to promote youth services to young African people eg through Bonza youth group, schools, employing bi-cultural workers, and translated information in emerging languages.
3. That an African Information Officer be employed as a resource for young people wanting to find out what services are available to them.
4. That services focus on treating young Africans as individuals rather than on issues such as trauma.

COUNSELLING SERVICES

1. That existing counselling services such as school counsellors and the Kids Help Line be promoted to young people.
2. That existing counsellors providing counselling to young people undertake training in refugee and trauma issues.
3. That African young people be provided with the Peer Skills training offered by Kids Help Line so that they are in a better position to provide basic support to their friends and to refer them to appropriate services.

JOB OPPORTUNITIES

1. That more be done to stimulate casual and part-time employment opportunities for African young people in Hobart.
2. That large employers of young people such as supermarket chains be encouraged to employ some African young people.
3. That more be done to stimulate apprenticeships for African young people in Hobart.

RACISM

1. That schools take responsibility for implementing programs to address racial discrimination in schools including elements of cross cultural awareness.
2. That Metro Tasmania take measures to address racism among bus drivers.
3. That Tasmania Police take measures to address racism among Police Officers.

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KEEPING PEOPLE ENGAGED IN SCHOOL

1. That further efforts should be made to support African young people in school such as:
 - i. Providing more tutors
 - ii. Providing a permanent place for homework support to occur
2. That teachers become more aware and understanding of African culture.

ALCOHOL AND OTHER DRUG EDUCATION

1. That efforts be made to provide further education to African young people in relation to alcohol and other drugs through schools and Bonza youth group. Specifically alcohol and other drug education should address:
 - i. How alcohol and other drugs work
 - ii. The health effects of alcohol and other drugs
 - iii. What is a standard drink
 - iv. Alcohol and other drugs and driving
 - v. Strategies for coping with peer pressure

BRINGING PARENTS AND YOUNG PEOPLE TOGETHER

1. That projects be initiated bringing parents and young people together to share perspectives and generate intergenerational understanding.

PROVIDING AFFORDABLE ACTIVITIES FOR YOUNG PEOPLE

1. That a space be created where African young people can access free activities such as board games, table tennis and indoor soccer.

FOR FURTHER STUDY

1. That further research be undertaken in relation to the incidence of alcohol and other drug related harm against African young people.

5. WHY THE RESEARCH WAS INITIATED

This research was initiated in response to anecdotal concerns by service providers in relation to alcohol and other drug use by African young people in Hobart. Discussions with African parents indicated considerable concern regarding how their children would cope within the influence of Australia's drug taking culture. African young people too articulated concern in relation to this issue.

African young people canvassed in relation to this issue prior to undertaking the research indicated that they were very concerned about alcohol and marijuana use by their peers. Some were aware of young African's who were engaged in regular and problematic alcohol use, but they were primarily concerned about the "gateway" effect of recreational "soft" drug use and the potential impact on the futures of their peers. They felt that they all had the opportunity to do well in Australia and that they were concerned that for some young people alcohol and marijuana use could put this at risk.

6. CONTEXT OF THE RESEARCH

AFRICAN SETTLEMENT IN HOBART

African settlement in Tasmania is a very recent phenomenon with most current residents having arrived since 1998 via Australia's Refugee and Humanitarian Programme.

These arrivals have come from three main countries – Sudan, Sierra Leone, and most recently Ethiopia. There have also been arrivals from Zambia. At the time that this research was conducted, many of the Ethiopians have only very recently arrived in Hobart and as a result few participated in this research.

The researchers were unable to locate any statistics indicating current numbers of African young people in Hobart. Department of Immigration figures on African Humanitarian arrivals to Tasmania from June 1999 to June 2004 indicate that around 250 young Africans arrived in Hobart during that period that would currently be between the ages of 12 and 24. It should be noted that there have been more arrivals over the period of the research.

7. THE LINK YOUTH HEALTH SERVICE

The Link Youth Health Service Inc. was established in 1990 to meet the health needs of young people in ways that are holistic, youth specific and appropriate. Services at The Link are available to all people aged 12 to 24, with specific emphasis placed on assisting and advocating for disadvantaged young people.

The Link assists young people to gain access to all areas of health services including mental and emotional health, alcohol and drug services, sexual health, dental health and general medical services. "On site", The Link provides counselling, items to assist with hygiene including the provision of a shower and clothes washing/drying facilities, printed information regarding health, housing and income support and a needle and syringe outlet. Clinical services are also available on a weekly sessional basis.

The Link also provides information and training support to health professionals and others working in the youth and community arenas to raise awareness and sensitivity to the health needs of young people and what might be creative and appropriate responses to them. Consistent with its objectives to improve service provision, create and enhance opportunities for young people to be holistically healthy and represent youth health issues at policy, legislative and service delivery levels, The Link places considerable importance on maintaining close and constructive intra-sectoral networks and positive relationships with all levels of government.

Services provided by The Link are primarily funded through State and Commonwealth Government grants, but funding is also sought through "one off" grants and corporate sponsorship.

8. METHODOLOGY

8.1 THE RESEARCH QUESTIONS

The project addressed a number of related questions:

- What are the levels of alcohol and other drug usage by African young people (12-24 years of age) in Hobart?
- What are the problems associated with this usage?
- Why do African young people in Hobart use alcohol and other drugs - is this usage part of a coping strategy to deal with trauma and settlement related issues or is it more recreational use?
- What do African young in Hobart people think about alcohol and other drugs?
- What do African young people in Hobart know about alcohol and other drugs?
- What should government and services be doing to support African young people in Hobart in relation to alcohol and other drug issues?

8.2 A SUMMARY OF THE RESEARCH METHOD

We used a participatory research approach employing six African young people (four young men and two young women) to assist with research design, data collection and analysis. This model was used for the following reasons:

- To ensure that those most affected by the research i.e. African young people in Hobart have some control over the research.
- To enable the researchers to overcome issues of trust, culture, language and gender to gain access to the subjects of the research.
- To provide a group of African young people with basic social research skills, to increase their awareness of issues of concern to young people within their community and to provide a forum in which they may advocate and act for change on behalf of their community.
- To provide a further forum for cross checking and analysis of data gathered.

This research team used a combination of quantitative and qualitative methods to seek understanding of the relationship between African young people and alcohol and other drugs

Data in relation to the research questions was gathered by means of a questionnaire, focus groups with young people and interviews with young people, adults and key service providers.

A project Reference Group consisting of Research Team, three key agency representatives and the Project Officer provided advice to the project and assisted with key tasks.

8.3 DATA GATHERING PROCEDURES

All materials developed for data gathering were devised in consultation with the Research Team.

THE SURVEY

The survey was conducted by the Research Team who approached other African young people at schools, the University of Tasmania and in their homes to complete survey forms. In some cases, where language was an issue, members of the research team assisted the survey participants to complete the survey by translating the questions and marked appropriate responses on questionnaires.

We estimate on the basis of Department of Immigration figures that there are in the region of 250 African young people (aged 12-25) in Hobart, 77 of these young people completed questionnaires as part of this survey.

A copy of the questionnaire may be found in the appendices of this report (Appendix 12.1).

THE FOCUS GROUPS

All young people completing questionnaires were invited to participate in the focus groups. Three groups were conducted simultaneously involving 32 young people. Each group was co-facilitated by 2 members of the research team with a member of the project reference group present as a note taker. Data was recorded using butchers paper and written notes. A copy of the focus group questions may be found at Appendix 12.2.

THE INTERVIEWS

On completion of the survey and focus groups, each research team member identified two to three people to interview for the purposes of this study. A structured interview format (Appendix 12.3) was used which varied depending on whether a parent, young person or service provider was interviewed. Eight young people, three service providers and one parent were interviewed. Alternative sets of questions were used with young people depending on their preparedness to answer questions in relation to their own use of alcohol and marijuana.

Data was recorded using written notes.

DISCUSSIONS WITH THE RESEARCH TEAM

Once the initial data analysis had been completed for the survey, focus groups and interviews, the results were presented to the Research Team for discussion. This allowed for further exploration of points of interest raised in the data and further cross-checking of results.

8.4 RELIABILITY AND VALIDITY ISSUES IN THE MEASURES AND DATA GATHERING APPROACH

Validity in this research is provided through the triangulation process. In this case four methods of data gathering were used - the survey, focus groups, interviews and consultation with the research team.

DATA ANALYSIS

Survey data was cleaned and cross-checked prior to data analysis.

Where responses were not made in relation to individual items in Question 9 (relating to alcohol and other drug use) it was assumed that this meant that that drug had never been used.

Where respondents had indicated no alcohol use in Question 7 and question 9, but also filled in Question 11 (Bad Things About Your Alcohol or Other Drug Use), the Question 11 responses were disregarded.

Where respondents had indicated alcohol use in Question 7 or question 9 and also filled in Question 12 (Reasons Why You Do Not Use Alcohol Or Other Drugs), the Question 12 responses were only disregarded if frequent alcohol use was indicated i.e. weekly.

The focus group and interview data was coded using a process of data reduction, data organisation and interpretation that resulted in the identification of key themes and organisation of the data in relation to these themes.

8.5 LIMITATIONS OF THE METHOD

There are a number of limitations inherent in this research method.

It is acknowledged that because of the low sample size, the accidental non-probability method used to identify the sample, the self complete nature of the survey and language issues that the statistics generated by the survey are of indicative value only.

These issues in relation to the selection of the sample also relate to the focus groups and interviews. Survey statistics for example indicate that all who completed the survey were either studying or working. Given that previous research (*Success Works 1998*) that suggests that those who are not studying or working are most likely to be at risk of substance abuse, it is notable that this group is not represented in this research.

Alcohol and other drug use is a sensitive topic in African culture and it is likely that there has been under-reporting of use.

Unfortunately the age range chosen for this survey (which fits the eligibility criteria for service delivery for youth services in Tasmania) does not match with the age ranges chosen for the collection and reporting of other state and national alcohol and drug related data. This made comparison of rates of use difficult.

9. LITERATURE REVIEW

An internet and library search revealed no published material in relation to alcohol and other drug use by African born young people in Australia and a paucity of quality material in relation to ethnicity and drug and alcohol use generally.

Key themes to emerge from the literature reviewed that are relevant to this research include that:

- Australia is a drug taking society
- Reasons for drug and alcohol use are complex but there are some commonly identified risk factors
- Social and economic disadvantage are key factors in problematic substance use
- Adolescence is a significant context for drug use and abuse and that there are a number of significant factors which may affect this use
- Young people from culturally and linguistically diverse communities and survivors of torture & trauma are at a higher risk of substance abuse

9.1 RISK FACTORS FOR THIS POPULATION

The literature reviewed indicated that the risk factors for alcohol and other drug abuse are complex and extensive, and perhaps the most relevant of these factors is that Australia is a drug taking society (Spooner 2001), but there are some themes that are particularly relevant to this target group as outlined below.

9.2 SOCIAL AND ECONOMIC FACTORS

A common theme in the literature was the influence of socio-economic status and relative deprivation (Spooner, Beyer 2000) on drug use. Numerous studies point to social and economic disadvantages as being the key factors in involvement with high risk behaviour and drug use, whatever the ethnic or cultural background (Beyer 2000).

