Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia

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EXECUTIVE SUMMARY

Introduction, aims and objectives

Despite the fact that Australia is a multi-cultural society and includes a large number of people from Culturally and Linguistically Diverse (CaLD) backgrounds, our understanding of the drivers of alcohol and other drug use, associated problems and appropriate treatments among CaLD communities in Australia is limited by the paucity of research with these groups. Nearly half of the Australian population was either born overseas (26%) or had at least one parent who was born abroad (19%). Some people from CaLD backgrounds face a variety of challenges when settling in Australia, for instance, they often need to learn a new language, adjust to new social and cultural norms, encounter financial difficulties, have fewer social supports and incur structural racism. Even though it appears that alcohol and other drug use among CaLD communities is lower than among the general population, some individuals from these communities are at increased risk of mental health issues including problematic use of alcohol and other drugs.

The lower rate of people using alcohol and drug services among CaLD communities may be due to the stigma associated with alcohol and other drug consumption in these communities, and thus may not reflect the true need for services. In addition, a majority of people from CaLD background face various challenges when trying to access alcohol and other drug services, such as language, and cultural barriers. Some members of the CaLD community may have misconceptions about the treatments available and may have difficulty accessing them, potentially delaying help-seeking. With an increasing number of people belonging to CaLD groups in Australia, it is a necessity to ensure that alcohol and other drug services provide culturally sensitive and effective treatments that respond to the needs of these communities.

The aim of this study was, recognising the potential barriers to services within the Australian cultural milieu, to review the literature for services or treatments for alcohol and other drug use by CaLD groups in Australia and identify effective treatments or services for these groups.

Methods

A systematic review of the literature published on alcohol and other drug services for CaLD communities since 2000, in Australia, was undertaken. Grey and peer-reviewed literature was sought from three databases: Medline; Scopus; and, Google Scholar. Search terms included treatment, intervention, services, Australia, cultural diversity, CaLD, migrants, refugees, illicit drug, alcohol, comorbidity.

To be eligible for inclusion, studies had to describe alcohol or drug treatment services specifically designed or targeting either a CaLD group or CaLD communities in Australia.

Results

From 952 non-duplicate publications, seven were subject to full-text review. No studies were found which met the selection criteria for this review.

Conclusions

There was insufficient evidence found by this review to assess whether services and treatments provided to CaLD communities in Australia are effective and appropriate. The international literature suggests that culturally adapted and language specific interventions have better outcomes that standard programs. Further research is required to develop culturally appropriate services for Australia. Given the perceived and actual barriers to alcohol and other drug use

treatment for members of the CaLD community, and the high-risk of problematic substance by some individuals, this is a critical unmet need.

Keywords

Treatment, intervention, services, Australia, cultural diversity, CaLD, migrants, refugees, illicit drug, alcohol, comorbidity.

1.0 INTRODUCTION

Australia is a multi-cultural society and includes a large number of groups and individuals from Culturally and Linguistically Diverse (CaLD) backgrounds (AIHW, 2018). According to the Office of Multicultural Interests (2010), "*culturally and linguistically diverse (CaLD) includes groups and individuals who differ according to religion, race, language or ethnicity, except those whose ancestry is Anglo Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander".*

1.1 Culturally and Linguistically Diverse (CaLD) communities in Australia

Approximately half of the Australian population (10.6 million) was either born overseas (26%) or had at least one parent who was born abroad (19%) (Australian Institute of Health and Welfare, 2018; Australia Bureau of Statistics, 2017). More than 300 different languages are spoken in Australian households and 21% of the Australian population speaks a language other than English at home (Australian Institute of Health and Welfare, 2018; Australia Bureau of Statistics, 2017). Mandarin is the non-English language most frequently spoken at home (2.5% of the population), followed by Arabic (1.4%) Cantonese, (1.2%), Vietnamese (1.2%) and Italian (1.2%) (Australia Bureau of Statistics, 2017). English is not the first language for 15% of the population, and 0.5% of the Australian population do not speak English at all at home (Australian Institute of Health and Welfare, 2018; Australia Bureau of Statistics, 2017). Between 2011 and 2016, there was an increase of 24% in the number of individuals who spoke a language other than English at home (Australian Bureau of Statistics, 2017), which suggests that these numbers may increase further in the future.