A Victorian Public Health Division (Beyer 2000 p38) report notes:

“ the literature suggests that, even without looking at ethnicity, illicit drug use is more widespread among neighbourhoods which encounter a higher degree of social exclusion in terms of poverty, housing, deprivation, unemployment and educational disadvantage. Adding racial discrimination to that list, particularly in employment, the outcome will be an even greater denial of access to the various social, economic and political institutions that exist...

9.3 ADOLESCENCE AS A CONTEXT FOR DRUG USE/ABUSE

While the key distinguishing factors in this study are clearly the ethnicity of the young people and their refugee experience, we also need to bear in mind their status as adolescents and the key features of this period of life as a context for alcohol and other drug use.

Adolescence is the period in which most drug use commences (Spooner 2001). It is a high risk period for both drug use and abuse (Larkins 2000).

The context of adolescence as a time of risk-taking is well documented. Newcomb and others (1990) have suggested that illicit drug use for many teenagers is simply a natural curiosity and a rite of passage (Beyer 2000 p39).

National drug data suggests that:

- While young people are less likely to consume alcohol regularly, they report higher levels of consumption when they do drink
- Young people may have less physical dependence on alcohol than adults, but have a higher likelihood of negative social consequences
- Young people are more likely to have recently tried marijuana
- Young people are more likely to be engaged in high-risk behaviour such as binge drinking and driving while intoxicated (Success Works 1998)

Marginalised, disadvantaged and homeless young people are the adolescent groups most likely to engage in problematic substance use. Research has identified the relationship between the level of drug use and the degree of marginalisation experienced. Culturally diverse young people, refugees and survivors of torture & trauma are identified as being a higher risk of substance abuse than the general population. (Success Works 1998, Beyer 2000).

Youth workers identify that young people abuse drugs for the following reasons (Success Works 1998, p14):

- Adolescent risk taking behaviour
- Low self-esteem
- Pain suppressant (eg from emotional and physical abuse)
- Recreational use and peer approval
- Stress and anger management

9.4 RISK FACTORS ASSOCIATED WITH THE REFUGEE EXPERIENCE

MODELS FOR UNDERSTANDING MIGRANTS & REFUGEE SUBSTANCE USE

Two models have been used to explain problematic substance use by migrants & refugees. One of these, the *Assimilation/Acculturation* model suggests that among the generality of social norms that new settlers may begin to adopt from their new society are the norms in relation to alcohol and other drug use. If the new society has a more positive or permissive attitude to alcohol and other drug use than the country of origin, then the possibility of substance misuse increases (Sowey 2005).

A second model is the *Acculturation Stress* model, whereby the stress of adjusting – particularly where internal and external coping resources are scarce – contributes to the development of substance use problems. This model would appear to be particularly relevant to refugee entrants who may be dealing with the multiple stressors associated with the circumstances leading to leaving their homeland and those associated with settlement in Australia (Sowey 2005).

RISK FACTORS

Young people migrating to a new country are negotiating both a transition to a new culture and a transition from childhood or adolescence to adulthood.

Certain groups of refugee young people; such as those who arrive unaccompanied by family or a significant adult and those who have spent extended periods in transit camps where basic nutritional, educational or recreational needs may not have been met, face even greater challenges (Coventry *et al* 2002).

Prior to arrival in Australia, many refugee young people will have suffered major stressors such as war, loss of home, broken families, deaths of relatives, repression, torture, rape and imprisonment (Beyer 2000).

On arrival in Australia, immigrants will experience various degrees of language and cultural difficulties as well as unemployment, social and health difficulties. The social, psychological, emotional and family pressures associated with being new arrivals may be exacerbated by being generally financially poorer than the mainstream community, not understanding the language well and being a minority group in an unfamiliar society. (Beyer 2000)

Factors that have been identified as potentially placing young people of culturally and linguistically diverse backgrounds at risk of illicit drug use including socio-economic factors, poor academic achievement, chronic low self-esteem, poor relationship with parents, sensation seeking and peer drug use (Beyer 2000). For some refugee entrants we can add the issue of trauma.

POOR EDUCATIONAL OUTCOMES

Recent reports indicate that rates of lifetime substance use are much higher among those who drop out of school compared to those who remain at school. Similarly young people attending school are likely to use more moderate substances than young people not attending school (Success Works 1998). Many people from culturally and linguistically diverse populations perform extremely well at school, but it is suggested that generally these students are at a higher risk of dropping out of school because they are more likely to encounter learning difficulties (Beyer 2000).

INTERGENERATIONAL CONFLICT, ACCULTURATION & PEER PRESSURE

While tension within families is common to all communities, it is well documented that there are additional strains placed on relationships between migrant parents and their children. Children generally adapt to a new culture more quickly than their parents and seek to identify with the dominant cultural norms. This can lead to a clash of cultural values.

Young people new to Australia often have to take on adult roles in assisting their families to interact with services and the wider community. At the same time they may be expected to remain deferential and respectful towards their parents creating tension within the family.

Family tension may result in the young people becoming more dependant on their peers and greater peer influence is associated with alcohol, tobacco and marijuana use. (Beyer 2000 pp43-45)

It has been suggested that migrants are less likely to develop illicit drug habits if they are able to retain important elements of their birth culture while adapting to their new social environment (Beyer 2000 p45).

TRAUMA

It is clear that trauma is a common aspect of the refugee experience and clear associations have been made between trauma and substance misuse particularly in instances of Post Traumatic Stress Disorder (PTSD) (Sowey 2005 pp8-10). It has been suggested that this may be due to the use of alcohol to block out emotions and avoid traumatic thoughts (Stewart 1996 cited in Sowey p9).

9.5 RESILIENCE

Discussion in relation to refugee settlement in Australia has focussed on the vulnerabilities and needs of refugee entrants. While it is suggested that it is correct to identify the risks associated with this group in order to formulate appropriate support, the danger is that this focus on need may mean that refugee young people are labelled as vulnerable and the resilience of this group may be overlooked.

As Coventry et al (2002 p4) note, "Young refugees like young people generally tend to be resilient and adaptive, moreover people from refugee backgrounds are proven survivors, having often overcome considerable difficulties to reach Australia".

They note further that the incidence of serious long-term maladjustment is fairly low. The majority of young refugee settlers commit to long-term study and tend to have a realistic approach to work. Refugees are refugees not because of their dependence but because of their independence" (Coventry 2002 p42).

While the notion of being both "at-risk" and resilient may appear contradictory, it is suggested that these descriptions are compatible where "at-risk" is understood to refer to the dimensions which make refugee young people vulnerable and resilience is understood to refer to the resources that they have to take charge in changing their lives (Coventry 2002 p43).

10. RESULTS

10.1 WHAT ARE AFRICAN YOUNG PEOPLE IN HOBART USING?

It would appear from the results of the survey, focus groups, interviews and the comments from the research team that the only substance that African young people are using in significant numbers is alcohol. Marijuana use is limited and there was some suggestion of strong painkiller use, but it would seem that this was for pain relief rather than for non-medical purposes. There was a single suggestion of use of ecstasy and speed by a service provider but no use of these substances was recorded in the survey, mentioned in focus groups or indicated by the Research Team.

The researchers of course bear in mind that alcohol and other drug use is likely to have been under-represented in this research for a variety of reasons mentioned in the methodology section of this report. The Research Team indicated that while they were aware of instances of under-reporting of alcohol and other drug use – they felt that the statistics of use generated by the survey were, with some exceptions, similar to their expectations of the extent of alcohol and other drug use by the target group. They were surprised at the honesty and frankness of responses in the focus groups and the interviews.

In the absence of comparable Tasmanian and national data in relation to alcohol and other drug use for the 12-24 age range, data in relation to similar age ranges is used in order to provide some point of comparison for the data collected.

10.2 ALCOHOL USE

All of the data collected suggests significantly lower use of alcohol by African young people living in Hobart than for the general population of young people.

RECENCY OF USE

29% of those surveyed reported using alcohol in the last month and 37% in the last year.

Comparable data for 12-24 year olds was not available, but in a 2002 Australian study of 12-17 year olds indicated that 50% had consumed alcohol in the last month and 73% in the last year (2002 Australian School Students' Alcohol and Drug (ASSAD) Survey).

61% of respondents reported never having drunk alcohol. This compares 6% of the Tasmanian population over 14 who report never having had a full serve of alcohol (2004 National Drug Strategy Household Survey (NDSHS)).

FREQUENCY OF USE

Only 9% of survey participants reported using alcohol weekly or more and 22% reported using alcohol less than weekly.

This compares to studies that show that 39% of Tasmanians over the age of 14 drink at least weekly and 42% that drink less than weekly (2004 NDSHS).

GENDER AND USE

The rates of male and female use reported by the survey were similar. It should be noted that the sample of females was only 29 respondents (with 17 female respondents over the age of 18).

36% of male respondents used alcohol in the last year and 32% used alcohol in the last month. 21% reported using in the week prior to the survey. This compares to 41% of female respondents who reported using alcohol in the last year 28% in the last month and 14% in the last week.

10% of male respondents and 7% of female respondents indicated using alcohol at least weekly.

TABLE 1: GENDER AND ALCOHOL USE

	USED ALCOHOL IN THE LAST WEEK	USED ALCOHOL IN THE LAST MONTH	USED ALCOHOL IN THE LAST YEAR
MALES	21%	32%	36%
FEMALES	14%	28%	41%

FUN & FORGETTING

BINGE DRINKING

Binge drinking for the purposes of this survey was defined as drinking more than seven standard drinks in one session for males and drinking more than five standard drinks in one session for females. 10-14% of respondents indicated that they had engaged in binge drinking in the last 2 weeks.

14% (6/44) of males had at least one incident of binge drinking in the last 2 weeks and 7% of females (2/28) had at least one incident of binge drinking in the last 2 weeks.

Around 10% of 12-17 year old respondents to this survey were engaged in at least one incident of binge drinking in the 2 weeks prior to the survey. This compares to national data for 12-17 year olds, indicating that around 10% were engaged in at least one incident of binge drinking in the 2 weeks prior to the national survey (ASSAD 2002).

Around 10% of respondents 18-24 years of age were engaged in at least one incident of binge drinking in the 2 weeks prior to the survey. Unfortunately it is difficult to compare data for over 18 year olds because the questions used for measuring this were very different. However the 2004 National Drug Strategy Household Survey indicates that around 8% of Tasmanians over the age of 14 are engaged in binge drinking at least weekly and for 20-29 year olds the figure was 14%.

AGE STATISTICS

12-17 YEAR OLDS

14% of 12-17 year olds in this survey reported using alcohol in the last month. This compares to 50% of young people in this age group nationally. 21% reported using in the last year compared to a national average of 73% (ASAD 2002).

TABLE 2: COMPARISON OF ALCOHOL CONSUMPTION BY 12-17 YEAR OLDS

	USED ALCOHOL IN THE LAST MONTH	USED ALCOHOL IN THE LAST YEAR
12-17 YEAR OLD SURVEY PARTICIPANTS	14%	21%
12-17 YEAR OLDS NATIONALLY	50%	73%

Of those who indicated that they had used alcohol in the last year, 83% indicated that they were drinking alcohol less than weekly.

18-24 YEAR OLDS

39% of 18-24 year olds indicated that they had used alcohol in the last month and 47% in the last year. Just on half (49%) of 18-24 year olds in this survey reported drinking alcohol at some stage in their lives.

This can be compared to 2004 data indicating that 9 out of every 10 Australians has tried alcohol at some time in their lives and 84% had consumed alcohol in the 12 months preceding the survey (2004 NDSHS).

Only 15% of 18-25 year olds surveyed indicated using alcohol at least weekly. This compares to around 24% of Australians aged 12-19 and 48% aged 20-29 that drink weekly (NDSHS 2004).

FUN & FORGETTING

41% of males 18-25 years of age reported drinking in last month and 36% of females 18-25 years of age reported drinking in last month.

15% of males in this age range reported drinking at least weekly and 13% of females in this age range reported drinking at least weekly.

These figures compare to Tasmanian figures that 49% of males over the age of 14 report drinking at least weekly and 30% of females over the age of 14 report drinking at least weekly. (NDSHS 2004)

WHAT ARE THEY DRINKING?

This issue was not a focus of the research but interview responses and discussions with the research team suggest that African young people are using the range of alcoholic products including beer, spirits (both straight and premixed) and wine.

WHERE ARE THEY DRINKING?

Again this issue was not a primary focus of the research but was addressed in interviews with young people and the research team. These responses suggested that alcohol is used at home, at parties and at nightclubs.

FUN & FORGETTING

TIME IN AUSTRALIA

Survey results suggested that alcohol use increases with the amount of time that young people spend in Australia.

Whereas none of those surveyed who had been living in Australia less than a year had used alcohol in the last month, 29% of those who had been living here between 1 and 2 years had used alcohol in the last month. 45% of those here more than 3 years had used alcohol in the last month.

This increase in consumers of alcohol cannot be explained by the age range of respondents in each category. The percentage of respondents over the age of 18 in the latter 2 categories is higher than for the former, but is not sufficiently higher to explain the increase in alcohol consumption.

TABLE 3: ALCOHOL CONSUMPTION COMPARED WITH TIME IN AUSTRALIA

TIME IN AUSTRALIA	% OF RESPONDENTS WHO HAD CONSUMED ALCOHOL IN THE LAST MONTH	% OF RESPONDENTS OVER THE AGE OF 18
LESS THAN A YEAR	0%	50%
1 – 2 YEARS	29%	68%
MORE THAN 3 YEARS	45%	65%

INFLUENCE OF PRESENCE/ABSENCE OF A PARENT

The rates of alcohol usage for young people not living with their parents were much higher than for those living with their parents, but this finding is counteracted by the finding that only 40% of those living with their parents were over 18 years of age whereas almost 90% of those not living with their parents were over 18 years of age.

USE IN AUSTRALIA VS USE IN AFRICA

The level of participants' use of alcohol prior to coming to Australia was not addressed in the survey or focus groups. Indicators of this use are from interviews and discussions with young people, parents and the research team.

Parents and young people consistently told of minimal use of alcohol by young people in Africa. While young Africans in Tasmania come from a range of countries, in each of these a similar story of a strong culture of not allowing alcohol use, except in ceremonial occasions was told.

In some areas such as Sudan alcohol is illegal and in others young people may just be allowed one cup of alcohol on special occasions. In many areas the alcohol consumed is home made alcohol.

WHY ARE AFRICAN YOUNG PEOPLE IN HOBART USING ALCOHOL?

The primary question that we were seeking to answer here was whether alcohol use was mainly recreational or whether it was a coping strategy to deal with settlement related stresses. Overwhelmingly the reason that participants in this research project have listed for their alcohol use are for fun and use at parties, however there is also significant data indicating alcohol use to assist with coping.

RECREATIONAL USE AND COPING

Focus group and interview participants were invited to respond to the question “What are the good things about your alcohol use?” A selection of these responses were:

Alcohol & marijuana make you feel good

Gives you style – if go to a club and not drunk will not pick up

You will be too shy to talk to people so drink to get confidence

Helps me to learn how to communicate with others during parties

To look grown up, look strong i.e. makes you feel like ‘Mr So and So’ who is 24 years old

Drink to forget bad things – if you had a bad past and you drink a lot you forget about what happened when you were little

Helps you forget your troubles & stuff

You can use it as covering up

Helps me not to think a lot

Its hard because I think I am addicted

I don't know how to speak English, I found it difficult to communicate with others which makes me feel something bad and think of having something will make me feel fine

Survey participants were invited to respond to the question “What are the good things about your alcohol use?” by selecting from a range of options and adding additional items that were not listed.

The recreational benefits of alcohol use were clearly those most often identified such as “For Fun “ and “Helps me to have a good time at parties” (see Table 4 below). However significant numbers of respondents identified a range of benefits from alcohol use that suggest assistance with settlement related stress and trauma eg helping people sleep, forget things, deal with stress, to relax, feel normal, stop nightmares, and feel like I belong.

Some responses such as “gives me confidence” may fall into either category as recreational or as part of coping with the multiple stressors associated with settlement in a new country.

Similar responses were recorded in the focus groups where the clearest themes to emerge were in relation to drinking being fun, giving you confidence when you went out and assisting

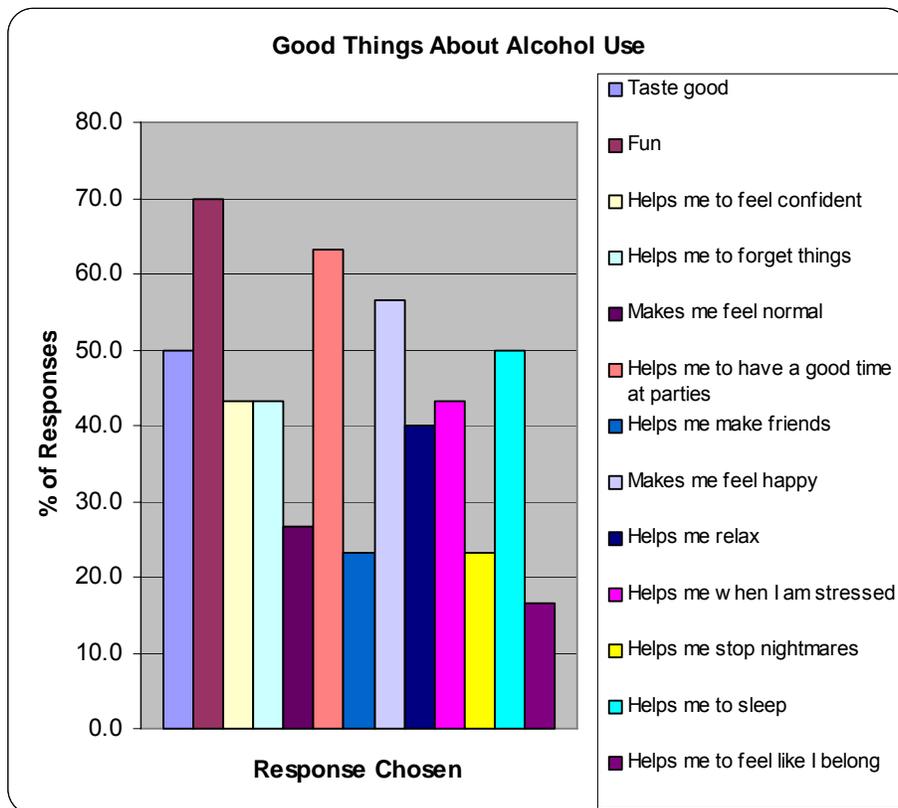
FUN & FORGETTING

with stress relief and helping you to forget your problems. Other focus group themes included the influence of peer pressure and drinking in response to boredom & loneliness.

Similar comments emerged for the interviews conducted with young people in relation to alcohol helping them to feel good, feel more confident, meet friends and forget problems.

SURVEY RESPONSES

GRAPH 1: GOOD THINGS ABOUT ALCOHOL USE



WHY DON'T MOST AFRICAN YOUNG PEOPLE DRINK ALCOHOL?

Preliminary discussions with members of the African Community and the Research Team suggested that alcohol use among African young people was limited and that there were a number of young Africans in Hobart who did not drink alcohol at all. We thought that it would be interesting to explore their reasons for choosing not to drink alcohol in a culture where alcohol use is a fundamental part of social activity.

SURVEY RESPONSES

The survey indicated that almost two thirds of the African young people surveyed had drunk no alcohol in the last year. Survey participants were invited to respond to the question “If you don’t use alcohol or other drugs please tick the reasons why not?”, by selecting from a range of options and adding additional items that were not listed. Separate columns were provided for responses in relation to alcohol and other drugs.

Responses indicated that the survey participants were not using more by choice rather than lack of access or parental or social discipline. Responses suggest that this choice was commonly based on assessments that they did not need them, on the basis that they were an impediment to them doing well in their adopted homeland, their knowledge and experience of the health and other negative impacts of alcohol use and their cultural and religious beliefs.

Factors such as their cost and lack of access rated lowest on the scale of responses.

See Graph 1 on the following page.

FOCUS GROUP AND INTERVIEW RESPONSES:

A selection of responses:

Because they know why they are here, study

Please parents because they expect a lot from you

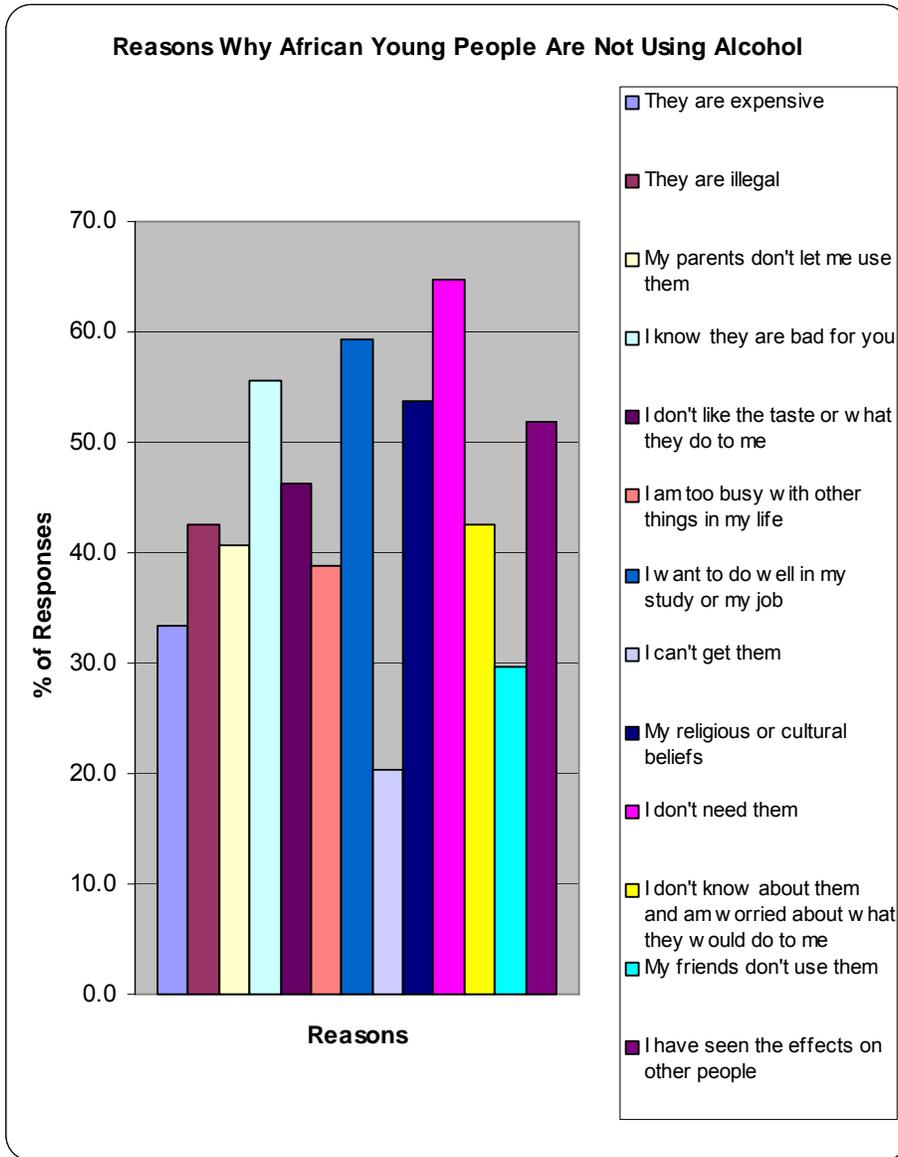
They don't want to get ashamed of

Alcohol shrinks your brain

Sport – some want to play in the “big time” and think if they use drugs they won't be accepted to play

The focus groups identified a range of reasons why many African Young People don't use alcohol or other drugs. The main themes identified from these responses were a combination of parental and community influence, health reasons, the expense and just a dislike for it.