> "Some culturally and linguistically diverse (CALD) populations have higher rates of, or are at higher risk of, alcohol, tobacco and other drug problems. For example, some members of new migrant populations from countries where alcohol is not commonly used may be at greater risk when they come into contact with Australia's more liberal drinking culture. …. some individuals may have experienced torture, trauma, grief and loss, making them vulnerable to alcohol, tobacco and other drug problems. Other factors that may make CALD groups susceptible to alcohol, tobacco and other drug problems include family stressors, unemployment, language barriers, lack of awareness of programs available, and limited access to programs that are culturally appropriate."
>
> National Drug Strategy 2017-26 (Department of Health 2017 page 29)

1.2 Challenges faced by CaLD communities and drivers of alcohol and other drug use

Some people from CaLD backgrounds, face a variety of challenges in Australian society, as they often need to learn a new language when migrating, adjust their life to new social and cultural norms, encounter financial difficulties, have fewer social connections than in their home countries, and incur structural racism (McCann, Mugavin, Renzaho, & Lubman, 2016; Smith & Reside, 2010). In addition to the unique challenges of migration and minority status, key social determinants of health inequality are likely to be concentrated in CaLD populations, particularly those from refugee groups (Roche, Kostadinov, Fisher, & Nicholas, 2015).

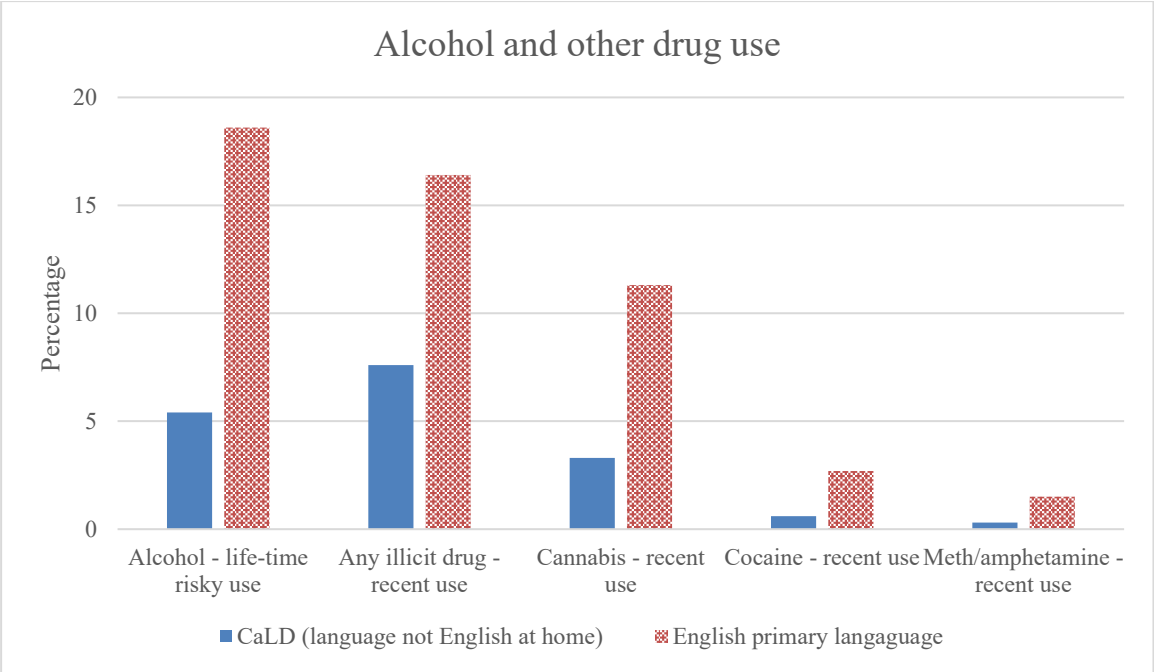
These challenges may lead to increased mental health issues including problematic alcohol and other drugs[1] (AOD) use (Foundation House, 2013; Reid, Aitken, Beyer, & Crofts, 2001). For example, a recent Australian study found that heavy alcohol consumption among a group of young African refugees was used as a social experience, but also as a coping strategy to regulate boredom, frustration, and previous traumatic experiences (Horyniak, Higgs, Cogger, Dietze, Tapuwa, & Seid, (2016). Even though it is widely reported in the literature that licit and illicit substances may be used as a strategy to cope with negative emotions in the general population (Heggeness, Lechner, & Ciesl, 2019), there is sparse information in the literature about the drivers of alcohol and other drug use among CaLD communities in Australia, beyond those arising from social dislocation and trauma.