GRAPH 2: REASONS WHY AFRICAN YOUNG PEOPLE ARE NOT USING ALCOHOL



FUN & FORGETTING

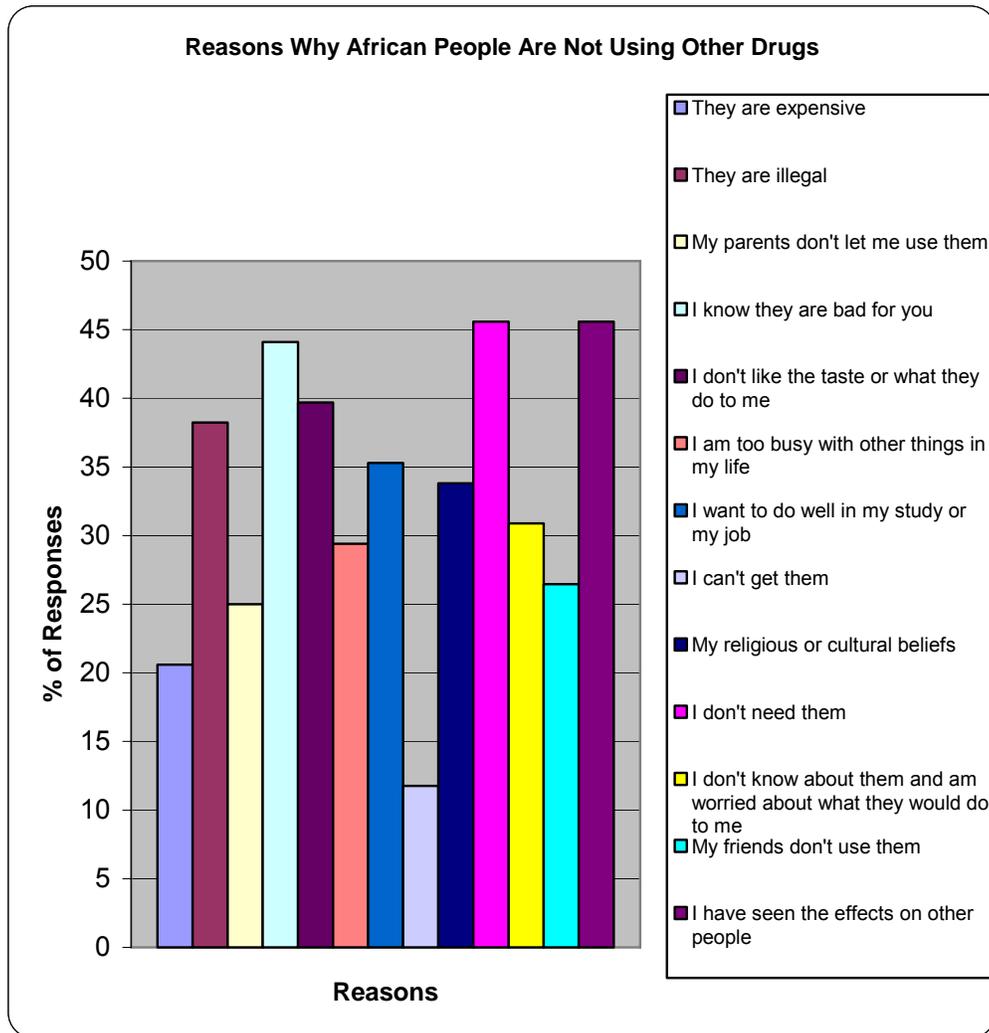
WHY DO AFRICAN YOUNG PEOPLE USE DRUGS OTHER THAN ALCOHOL?

There was only one response to this question, so the results have not been recorded.

WHY DO MOST AFRICAN YOUNG PEOPLE NOT USE DRUGS OTHER THAN ALCOHOL?

There were significantly fewer responses to this question than in relation to the alcohol related question in the survey. The responses were similar to the responses to alcohol. See Graph 2 below.

GRAPH 3: REASONS WHY AFRICAN YOUNG PEOPLE ARE NOT USING DRUGS



PROBLEMS ASSOCIATED WITH ALCOHOL USE

SURVEY RESULTS

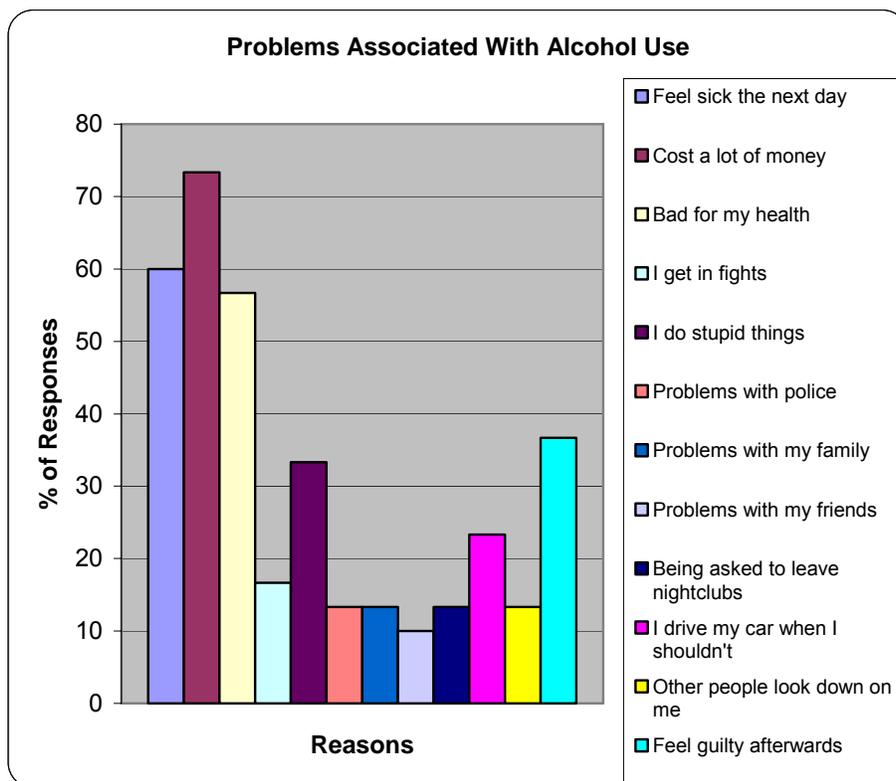
Survey respondents who indicated alcohol use in the survey were invited to respond to the question “What are the bad things about the alcohol and other drugs that you use?” by selecting from a range of options and adding additional items that were not listed. The options provided were selected on the basis of consultation with the research team. Separate columns were provided for responses in relation to alcohol and other drugs.

30 people responded to this question. As indicated in the table below, they identified the expense of alcohol, feeling sick the next day and concerns about the impact of drinking on their health as the main problems associated with their alcohol use. Over a third of those who responded to this question identified feeling guilty after drinking alcohol.

Driving after drinking was identified as a problem by almost a quarter of those responding to this question.

A number of issues identified in preliminary discussions with African young people and service providers such as fighting, problems with police and being asked to leave nightclubs did not rank highly in the responses.

GRAPH 4: PROBLEMS ASSOCIATED WITH ALCOHOL USE



FOCUS GROUPS & INTERVIEW RESPONSES

When I drink I feel sick the next day. I don't go to school and it becomes a problem with my parents and even Centrelink.

Fight with friends that I love

Bad for my health, make me sick, miss school, miss appointment, problem with police

Girls get mistreated because drunk boys don't think they have rights

The focus groups & interviews identified the main problems associated with alcohol and other drug use by African young people in Hobart as fighting and bad behaviour, the effects on individuals such as lack of concentration, not doing school-work, being broke and driving related offences. Other issues identified included dropping out of school, unsafe sex and sexual harassment.

The research team felt that while alcohol and marijuana use was often associated with African students dropping out of college (i.e. years 11 and 12), that this was not necessarily the cause of their dropping out, but that this was more likely to be because they were just finding school too hard. The factors of language, the cultural differences in schooling and the amount of work to do they felt were more influential than alcohol or marijuana use. Sometimes it was because students were older and felt pressure to go out and earn money and that was "too late" for them to spend time at school.

For example you want to get money and you want to go to school

They did acknowledge that alcohol and marijuana use did have some effect in so far as it sometimes made it harder to get the work done and sometimes it meant that students were more reluctant to seek help from teachers.

Interview responses suggest that the expense of alcohol is an issue for African young people in Hobart as most of them are on low incomes and alcohol use can severely impact on their capacity to meet other expenses. A further aspect to this issue is that for some young people this impacts on their capacity to send money back to family in Africa.

Suggestions from the research team are that the guilt associated with alcohol use could be associated with a range of factors including things that they have done while intoxicated, with offending family and cultural norms in relation to alcohol use, or with using money that would otherwise be used for more useful purposes.

A further issue identified in the focus groups was the impact of alcohol use on the African Community as a whole. Young people and adults expressed concern in relation to the impact on the reputation on the African community in Hobart when peoples' drinking led to them doing something wrong. At the same time alcohol use sometimes led to division within the community and the community was faced with the issue of what it could do to respond to problem behaviour.

If one person does wrong everyone in the community gets the blame

Break up of the community because someone has done something stupid (inflammatory) when drunk

Not knowing what to do with the person

10.3 CIGARETTE SMOKING

Survey results suggest that the incidence of cigarette smoking is minimal. Only 3 respondents out of 77 indicated use of cigarettes (around 4%). None of these respondents were under the age of 18.

Focus group responses, however, varied widely ranging from estimates of 1/100 to 8/10 young Africans smoking cigarettes. No explanation is offered for the reason for this disparity.

These results may be compared to 2004 survey findings that 22% of Tasmanians aged 14 and over smoke cigarettes.

10.4 MARIJUANA USE

Preliminary discussions with members of the African community in Hobart and relevant service providers suggested that while alcohol use was by far the main issue of concern in relation to the target group, recreational marijuana use was also in evidence. The survey findings however indicated very low use of marijuana and these were supported by focus group comments and the research team members.