1.3 Demographics and trends of alcohol and other drugs use in CaLD groups

A recent Australian report which extracted data from the 2016 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2017) found that people from CaLD backgrounds had a lower tendency to consume alcohol and other drugs than people who spoke English at home (Australian Institute of Health and Welfare, 2019). For example, approximately half of individuals from CaLD backgrounds did not consume alcohol or were ex-drinkers (49%), in comparison to 19% of people whose primary language spoken at home was English (Australian Institute of Health and Welfare, 2019). In the same way, 17% of people from a CaLD background reported that they had ever consumed illicit drugs in comparison to 46% of people whose primary language spoken at home was English (Australian Institute of Health and Welfare, 2019). However, some high-risk individuals from CaLD backgrounds may in fact be more vulnerable to the use of alcohol and drugs than the general population, due to negative past experiences, such as grief, loss, torture and trauma (Australian Institute of Health and Welfare, 2019). Alcohol and other drug use may therefore be used as a coping strategy for these high-risk individuals (Gorma, Brough, & Ramirez, 2003).

Figure 1 provides some examples of the prevalence of alcohol and other drug use across a range of different types of drug. It is also important to note the caveat with respect to cocaine and meth/amphetamine, which are subject to wide sampling errors, illustrating the difficulty of obtaining accurate information, even with a major national survey (Australian Institute of Health and Welfare, 2017). In addition to the difficulty of obtaining reliable data for low prevalence behaviours, it has been suggested that the data on alcohol and other drug use among CaLD groups may be unreliable as a result of the stigma associated with alcohol and drug consumption in these communities, as well as low participation rates in research (Browne & Renzaho, 2010). The latter may be due to the use of English-language household surveys (Donato-Hunt, Munot, & Copeland, 2012).

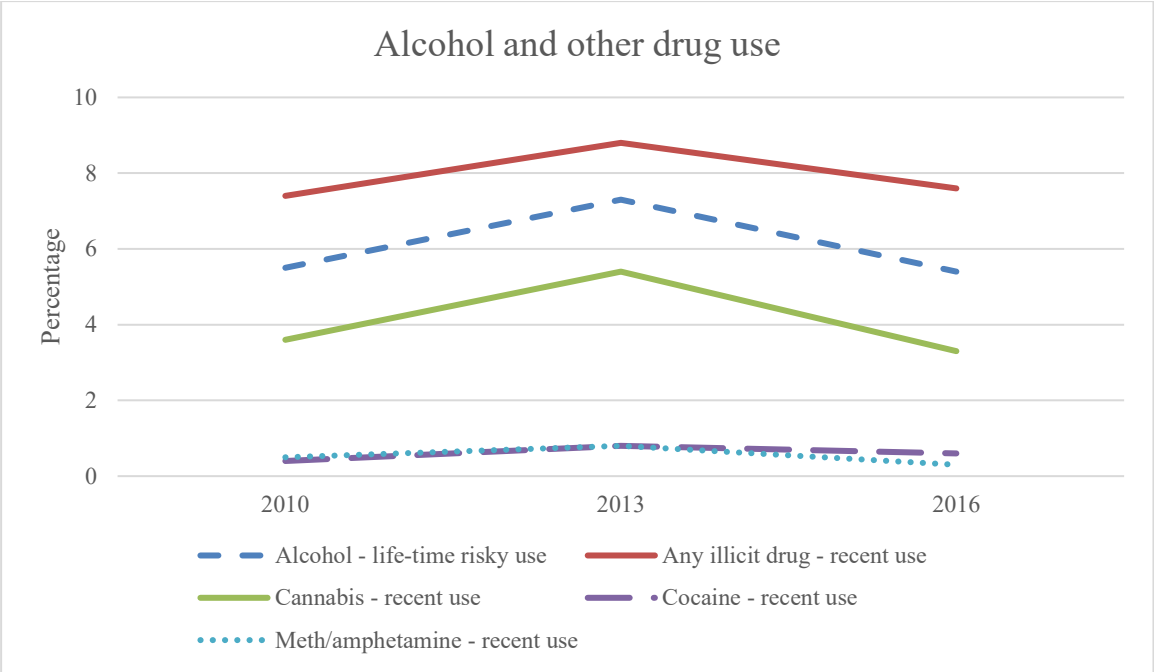
[1] Alcohol and drug use disorders and mental health disorders are within the same chapter of the International Classification of Diseases (World Health Organization, 1992)