Only 4 out of 77 people surveyed indicated marijuana use in their lifetime and 5% of respondents reported marijuana use in the last year. Research team members suggested that they felt that there had been under reporting of marijuana use by respondents but still indicated that they perceived that marijuana was used by less than 10% of the target group and on a recreational basis.

This compares to 2004 figures that 11% of Tasmanians over the age of 14 had used cannabis in the last year (NDSHS 2004). National figures indicate recent use (i.e. in the last year) by 18% of 14-19 year olds and 26% of 20 –29 year olds.

Interview responses suggested that marijuana was used both in joints and smoking devices i.e. bong.

MARIJUANA USE IN AFRICA

Interview responses and discussions with the research team provided mixed reports in relation to the use of marijuana in Africa by young people. While some indicated that use of marijuana by young people in Africa is very low, interview responses from a small number of marijuana users indicated previous use in Africa.

10.5 OTHER DRUG USE

The only other drug use reported in the survey was “Strong Painkillers” (Not prescribed by your doctor). Five people out of 77 indicated strong painkiller use. This response was interpreted by research team members to refer to Panadol, and Panadeine Forte type medications for pain relief. This interpretation is supported by references to Panadol use in the focus groups.

The only other drugs referred to in the focus groups were “some type of leaves” and one service provider suggested isolated speed & ecstasy use.

10.6 ATTITUDES TO ALCOHOL AND OTHER DRUGS

A selection of focus group and interview responses:

A little bit of alcohol is alright (not as a part-time job)

It's your decision but better to be smart

Forbid movies which show usage of alcohol and drugs

Should be banned for young people

People just want to get you drunk – people you call your (Australian-born) friends

When I go to a party with mainly Australia people they have to drink before they go to speak to people and dance & stuff – it's so weird. They drink 4 cruisers, champagne & stuff & go crazy. At African parties people dance straight away, they don't need the confidence.

ALCOHOL

Focus group responses revealed a range of attitudes to alcohol use. For a number of participants, alcohol use should not be condoned and further efforts to reduce alcohol consumption in the community were suggested. For others alcohol in moderation was fine. In all the groups there was considerable focus given to the negative health and social effects of alcohol use.

Respondents to the survey indicated that they did regard alcohol as a safe drug. Only 6% of respondents referred to it as very safe or quite safe and 42% identified it as dangerous or very dangerous.

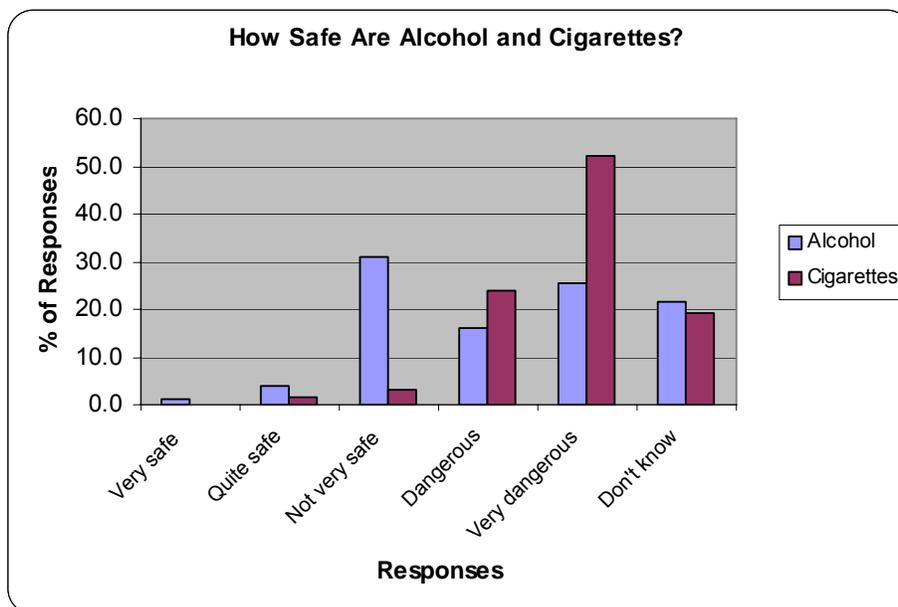
OTHER DRUGS

Alcohol is OK but not marijuana

Little discussion was devoted to issues other than alcohol use, perhaps reflecting the limited experience of use of drugs other than alcohol by the participants.

In the survey unfortunately a typographical error prevented us using responses in relation to perceptions of the dangers of marijuana, but respondents were clearly concerned about the health effects of cigarettes with 75% identifying them as dangerous or very dangerous and only 5% identified them as anything less than dangerous.

GRAPH 5: HOW SAFE ARE ALCOHOL AND CIGARETTES?



10.7 FAMILY ATTITUDES TO ALCOHOL AND MARIJUANA USE

A selection of focus group responses:

Little brother and sister not allowed to watch movies showing alcohol and drug use – strict rules.

Wouldn't accept alcohol, drug use at all – against culture.

Wouldn't allow it for young people.

Parents are against alcohol & drug usage, but hard for them to implement the rules on the kids because of the freedom the kids have got here

Parents say no to alcohol till you finish school

It depends on the parents and how much control they have over you

Parents may drink because of problems but don't want you to drink

You might not drink, but family members do

Asked to compare their own attitudes to alcohol and marijuana use to those of their families, focus group responses focussed on alcohol use.

Four main themes emerged from the discussions. The most prominent of these was strict parental opposition to alcohol and other drug use by young people. Some parents were opposed to any alcohol use at all, whereas others are not opposed to alcohol use once their children reach adulthood, for example on reaching 18 years of age or on leaving school. Group participants noted that in some cases their parents were using alcohol but they were not.

It was noted however that implementing parental discipline in Australia is very difficult. Interviews with parents and young people revealed that in Africa parental opposition to young people's alcohol use is supported by strong cultural norms to that effect and by extended family networks that will take a role in disciplining children. In Australia however, where there is a permissive attitude to alcohol use by young people and the absence of extended family for support, parents find it very difficult to impose parental discipline.

10.8 VICTIMS OF OTHER PEOPLE'S ALCOHOL USE

You don't feel like going home

Family/parent care is not good

Get violence with kids

Families end up with no money

Break up families

Dividing stuff into halves – take half clothes to mum's and half to dad's

A significant finding of the survey was that almost one third of respondents indicated that they had suffered as a result of someone else's alcohol or other drug use. 25% indicated that they had suffered physical abuse and 23% indicated that they had suffered verbal abuse. No attempt was made to find out the originators of this abuse. This may be something for further study.

National figures indicate that 25% of Australians have been victims of alcohol related verbal abuse and 4% victims of alcohol related physical abuse (NDSHS 2004). No data was available in relation to the issue of whether these incidents were more prevalent for young people.

Focus group participants spoke of alcohol related issues that families experience, specifically incidences of family quarrelling, domestic violence, break up and the impact on young people of having to live between two households.

10.9 KNOWLEDGE IN RELATION TO ALCOHOL AND OTHER DRUGS

A selection of responses:

You see guys, when they get to the bar they just look at what the person in front of them is getting and when it is their turn they say I'll just have what he just had.

I talked to 2 people with their licence and they don't know the limits (for alcohol consumption & driving).

Survey responses indicated generally low knowledge levels in relation to alcohol and marijuana drugs. The Research Team indicated their agreement with these findings.

ALCOHOL

93% of respondents identified that using a lot of alcohol can be bad for your health, but 60% of 18-24 year olds did not know that wine has a higher alcohol content than beer. One in five respondents did not know that you had to be at least 18 years old to legally drink alcohol.

ALCOHOL & DRIVING

Approximately one third of 14-17 year olds and one fifth of 18-25 year olds did not know that L plate drivers could have no alcohol in their blood when driving.

Approximately one third of 14-17 year olds and almost one-third of 18-25 year olds did not know that it is illegal for P plate drivers to have any alcohol in their blood when driving.

Approx one quarter of 18-24 year olds did not know that .05% was the legal blood alcohol level for fully licensed drivers.

Almost 80% of 18-24 year olds didn't know how many drinks an average man could have in an hour and still be able to drive safely.

Approx 65% of 18-24 year olds didn't know how many drinks an average woman could have in an hour and still be able to drive safely

MARIJUANA

Knowledge of marijuana was poor. Of those surveyed only 50% correctly identified that marijuana was harmful to the lungs and 40% did not know that it is harder to drive safely after using marijuana. Half of the respondents thought that the statement "you are allowed to smoke marijuana when you are 18" was true.

FUN & FORGETTING

CIGARETTES

Almost 90% of respondents identified that cigarettes can be harmful to your lungs although 40% did not know that cigarettes can be hard to stop using. One quarter of respondents 12-17 years old did not know that you had to be 18 to legally smoke cigarettes.

TABLE 4: KNOWLEDGE IN RELATION TO ALCOHOL AND OTHER DRUGS
NB responses in bold are the correct response

	True %	False %	Don't Know %
Cigarettes are harmful to the lungs	87.5	1.4	11.1
Marijuana is not harmful to the lungs	23.6	50.0	26.4
Cigarettes can be hard to stop using	59.5	27.0	13.5
Marijuana can be hard to stop using	50.0	28.4	21.6
Using a lot of alcohol can be bad for your health	93.2	0.0	6.8
Beer has a higher alcohol content than wine	20.8	34.7	44.4
It is not harder to drive safely after using marijuana	14.9	59.5	25.7
You have to be 18 years old before you can legally drink alcohol	78.4	8.1	13.5
You have to be 18 years old before you can smoke cigarettes	74.3	10.8	14.9
You are allowed to smoke marijuana when you are 18 years old	18.9	50.0	31.1

10.10 WHAT WOULD AFRICAN YOUNG PEOPLE LIKE TO KNOW ABOUT ALCOHOL AND OTHER DRUGS?

A selection of focus group responses:

Know more about how they work and what they do

How to prevent yourself from taking

Know about standard drinks & alcohol content

The good/bad side

If you drink what will happen to you

People know its bad but not how bad it is for you

Focus group participants identified a range of areas that they would like to know more about in relation to alcohol and other drugs, including; how drugs work, the effects on people and strategies for avoiding alcohol and other drug use.

10.11 NEGATIVE EMOTIONS AND ALCOHOL AND OTHER DRUG USE

One of the assumptions sought to be tested in this research was that alcohol use by African young people in Hobart was linked to the stresses and negative emotions associated settlement.

The survey results indicated high levels of negative emotions experienced by the target group.

- 19% of respondents indicated that they were bored always or a lot.
- 14% of respondents indicated that they were stressed always or a lot.
- 73% of respondents reported feeling scared at least a little while living in Australia.
- 9% of respondents reported being angry always or a lot.
- 71% of respondents reported having nightmares at least a little (including 12.6% who reported having nightmares always or a lot).
- 12.6% of respondents reported feeling sad always or a lot
- 19.4% of respondents reported feeling lonely always or a lot

TABLE 5: NEGATIVE EMOTIONS

RESPONSES	ALWAYS	A LOT	SOMETIMES	A LITTLE	NEVER
Feel bored	6%	14%	63%	10%	8%
Feel stressed	3%	11%	47%	27%	11%
Feel upset	6%	3%	54%	30%	9%
Feel scared	1%	4%	32%	35%	27%
Feel angry	3%	6%	57%	27%	7%
Have nightmares	7%	6%	39%	20%	28%
Feel sad	4%	8%	62%	15%	11%
Feel lonely	8%	11%	50%	22%	8%

Comparing these results with data in relation to the period of time the respondents had spent in Australia revealed few clear trends, however the incidence of nightmares and loneliness seem to decline over time.