Alcohol life-time risky = average >2 standard drinks per day: recent use = last 12 months: Cocaine and Meth/amphetamine estimates subject to high level of sampling error for CaLD group.
Source: (Australian Institute of Health and Welfare 2017: Table 8.19)

Figure 1. Alcohol and other drug use by those who speak a language other than English at home compared with those whose primary language was English

The change in the use of key substances over time is shown in Figure 2. The reduction in the prevalence of 'life-time' risky alcohol use (defined as greater than 2 standard drinks per day on average) and the change in recent (last 12 months) cannabis use were both statistically significant. The wording of questions relating to the (mis)use of pharmaceutical drugs was altered in 2016, so the trend in the use of these drugs cannot be assessed. Given that the number of deaths in Australia from pharmaceutical opioids now exceeds those from heroin (Chrzanowska, Dobbins, Degenhardt, & Peacock 2019), patterns of use of pharmaceutical opioids in CaLD groups should be monitored in future waves of the survey.



Alcohol life-time risky = average >2 standard drinks per day: recent use = last 12 months: Cocaine and Meth/amphetamine estimates subject to high level of sampling error
Source: (Australian Institute of Health and Welfare 2017: Table 8.19)

Figure 2. Alcohol and other drug use by those who speak a language other than English at home (2010-2016)

1.4 Barriers to, and enablers of, treatment

As noted above, 21% of Australians speak a language other than English at home, yet service agencies report that 93% of clients prefer English for the provision of treatment (Appendix 1) and about 93% (Appendix 2) report their country of birth as mainly English speaking (e.g. Australia, New Zealand, UK, Ireland, USA). These apparent mismatches may indicate: the lack of need for treatment by CaLD clients; the barriers that they perceive in accessing treatment; or, the English language skills of those seeking treatment.

Compared with the broader Australian population, some people from CaLD backgrounds may face additional challenges when trying to access alcohol and other drug services. For example, it has been found that people from CaLD backgrounds were often reluctant to seek treatment from alcohol and other drug services, due to the shame and stigma (including self-stigma) associated with it (de Crespigny, et al., 2015; McCann, et al., 2016). Other barriers faced by CaLD groups while seeking treatment may include: language (de Crespigny, et al., 2015); misconceptions and negative views of counselling (Rowe, 2014); unawareness of services available (Posselt, McDonald, Procter, de Crespigny, & Galletly, 2017; Reid et al., 2001); fragmented services (Posselt et al 2017); difficulties accessing them (Reid et al., 2001); perceived lack of cultural competence of help sources (McCann et al., 2016; de Crespigny, et al., 2015); a higher tendency of disengagement from health services (McBride, Russo, & Block, 2016); fear of rejection and discrimination (de Crespigny et al., 2015); financial difficulties (McCann et al., 2016); and, interpreting symptoms as spiritual issues rather than health issues (Khawaja & Stein, 2016). Further, the Drug and Alcohol Multicultural Education Centre (DAMEC) (2013) emphasised that existing AOD treatments are unsuitable for some CaLD clients in that they require a high degree of English fluency, Western psycho-education and that

CaLD clients often rely on family supports, so that the extended periods of absence required by traditional residential treatment are inappropriate.

These barriers may lead to delays in seeking help and may therefore increase the duration of the untreated issues and lead to poorer clinical outcomes (McCann et al., 2016). With the significant number of people belonging to CaLD groups in Australia, it is therefore important to ensure that alcohol and other drug services provide culturally sensitive and holistic approaches to respond to their needs.