TABLE 6: NEGATIVE EMOTIONS COMPARED TO THE AMOUNT OF TIME THE RESPONDENTS HAD BEEN LIVING IN AUSTRALIA (RESPONSES OF ALWAYS/ A LOT/ SOMETIMES)

FEELINGS	LESS THAN 1 YEAR	1 – 2 YEARS	MORE THAN 3 YEARS
Bored	85%	77%	80%
Stressed	55%	64%	60%
Upset	67%	47%	75%
Scared	42%	33%	41%
Angry	64%	55%	79%
Nightmares	73%	55%	41%
Sad	83%	69%	76%
Lonely	91%	71%	58%

10.12 WHAT DO AFRICAN YOUNG PEOPLE FIND STRESSFUL ABOUT LIVING IN HOBART?

A selection of focus group responses:

Being different

Being the only black person in the class

Everyone stares at you

People make fun of you in class

Not getting along with Aussies

People saying bad things like "go back to your country"

People discriminate in hospital and when getting jobs

Bus drivers ignore you at bus stops & when you want to get down

They ask us stuff like "Do you have cars, fridges in Africa?"

If the police see three Africans walking together - they'll stop you

What they been through

Focus groups were asked to identify what were the main stresses for African young people living in Hobart. The main themes to emerge were racism, being unable to find jobs, finding it difficult to make new friends and the difficulties associated with functioning in a second language and having an accent. Other issues that were raised included stresses associated with going to school, the difficulty of accessing transport, the expenses associated with school and University.

Examples of racism were provided from schools, using public transport and in public. Mostly the incidents took the form of verbal insults and allusions to African culture, but they included incidents of having an egg thrown at them, being left behind at bus stops by Metro bus drivers, and undue attention from Police.

Incidents relating to the Police included being booked for very minor traffic infringements, being asked for further identification even once drivers' licences had been produced, "as Police think that all Africans are using the same ID, because they can't tell the difference", and one young person being arrested so aggressively on leaving Pizza Hut that the staff (not realising that they were plain clothes policemen) wanted to call the police.

Focus group participants and interviewees talked of the difficulty of "not being able to talk like Australians" leading to shyness, an unwillingness to talk in class and being thought of as less intelligent by other class members.

FUN & FORGETTING

Lack of security getting job is main reason that stress all African young people

Being unemployed – which can lead to financial problem

Not enough money to buy what they want

If company give each younger African part-time job that would help them not to use the drugs because they will want to present themselves in right way to new communities

Research participants spoke of the difficulty of getting part-time jobs to supplement their youth allowance while studying. They said that while many of their Australian-born contemporaries were working in some form of part-time or casual employment there were very few Africans with work. The costs of books, transport and life generally in Australia made living on youth allowance very difficult.

In Africa teachers write everything on the board – it's different here.

School was described as being especially hard in the first year- not knowing what was going on around them in the classroom and not having any friends. Language issues and having well-developed computer skills slow down the typing of assignments. Some related that the style of education in Australia is different to Africa and that students found it difficult to cope with the extra demands on them to conduct their own research, rather than this being provided by the teacher.

One group referred to the gap between 'Australians' and 'Africans':

An Australian and an African young person may have more or less the same level of education in their native language but when they come to Australia language difference automatically creates an 'understanding gap' – need to understand words first before understand concepts. If no extra support is given to bridge this gap the needs of 'African' may be lost and gap will remain.

The groups also referred to the cost of studying both at school and university and especially with regard to the cost of books.

A range of concerns were raised in relation to the issue of transport. One issue was that it is very difficult for African young people in Hobart to get a driver's licence as they find it very hard to get driving practice. They do not have contacts to take them for lessons and private lessons are too expensive.

Focus group respondents said that there were not enough buses in the outer suburbs of Hobart and that they sometimes had to wait an hour after missing their scheduled bus. They found bus drivers rude and they were not able to access bus passes while studying at university.

THE PRESSURE OF EXPECTATION

A selection of interview responses:

My parents expect me to be a good boy and help the family. That mean I have to be serious.

My mother expects me to go back to Africa to help my people there.

Too much responsibility

Pressure from the parent

Thinking too much of what to do or what to be

One of the key themes to emerge from the interviews was the pressure to succeed in Australia. Young people mentioned that this pressure comes both from their parents and themselves. That they see themselves as the lucky ones and that it is up to them to make the most of this opportunity, but this expectation creates significant pressure.

Interview participants described parental expectations that their children study hard so that they can get a good job to help the family and also to help people back in Africa. One interview participant mentioned the perception among parents that it was necessary to go to University in order to get a good job.

Interview participants also referred to loneliness and missing the support of family as causing stress.

Being lonely

Hard to get friendship

Being by yourself

Not enough capability to support family in Africa

Thoughts of remaining family members left in Africa

10.13 HOW DO YOU DEAL WITH THE STRESSES?

A selection of focus group responses:

If its really bad I can't keep it to myself, better to talk to someone
Go to your room and turn the music loud
Some people take sleeping pills/ Get drunk
Sometimes you cry
Pray to God
Need Hugs

We asked the focus group participants what strategies they used to deal with the stresses they identified. The participants identified a range of strategies.

The most prominent of these was to talk with someone they trusted such as a family member, school counsellor or family doctor. One group noted that a requirement for them to access a counselling service was that it be truly confidential. One participant noted that they would not access a Migrant Resource Centre based service, as they were too likely to be seen by a community member who would pass the information on to their family. Another comment suggested that the service be outside of school, and concerns were expressed in relation to the incidences of school counsellors sharing information with teachers. At the same time young people were clearly accessing school-based services and one service provider who had worked extensively with this population stressed the importance of school-based services in terms of their easy accessibility for young people.

Interviewees were asked if they were feeling stressed about a problem whether they would talk to a friend or counsellor about it. Most agreed that they would talk with someone about it and while most said that they would prefer to speak to a friend, but there were some who said that they would like to speak to both or prefer a counsellor.

My friend first because he is so closer to me and visible toward me at all times
My friend knows more about me, how I react and think. He would know whether I'm lying or not. He can look after me.

Asked why they may choose not to speak to anyone about it one interviewee noted:

Not feeling confidence talking about it because if I talk about it, it would remind me of it while I don't want to be reminded.

FUN & FORGETTING

Research Team members, while noting the importance of counselling services generally and trauma counselling services, expressed their concern in relation what they perceived as the focus on trauma with African young people. They said that while many had experienced what people in Australia would consider traumatic events, that for many, these had happened a long time ago and that they were not necessarily traumatised as a result. They were sick of people asking them if they were depressed or stressed. They indicated that they may be more likely to access counselling in relation to current stresses rather than past trauma.

I am a normal person. I am not sick.

I've had people holding a gun to my head. They didn't shoot me. So that's good. It's finished.

You know how to deal with it, you deal with it every day. You don't want to talk with someone who knows nothing about it. It makes you feel like you are not a normal person. Makes me think, "Am I crazy?"

Other approaches to dealing with stress included; going for a walk, eating ice-cream, watching television, playing computer games, singing, painting, relaxing or going to the movies.

Others chose to ignore the issue and keep it to themselves. Another approach was to challenge people in relation to what they said or prove oneself in the classroom by showing what you know.

Two groups identified some form of substance use as a response, including getting drunk and taking sleeping pills.

10.14 RESPONSES

We asked the focus groups what could be done to assist African young people in relation to alcohol and marijuana. We asked them to identify what families, the community and government could do.

Talk to children
Tell them they can have a good life
They are not the only ones with problems
Do not isolate them
Proper family counsellor (paid)
Link families with counselling organisations
Go on holidays

The responses in relation to families were very much about talking with young people, not isolating them, but showing them that they are cared for. Some suggested links with counselling.

A strong theme that emerged was in relation to keeping young people occupied and giving them affordable things to do. Suggestions included sporting activities, music, singing and drama. One comment was made in relation to providing more activities for girls.

Activities that people can afford
We should have a basketball team

The young people talked about the possibilities of the community supporting parents and people from all over the state coming together. One participant asked the question “Do we have an African community?”, but there was also the proposal that elders may be able to play a role.

The young people felt that government had a role in providing more counselling options, more education with regard to health and drugs,

More counsellors like people you can talk to from your culture

- *Not in school or the Migrant Resource Centre*
- *Have their telephone number*
- *Better than your parents and if you don't like your teacher*
- *Maybe like a youth worker*

Give good advice eg “Don't take this drug when using that one”
Create camps so can educate over a few days
Ban alcohol and other drug use in movies.

FUN & FORGETTING

There were a number of suggestions in relation to services, including that they should be more widely advertised and more affordable. Interviews and the discussions with the research team revealed that many young Africans do not know what services are available to them, but even once they are aware of them they may not use them because there is a perception that services don't know how to cater to the needs of refugee young people. Suggestions were made that health services should employ more African young people or at least people with an understanding of African language and culture.

Services should be advertised more

More access to services

Easy affordability of services

Services should be free

More services for parents to help them talk to children about drugs and alcohol and to educate parents about what is going on for children.

Health services with African young people for better understanding – someone who speaks more than one language/ who understands the language and the culture

More training of people who can give services to the community

One suggestion was made for a workshop with African young people to discuss drug and alcohol issues.

10.15 WHAT IS GOOD ABOUT LIVING IN HOBART?

The focus groups were asked about what is good about living in Hobart. Participants talked about the opportunity to meet new friends, to get educated, activities for young people such as youth groups, soccer and church, that it is peaceful here, services to support people, movies, fast food, mobile phones and a number thought the weather was good.

A selection of focus group responses:

Meet new friends

Good opportunity to get educated especially when not had the opportunity before – you get to go to school + Centrelink assistance to go + encouragement to keep going.

Church

Soccer

Youth groups for young people eg Bonza

There are many different cultures and many different people – good to learn about that eg Bonza is good – different ethnic groups band together.

It is peaceful here. I don't have peace where I come from.

Environment is good. Not much industrial smog. Protected from pollution.

The weather is good

Many people around to help if need help – like JPET, The Link, AMES, sometimes schools. There is help when you first arrive and don't know what to do...

Eg help with:

Resume

Looking for employment

Knowing where services are

Movies

Hot cars

Ice-cream

Hungry Jack's

Mobile phones

Computer

10.16 STRENGTHS, MEANING AND ASPIRATIONS

We asked the focus group participants and interviewees a range of questions relating to the aspirations and strengths of African young people in Hobart.

When asked what they would be doing in 10 years, interviewees talked about family, purchasing a house, having a good job and being able to give something back to people in Africa.

A selection of focus group responses:

Have a family

I'm expecting to live with my wife and have one or two kids which means I will have my own home

Get a nice car and a nice house

Have a better permanent place

Have good job

To be rap star and make a lot of money. If I did not succeed, I will join the Police Force

Top score in mechanical engineering

Musician

Professional soccer player

Have my own club (dance) with the hip-hop music, own electronic shop.