Young people from any background may face additional hurdles in accessing treatment compared to adults, but those from at-risk or minority groups are likely to have greater barriers. A systematic review of the barriers and facilitators of treatment among high-risk groups only identified one study that addressed the issue in CaLD groups (Brown, Rice, Rickwood & Parker, 2016). Although the study by Anstiss and Ziaian (2010) was based on access to mental health services, their findings should be broadly applicable to the specific mental health diagnoses relating to alcohol and other drug disorders in addition to general mental health issues. The impediments were summarised as:

- Masculine behavioural norms and risk of losing face;
- More likely to seek help for psychosocial problems from their friends;
- A lower priority placed on mental health issues;
- Poor mental health literacy and service knowledge;
- Distrust of services;
- Lack of anonymity with professionals from the same culture and being easily identifiable; and,
- The expectation that personal and emotional problems be addressed inside the family. (Brown, Rice, Rickwood & Parker, 2016, p6).

To improve and facilitate access to AOD services therefore means addressing multiple barriers. A study based in rural Australia identified 6 factors that improved access for CaLD groups to mental health services (Pierce & Brewer 2012):

- Improved mental health literacy in the community;
- Nationally and locally targeted programs;
- Easy access to information on locally available services;
- Attitudes of clinicians and accessible health systems;
- Continuity of care through treatment; and
- Free access at the point of delivery.

While these recommendations specifically related to mental health services, it is likely that they also apply to AOD services. In particular, the issue of continuity of care in relation to comorbidity of mental health and alcohol and other drug use disorders is often raised with respect to the general community (Teesson, Slade, & Mills, 2009) without adding the additional hurdle of language barriers to navigating the health system.

1.5 Aims

The aim of this review, within the above outlined Australian cultural milieu, was to systematically search the literature for services or treatments for alcohol and other drug use by CaLD groups in Australia and to identify effective treatment or services for these groups.

1.6 Significance

The results of this systematic literature review will provide the Mental Health Commission (MHC) and other health agencies with relevant information about the efficacy of alcohol and other drug services and treatment provided to CaLD groups in Australia.

2.0 METHODS

A systematic review of the literature on alcohol and other drug services for CaLD communities in Australia was undertaken in September 2019 for relevant documents published since 2000.

2.1 Research question and objectives

This systematic review aimed to answer the following questions:

1) Are there any specific alcohol and other drug services or treatments available for CaLD groups in Australia?
2) Which type of alcohol and drug services or treatments in Australia are effective for CaLD groups?

2.2 Eligibility criteria for the review (PICOS elements)

Specific information about the Participants, Interventions and Comparators, Outcomes, and Study design (PICOS) that were eligible for inclusion in this systematic review are illustrated in Table 1.

Table 1. Eligibility criteria (PICOS elements)

Participants	Interventions and Comparators	Outcomes	Study design
Only studies involving people with a CaLD background will be included, regardless of their age.	Any alcohol and drug service or treatment available excluding services designed to specifically address tobacco use.	Any clinical outcome including but not restricted to: treatment response; improvement in symptomatology; and, reduction in alcohol or other drug use.	Randomised control trials, quasi-experimental studies, observational studies. Systematic reviews will be excluded.

To be eligible for inclusion, studies had to be available in English or provide a summary written in English, describe alcohol or drug treatment services specifically designed or targeting either a CaLD group or CaLD communities in Australia. Consistent with the definition in the introduction, CaLD groups exclude Aboriginal or Torres Strait Islander peoples. Due to the high prevalence of mental health comorbidities among clients with alcohol and other drug use, services addressing both alcohol and other drug use and mental health disorders were eligible for inclusion. However, treatment services designed to specifically address tobacco use were not eligible. Documents that were published as review articles, systematics reviews, conference abstracts, case studies, and editorials were also excluded.

2.3 Search strategy

Peer reviewed and grey literature published in English were sought in three databases: Medline; Scopus; and, Google Scholar. The following search terms were used: (treatment or intervention or service) and Australia and (cultural diversity or CALD or migrants or refugees) and (illicit

drug or alcohol or comorbidity). Due to the large number of publications listed on Google Scholar, only the first 400 cases were inspected, while all publications were consulted in Medline and Scopus. Search references were then merged using Endnote X8 Software. The documents were selected and screened by one author (SA) who initially reviewed the titles and the abstracts of the search outputs to identify potentially eligible studies. Full-text articles were then assessed by the same author for eligibility. The reference lists of papers included in the full text review were also scanned for further potentially eligible studies. A second author (RT) then checked 10% of the studies for agreement, achieving an inter-agreement rate of 100%.

3.0 RESULTS

3.1 Search results

The search of keys words yielded 1014 documents across the three databases. Sixty-two studies were excluded as they were duplicates (see Figure 3). After analysis of the titles and/or abstracts, 6 studies appeared to meet the selection criteria and the full papers were assessed.

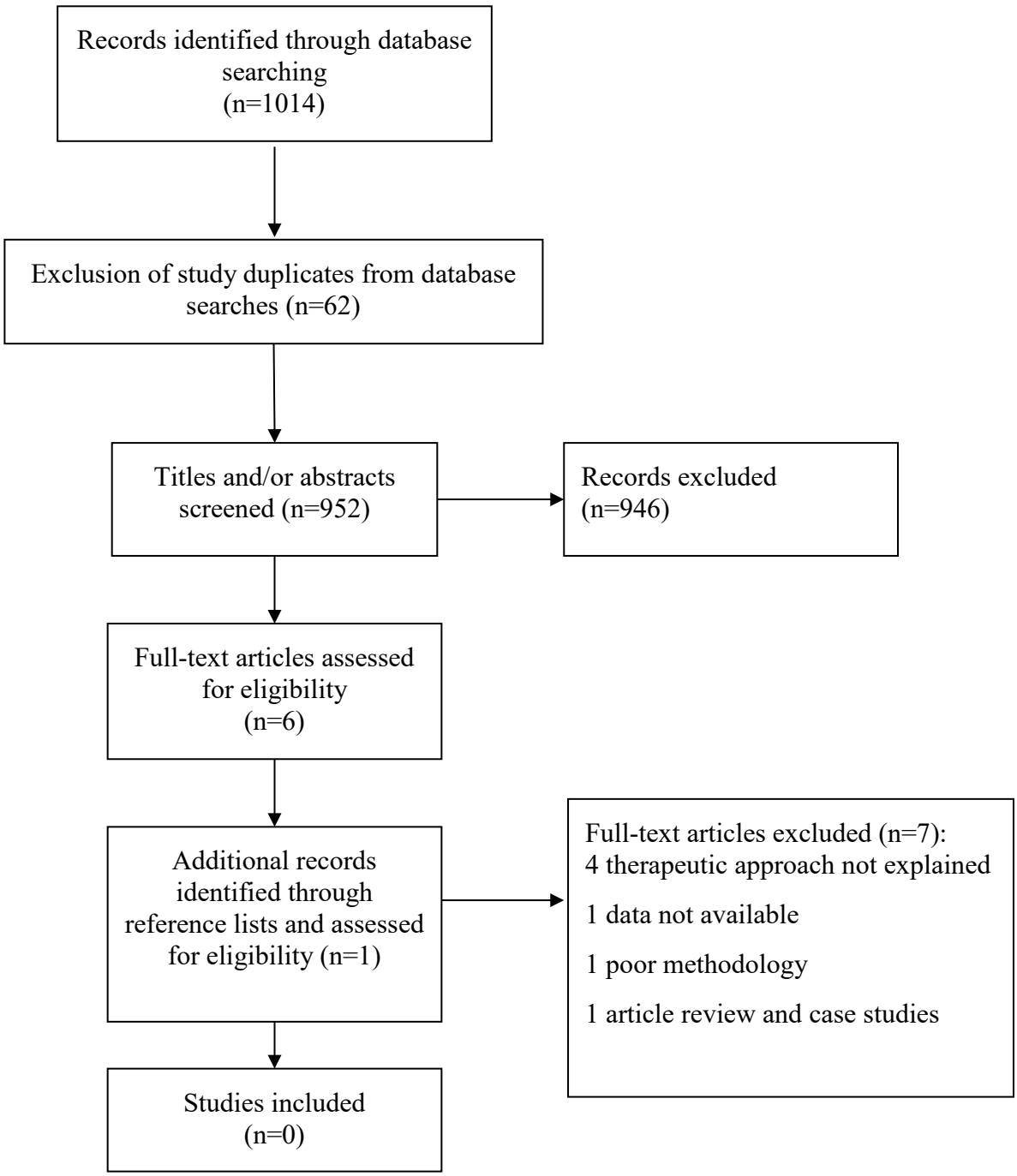


Figure 3. Flow chart of study selection

3.2 Full-text reviews

During the full-text review, one further study was identified from the reference lists and included in the process. Among the 7 papers which seemed to be eligible, all of them were subsequently excluded for the following reasons: the therapeutic approaches were not explained (n=4), the data were not available (n=1), the methodology to analyse the qualitative interview was poorly explained (n=1), and one paper was a review and included case studies. No studies therefore met the eligibility criteria. The characteristics of the full-text articles assessed for eligibility are summarised in Table 2.