Help more people in Africa

FUN & FORGETTING

MEANING

In the focus groups, participants talked about what gave meaning to their lives. This discussion stimulated a diverse range of responses but some main themes were clear. These included life itself, the safety, security and opportunity presented by being in Australia, being with friends and family, religious belief, the chance to get a good education, the chance to have a good quality of life and enjoy the material aspects of being in Australia and having the confidence to be yourself.

A selection of focus group responses:

Life itself

My past helps me to appreciate the future and what I have now

Happy to be alive – other people don't get the chance

Appreciation of being in Australia

Security

Opportunities to be free & get good education

Friends

There are other people - friends, family members you want to make happy

Good family – because their kids are here

When people care about me and love me

Friendship/family

Beliefs – faith

Confidence

Attitude

Being who you are

When you succeed in what you do

Having fun before you die

Having pets

Good look

Boyfriends & girlfriends

Enough financial support

Nice house

Mobile phone

Good life

Soccer

Parties

FUN & FORGETTING

STRENGTHS

We asked the focus groups to list the strengths of African Young people living in Hobart. The clearest theme to emerge from this discussion was in relation to a strong friendship and support for friends and family. Other notable strengths included the life experience of African young people and being fashionable, outgoing and friendly.

A selection of focus group responses:

Friendship – we all face the same issues

Always there for each other

They give us hugs

Tell secrets to each other

Having lots of friends that care about you & listen to your troubles & stuff (& good teachers)

Love each other

Don't dump your black friends for white ones

Make friends easily

We have a community that brings people together

Clubs (soccer) sports

We are good at soccer, basketball, running (we should have a basketball team – last at swimming)

Encouragement – if you fall encouraged to come up

Strength – contribution & participation

Life experience – Africans have been through things other haven't been through

Families give good advice

Strong attitudes & culture about alcohol and drugs

Many Africans don't drink

Hot

Sexy

Kind

Funny

Smile all the time

Best fashion in Hobart

Best hairstyles

Are fun at parties

Smart

Responsible

Some keep their culture

Proud of their cultures

11. DISCUSSION AND CONCLUSIONS

This research indicates that significant numbers of African young people in Hobart are drinking alcohol and some use of marijuana and cigarettes. Almost all the indicators, however, suggest significantly less use of alcohol, cigarettes, marijuana and other drugs by African young people living in Hobart than for other Tasmanians of similar ages.

11.1 ALCOHOL USE

Almost 70% of respondents indicated that they do not drink alcohol and around 50% of respondents over the age of 18 do not drink alcohol. This is despite living in a culture which supports alcohol use, reported incidence of peer pressure and the various stresses that African young people are subject to on arrival in Hobart.

A surprising survey finding was that young women were using in similar numbers to young men. Caution should be taken with regard to the statistics given the small survey sample and the fact that survey findings conflict with the view of the research team (the survey indicated that around 30% of young women used alcohol within the last month, while the research team estimated use by young women over the age of 18 at less than 10%). One interview response from a service provider suggested that alcohol use by young women was higher than many people expected. It should be noted that this usage is still low in an Australian context, however in an African context it is surprisingly high given the strong cultural norms in relation to women using alcohol.

Perhaps the only statistic that was comparable with alcohol use by Australian born young people was in relation to binge (or high short-term risk) drinking (around 11%) which is perhaps notable given the comparatively low percentage of young Africans involved in alcohol use (around 30% indicating use in the last month).

An interesting relationship found in the data was that alcohol use tends to increase with time spent in Australia. This seems to make sense given reports of minimal use by young people of alcohol in African countries compared to Australia and the role of alcohol in social life in Australia especially for young people. This increase in alcohol consumption did not correlate with a similar increase over time in relation to negative emotions.

PARENTAL INFLUENCE

A factor that we were interested to follow up was to see if the rates of alcohol and other drug use were higher among those that were here without their parents. While the rates of alcohol use were much higher for those who were not living with their parents, this seems to be explained by the fact that this group were much more likely to be over 18 and thus legally able to drink.

WHY ARE AFRICAN YOUNG PEOPLE USING ALCOHOL?

In terms of why people were using alcohol, while the majority of responses described recreational use i.e. for fun and use at parties, there was also substantial evidence of use to assist with coping with living in Australia. People described using alcohol to sleep, eat, "forget bad things", for covering up, stopping nightmares, feeling like they belong, feeling normal, making friends, relieving boredom & loneliness, to give them confidence and to relax.

The reasons given for not using alcohol indicated a mix of health, cultural and personal development reasons – with "I don't need it" and "I want to do well in my study or my job" ranking highest.

PROBLEMS ASSOCIATED WITH ALCOHOL USE

While levels of reported alcohol use are not high compared to general levels of use in Australia, they appear to be significantly higher than for young people in African cultures. Research participants were able to identify a range of problems associated with alcohol use including the expense, feeling sick afterwards, guilt, fighting, drinking and driving, driving without a licence, dropping out of school and harassment of young women. It is interesting to note that in focus groups the issues of fighting, drink driving and driving without a licence were prominent, these issues were not highly reported by survey respondents.

It should be noted that in a recent national survey (NDSHS 2004) it was found that one in seven people admitted to driving a motor vehicle and one in seventeen verbally abused someone while under the influence of alcohol. Problems such as fighting, drinking and driving and the harassment of women are problems that are generally associated with alcohol consumption in Australia and further study is required to determine whether these problems are any more acute in the African community than in the general community.

What was notable however was the high reported incidence of African young people as victims of other people's alcohol and other drug use with almost one in three young Africans reporting having suffered in some way from another person's alcohol or other drug use. This compares to recent findings showing that one quarter of all Australians over the age of 14 have been verbally abused and 4.4% physically abused by someone under the influence of alcohol and findings that one in ten people were verbally abused and one in sixty physically abused by someone under the influence of illicit drugs.

No attempt was made in this survey to determine the originators of the abuse reported.

11.2 OTHER DRUGS

Another interesting finding was in relation to the use of painkillers. Even though they did not rate highly in terms of use – apart from marijuana they were the only other drug identified in the survey. This may however be referring to Panadol and Panadeine Forte type medication for pain relief.

11.3 WHAT IS STRESSFUL ABOUT LIVING IN HOBART?

The issues raised in this survey as causing stress for African young people are similar to those reported in two other recent consultations with African young people in Tasmania (Department of Health & Human Services 2003, Office of Youth Affairs 2004). Major issues raised included racism, difficulties finding employment, difficulties at school, language, loneliness, low income, transport issues and the pressure to succeed. The level and repeated incidence of racism is of considerable concern. No direct link was shown between these issues and alcohol and other drug use, but responses did identify that people were using alcohol to help deal with stress.

Alongside the motivation to do well in Australia is the pressure to do well. It is suggested that when young people find it difficult at school and begin to believe that their employment prospects are slim that there is a sense of failure and a loss of hope. Anecdotal comments throughout the survey suggested that people not attending school or in employment were more likely to have substance abuse issues. This could not be established as part of the survey as there were only 2 respondents who indicated that they were not studying and no one that responded was not working or studying.

11.4 NIGHTMARES & NEGATIVE EMOTIONS

It was interesting to find that most of the negative emotions reported in the survey, such as anger and feeling upset, followed no recognisable trend in relation to time spent in Australia, although they were consistently reported as high. The reported incidence of nightmares was high and survey responses indicated a decrease over time spent in Australia. The high incidence of nightmares along with the refugee experience of many of these young people would suggest the presence of trauma symptoms.

11.5 KNOWLEDGE GAPS IN RELATION TO ALCOHOL AND OTHER DRUGS

Clearly the research has shown gaps in knowledge of African young people in relation to alcohol and marijuana and especially in relation to driving. This can be partly explained by the comparatively low use of alcohol and especially marijuana by African young people and the low rates of people with drivers' licences, but it is suggested that even taking these factors into account, these knowledge gaps need to be addressed. The suggestion that many African young people are not always aware of what they are drinking and of safe levels for drinking and driving is of considerable concern.

11.6 AWARENESS OF SERVICES

Interview responses and research team discussions indicated a lack of awareness of services and a lack of confidence in the ability of services to effectively cater to the needs of African young people.

11.7 ATTITUDES TO COUNSELLING AND SUPPORT

It was notable that the young people involved in this project expressed a willingness to use counselling services provided that they could access these without the knowledge of other members of the community and that they were truly confidential. There was some discussion as to where these were best sited and suggestions included that these were best provided by youth workers who already had a relationship with the young people. Other comments included that the young people were reluctant to access counselling at school and at the Migrant Resource Centre for the reasons indicated above. There was a suggestion that there be a telephone-based service. It is suggested the Kids Help Line fulfils these criteria of accessibility, confidentiality and is a free phone based service.

Concerns were expressed in relation to the perceived focus on trauma with African young people. It was suggested that while it was important that trauma counselling services were available that the general focus on trauma was not necessary or helpful. They indicated that they may be more likely to access counselling in relation to current stresses rather than past trauma.

11.8 STRENGTHS & MOTIVATIONS

Other studies have referred to the incredible resilience of this group of young people (Coventry 2002) considering what they have experienced and continue to experience as a part of settling in Australia. Some clues to this resilience emerged in this study with strong themes emerging of a highly motivated group of young people with strong friendship networks who are friendly and outgoing and have a strong faith.

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13. APPENDICES

APPENDIX 13.1 SURVEY



Alcohol & Other Drugs Survey

This is a survey to find out more about young people from different cultures' use, thoughts and knowledge about alcohol and other drugs. The survey is being done by the Link Youth Health Service to help make decisions about how to help support young people from different cultures in Hobart.

Please do not put your name on this questionnaire. Your answers will be kept private. No-one will see your answers except for people working on the survey.

Thanks for your help.

Please tick your answers for each question.

1. Are you?

Male

Female

2. How old are you?

12-13

14-17

18-24

3. Are you?:

	Yes	No
Studying	<input type="checkbox"/>	<input type="checkbox"/>

Working	<input type="checkbox"/>	<input type="checkbox"/>
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4. Who do you live with?

Both your parents

One parent

Somebody else

You live by yourself

5. How long have you been in Australia?

Less than 6 months

Less than one year

1-2 years

3-5 years

More than 5 years

6. How often do you:

	Always	A lot	Sometimes	A little	Never
Feel Bored	<input type="checkbox"/>				
Feel Stressed	<input type="checkbox"/>				
Feel Upset	<input type="checkbox"/>				
Feel Scared	<input type="checkbox"/>				
Feel Angry	<input type="checkbox"/>				
Have Nightmares	<input type="checkbox"/>				
Feel Sad	<input type="checkbox"/>				
Feel Lonely	<input type="checkbox"/>				

7. How often do you:?

	Daily	Weekly	Less than weekly	Never
Smoke Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard Drinks

Different drinks have different amounts of alcohol. A standard drink contains 10 milligrams of alcohol. The following guide shows how many standard drinks are in common drinks you buy.