The programs either targeted 'alcohol and drug use' in general or 'drug use' in general (Seibold 2008). There were programs that targeted: youth (Posselt et al 2017); school children and parents (Browne & Renzaho 2010); women (Lee 2008); new mothers (Seibold 2008); men (Foundation House 2013); and, broader CaLD groups. As shown in Table 2, the programs covered people from a range of countries and ethnic identities.

Table 2. Characteristics of the full-texts assessed for eligibility (n=7)

Reference	Target group(s)	Target drug(s)	Service(s)	Outcomes related to alcohol and drug use	Reason(s) for exclusion
Browne, J., & Renzaho, A. (2010).	Project 1: Arabic, Chinese, Vietnamese-speaking communities, African refugees, Filipino, Italian, Spanish and Pacific Islanders	Alcohol and drug misuse in general (not specified)	Drug and Alcohol Multicultural Education Centre (DAMEC), Sydney, Australia	Community members who attended education sessions are more aware of alcohol and drug issues and know where to seek help if needed.	Review and case studies
	Project 2: Vietnamese community		Springvale, Victoria, Australia	Development of a network addressing drug issues (parents, teachers, young people…); community members and parents are more aware of drug issues and are better able to express their views. Better engagement from parents and community members when finding strategies to improve alcohol and drug issues.	
	Project 3 'Creating Conversations': CaLD students (program was delivered in Arabic, Somali, Vietnamese and English)		School-based AOD prevention program, Victoria, Australia	Improvement in parents-children communication about drug use; positive feedback from students	
	Project 4: African refugees		Drug and Alcohol Multicultural Education Centre, Sydney, Australia	The program educated community leaders so that they could educate their peers.	

Reference	Target group(s)	Target drug(s)	Service(s)	Outcomes related to alcohol and drug use	Reason(s) for exclusion
	Project 5: Arabic young people and their parents		School-based Arabic Community Drug Education and Prevention Program, Melbourne, Australia	Parents and students recognised the value of the program; students hoped to educate their peers.	
	Project 6: Vietnamese community		Springvale, Australia	Young people were trained as educators and young people and their families were able to discuss issues about drug use; strategies were implemented during a forum to address alcohol and drug issues.	
De Crespigny, C., Grønkjær, M., Liu, D., Moss, J., Cairney, I., Procter, N., .. & King, R. (2015).	People with mental health and alcohol and other drug comorbidity including CaLD groups	Alcohol and drug misuse in general (not specified) + mental health	Alcohol and Drug services in South Australia, Australia	No specific clinical outcomes were provided.	Therapeutic approach not explained; no clinical outcomes were provided.
Foundation House (2013).	Project 1: Young Karen men from refugee backgrounds aged between 15 and 25 years old	Alcohol and drug misuse in general (not specified)	Foundation House, Melbourne, Australia	Reduction in alcohol and other drug use and most particularly in chroming.	Data not available; methodology not explained.
	Project 2: Young African men from refugee backgrounds aged between 15 and 25 years old		Centre for Multicultural Youth (CMY), Melbourne, Australia	Better engagement in detox programs.	