Pictorial Examples of Standard Drinks Provided

8. How many times over the past 2 weeks would you have had:

	None	Once	Twice	3-6 times	More than 6 times
7 or more standard alcoholic drinks in a day	<input type="checkbox"/>				
5 or more standard alcoholic drinks in a day	<input type="checkbox"/>				

9. Please tick the last time you have used any of the following drugs (if ever)

Drug	In the last week	In the last month	In the last year	Over a year ago	Never
Alcohol	<input type="checkbox"/>				
Marijuana (Cannabis, pot, weed, bungi)	<input type="checkbox"/>				
Amphetamines (Speed, whiz, goee)	<input type="checkbox"/>				
Benzodiazepines (Sleeping Pills; not prescribed to you by a doctor eg valium)	<input type="checkbox"/>				
Strong Painkillers (not prescribed to you by a doctor eg morphine)	<input type="checkbox"/>				
Inhalants (Glue, Petrol, Paint)	<input type="checkbox"/>				
Ecstasy (Eccies, E)	<input type="checkbox"/>				
Hallucinogens (LSD, magic mushrooms)	<input type="checkbox"/>				
Heroin	<input type="checkbox"/>				
Cocaine	<input type="checkbox"/>				
Steroids	<input type="checkbox"/>				
Other (Please write it below)	<input type="checkbox"/>				

.....

If you have never used alcohol or other drugs go to question 12

10. What are the good things about the alcohol and/or other drugs you use? Please tick all the reasons that apply to you.

	Alcohol	Other Drugs
Taste good	<input type="checkbox"/>	<input type="checkbox"/>
Fun	<input type="checkbox"/>	<input type="checkbox"/>
Helps me to feel confident	<input type="checkbox"/>	<input type="checkbox"/>
Helps me forget things	<input type="checkbox"/>	<input type="checkbox"/>
Makes me feel normal	<input type="checkbox"/>	<input type="checkbox"/>
Helps me to have good time at parties	<input type="checkbox"/>	<input type="checkbox"/>
Helps me make friends	<input type="checkbox"/>	<input type="checkbox"/>
Makes me feel happy	<input type="checkbox"/>	<input type="checkbox"/>
Helps me relax	<input type="checkbox"/>	<input type="checkbox"/>
Helps me when I am stressed	<input type="checkbox"/>	<input type="checkbox"/>
Helps me stop nightmares	<input type="checkbox"/>	<input type="checkbox"/>
Helps me to sleep	<input type="checkbox"/>	<input type="checkbox"/>
Helps me to feel like I belong	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons (Please say what they are...)	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

11. What are the bad things about the alcohol and/or other drugs you use? Please tick all the reasons that apply to you.

	Alcohol	Other Drugs
Feel sick the next day	<input type="checkbox"/>	<input type="checkbox"/>
Cost a lot of money	<input type="checkbox"/>	<input type="checkbox"/>
Bad for my health	<input type="checkbox"/>	<input type="checkbox"/>
I get in fights	<input type="checkbox"/>	<input type="checkbox"/>
I do stupid things	<input type="checkbox"/>	<input type="checkbox"/>
Problems with police	<input type="checkbox"/>	<input type="checkbox"/>
Problems with my family	<input type="checkbox"/>	<input type="checkbox"/>
Problems with my friends	<input type="checkbox"/>	<input type="checkbox"/>
Being asked to leave nightclubs	<input type="checkbox"/>	<input type="checkbox"/>
I drive my car when I shouldn't	<input type="checkbox"/>	<input type="checkbox"/>
Other people look down on me	<input type="checkbox"/>	<input type="checkbox"/>
Feel guilty afterwards	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons.... (Please say what they are...)	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

12. If you don't use alcohol or other drugs, please tick the reasons why not?

	Alcohol	Other Drugs
They are expensive	<input type="checkbox"/>	<input type="checkbox"/>
They are illegal	<input type="checkbox"/>	<input type="checkbox"/>
My parents don't let me use them	<input type="checkbox"/>	<input type="checkbox"/>
I know they are bad for you	<input type="checkbox"/>	<input type="checkbox"/>
I don't like the taste or what they do to me	<input type="checkbox"/>	<input type="checkbox"/>
I am too busy with other things in my life	<input type="checkbox"/>	<input type="checkbox"/>
I want to do well in my study or my job	<input type="checkbox"/>	<input type="checkbox"/>
I can't get them	<input type="checkbox"/>	<input type="checkbox"/>
My religious or cultural beliefs	<input type="checkbox"/>	<input type="checkbox"/>
I don't need them	<input type="checkbox"/>	<input type="checkbox"/>
I don't know about them and am worried about what they would do to me	<input type="checkbox"/>	<input type="checkbox"/>
My friends don't use them	<input type="checkbox"/>	<input type="checkbox"/>
I have seen the effects on other people	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons.... (Please say what they are...)	<input type="checkbox"/>	<input type="checkbox"/>

.....

.....

13. Have you ever suffered as a result of someone else's alcohol or other drug use?

Yes No

If your answer is Yes, how?

Physical abuse (fighting, hitting)

Verbal abuse (threats, calling you names)

Sexual harassment

Embarrassment

Family not looking after you

Other (*please write below*).....

.....

.....

14. How safe do you think the following drugs are?

	Very Safe	Quite Safe	Not Very Safe	Dangerous	Very Dangerous	Don't Know
alcohol	<input type="checkbox"/>					
cigarettes	<input type="checkbox"/>					
marijuana	<input type="checkbox"/>					
cocaine	<input type="checkbox"/>					

15. How much alcohol can you have in your blood when you drive?

	None at all	.03%	.05%	.08%	Don't know
If you are on your L plates	<input type="checkbox"/>				
If you are on your P plates	<input type="checkbox"/>				
If you have a full drivers' licence	<input type="checkbox"/>				

16. How many standard drinks can an adult have in an hour and be able to drive safely?

	0	1	2	3	4	5	6	Don't Know
<i>Men</i>	<input type="checkbox"/>							
Women	<input type="checkbox"/>							

17. Please answer True or False to the following questions

	True	False	Don't Know
Cigarettes are harmful to the lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana is not harmful to the lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes can be hard to stop using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana can be hard to stop using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a lot of alcohol can be bad for your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer has a higher alcohol content than wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is not harder to drive safely after using marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be 18 years old before you can legally drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be 18 years old before you can smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are allowed to smoke marijuana when you are 18 years old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Is there anything that you would like to say about alcohol, marijuana or other drugs?

Thankyou!! 😊

APPENDIX 13.2 FOCUS GROUP QUESTIONS

Question 1:

- a) What do you think are the best things about living in Hobart?
- b) What do you think are the most stressful things for African young people about living here?
- c) How do you deal with these stresses?

Question 2:

- a) Do you think that many African young people use cigarettes/ alcohol/marijuana/other drugs? (percentages or scale eg – 5/10)
- b) Why do you think that many African young people don't use alcohol or marijuana?
- c) Why do you think that African young people do use alcohol or marijuana?
- d) (From this list) What do you think are the main reasons for African young people who use alcohol or marijuana occasionally?
- e) (From this list) What do you think are the main reasons for African young people who use alcohol or marijuana a lot – are the reasons different?

Question 3:

- a) What do you think about alcohol and marijuana use?
- b) How does this compare to what your family think?
- c) What are the problems associated with alcohol and marijuana use for:
 - i. African young people?
 - ii. Families?
 - iii. The African community as a whole?

Question 4:

- a) What do you think would be the best ways to help African young people in Hobart in relation to alcohol & marijuana?
 - i. What do you think families can do?
 - ii. What do you think that the African community could do?
 - iii. What do you think services (government) could do?
- b) What do you & your friends need to know about alcohol and marijuana?
- c) What are the strengths of African young people in Hobart?
- d) What gives you a sense of meaning in life?

APPENDIX 13.3 INTERVIEW QUESTIONS

Youth Workers/Teachers/ Police/School counsellors

Our research to date suggests that:

- Many African young people do not use alcohol or other drugs,
- There are a number who do drink alcohol
- There are a few who use marijuana

1. Are you aware of any issues with African young people and alcohol and marijuana use?
2. What do you think are the reasons that African young people living in Hobart may use alcohol or marijuana?
3. What do you think are the problems associated with alcohol and marijuana use for African young people living in Hobart?
4. Have any African young people approached you to talk about issues with alcohol & marijuana (respecting confidentiality)?
5. Could you tell me about these issues (respecting confidentiality)?
6. What do you think are the most stressful things about living in Hobart for African young people?
7. Do you have any suggestions as to how services/ the government could assist African young people to cope with these stresses?
8. What do you see as the strengths /good things about African young people?

African Parents

1. What do you think about African young people in Hobart (How do you think that most African parents think about African young people in Hobart)?
2. What are the things that you think that African parents worry about for their children?
3. What are the things that African parents in Hobart hope for their children?
4. How do you think that African cultural attitudes to alcohol and marijuana differ from Australian attitudes?
5. What do you think that African parents think about alcohol and marijuana?
6. What do you think that African young people think about alcohol and marijuana?
7. What do you think are the most stressful things about living in Hobart for African young people?
8. What do you think that the government/services could do to help African young people?

Young People

1. What do your parents expect from you?
2. What do you expect to be doing in 10 years?
3. What causes stress for African young people?
4. Can you tell me more about one of these things?
5. If you were feeling stressed/ worried about something, would you talk to a counsellor or a friend about it? If not why not?
Which would you prefer to talk to?
6. What services do you think are available to you (when you need help)?
7. Do you think that African young people are aware of the different services available to them?

Then as appropriate:-

Do you drink Alcohol?

1. How often do you drink alcohol?
2. What type of alcohol do you normally drink eg beer, wine, spirits?
3. Where would you normally drink (eg at home, at a nightclub, a friends place..)
4. How much would you drink in an average week?
5. How does your use in Australia compare to your use in Africa?
6. What are the good things about using alcohol for you?
7. Can you tell me more about one of these things?
8. What are the not so good things about using alcohol for you?
9. Can you tell me more about one of these things.
10. What would you find helpful to stop or reduce the effect of these not so good things?
11. How is your alcohol use viewed by other people in the African community?

Do you use marijuana?

1. How often do you use marijuana?
2. How much would you use in an average week?
3. Where would you normally use it (eg at home, at a nightclub, a friends place)
4. How does your use in Australia compare to your use in Africa?
5. What are the good things about using marijuana for you?
6. Can you tell me more about one of these things?
7. What are the not so good things about using marijuana for you?
8. Can you tell me more about one of these things.
9. What would you find helpful to stop or reduce the effect of these not so good things?

10. How is your marijuana use viewed by other people in the African community?

Or

For those who do not drink alcohol (or very minimal use – eg tried it)

1. How do you think that African young people's use of alcohol in Australia compares to their use in Africa?
2. What type of alcohol do African young people (who drink alcohol) normally drink eg beer, wine, spirits
3. Where would African young people normally use alcohol (eg at home, at a nightclub, a friends place..)
4. What do you think are the good things about using alcohol for African young people?
5. Can you tell me more about one of these things?
6. What are the not so good things about using alcohol for African young people?
7. Can you tell me more about one of these (what worries you most)?
8. What would help African young people deal with alcohol and other drug issues more effectively?
9. How is alcohol use by African young people viewed by other people in the African community?

For those who do not use marijuana (or very minimal use – eg tried it)

1. How do you think that African young people's use of marijuana in Australia compares to their use in Africa?
2. Where would African young people normally use it (eg at home, at a nightclub, a friends place..)
3. What do you think are the good things about using marijuana for African young people?
4. Can you tell me more about one of these things?
5. What are the not so good things about using marijuana for African young people?
6. Can you tell me more about one of these (what worries you most)?
7. What would help African young people deal with alcohol and other drug issues more effectively?
8. How is marijuana use by African young people viewed by other people in the African community?