Reference	Target group(s)	Target drug(s)	Service(s)	Outcomes related to alcohol and drug use	Reason(s) for exclusion
Lee, S. K. (2008).	Newly arrived CaLD women in Perth	Alcohol, tobacco and drugs	Women's Health Services, Perth, Australia	No specific clinical outcomes were provided.	Therapeutic approach not explained; no clinical outcomes were provided
Posselt, M., McDonald, K., Procter, N., de Crespigny, C., & Galletly, C. (2017).	Refugees youth	Alcohol and drug misuse in general (not specified) + mental health	Mental health and alcohol and other drug use services, in South Australia, Australia	No specific clinical outcomes were provided.	Therapeutic approach not explained; no clinical outcomes were provided.
Rowe, R. (2014).	CaLD groups	Alcohol and drugs	Drug and Alcohol Multicultural Education Centre's (DAMEC's) Counselling Service, Sydney, Australia	No specific clinical outcomes were provided.	Poor methodology: the study is qualitative in nature and no information was provided about which software was used to analyse the data. The sample size was quite small (24 clients were interviewed, and no information was provided about the number of counsellors interviewed). Therapeutic approach not explained; no clinical outcomes were provided.
Seibold, C. (2008).	New mothers of Vietnamese origin who are experiencing problems relating to drug use within their families	Drugs in general (not specified)	Cyrene Centre (counselling for families affected by alcohol and other drug use), Victoria, Australia	Increased participation of mothers in decision making on drug and lifestyle issues.	Poor methodology: only one women interviewed had a alcohol and other drug use problem herself; the remainder of the sample (n=5) was dealing with family members' alcohol and other drug use issues. The sample size was quite small (n=6) and no information was provided about how the qualitative data was analysed and which

Reference	Target group(s)	Target drug(s)	Service(s)	Outcomes related to alcohol and drug use	Reason(s) for exclusion
					software was used to analyse the data.

4.0 DISCUSSION

4.1 Overall findings

In light of the potential barriers to CaLD groups receiving treatment for AOD problems and the evidence that those from CaLD groups are underrepresented in AOD service episodes, the objective of this review was to identify evidence of effective interventions delivered under Australian conditions. No studies were included in this review, as none were found that fulfilled the inclusion criteria. The main limitation of this systematic review was that no high-quality studies about the outcomes for treatment and services provided to CaLD communities in Australia were identified. Australian data primarily reported on the prevalence of alcohol and other drug use by different groups or distal measures, such as improved communication or engagement. They also focused on transmission of knowledge about drug and alcohol issues, and raising awareness about them. Based on these findings, there is insufficient evidence to assess whether services and treatment provided to CaLD communities in Australia are appropriate and effective in changing alcohol and other drug use outcomes.

Other studies related to alcohol and drug use among CaLD communities in Australia were also identified while conducting this systematic review. However, they mainly focused on the barriers and facilitators to treatment (e.g. McCann et al., 2016), attitudes to alcohol and drug use (e.g. Horyniak et al., 2014; Rowe, Ansara, Jaworski, Higgs, & Clare, 2018), as well as the perception of alcohol and other drug use (e.g. Horyniak et al., 2014), and motivations associated with alcohol and other drug use (e.g. Horyniak, Higgs, Cogger, Dietze, & Bofu, 2016). None of these studies assessed the specificity and quality of treatments provided to people with a CaLD background.

4.2 International context

Given the lack of Australian data to inform AOD service provision for CaLD clients, evidence was sought more widely. In conducting the review, some international research was also identified (Table 3) [2]. Extrapolating these findings to Australia is problematic given the different CaLD / minority groups, plus the different health and social settings where the research was conducted, for example reports from the United States of America on interventions with Hispanic groups. Nevertheless, a systematic review and meta-analysis of culturally sensitive youth alcohol and other drug use treatment found that these interventions produced larger reductions in alcohol and other drug use than those that were not culturally adapted (Steinka-Fry, 2017). However, interpretation of the findings were constrained by the limited number (seven) of studies and overall heterogeneity of the findings. Providing culturally sensitive treatment also improves retention in substance treatment programs (Guerrero & Andrews, 2011).

Another meta-analysis of culturally adapted mental health interventions, provided further support for culturally adapted programs, with adapted programs being four times more effective than standard interventions provided to multi-ethnic groups (Griner & Smith, 2006). In addition, the authors found that interventions conducted in clients' own language (if their language was other than English) were twice as effective as interventions conducted in English. The results of these studies suggest that culturally sensitive treatments may be more effective than mainstream treatments, and should be delivered in the client's preferred language. However, it is important to note that there is currently a lack of studies on alcohol and other

[2] Neither a systematic search nor using the PICOS elements in Table 1

drug use treatment among refugee populations (Kane & Greene, 2018) and migrants which may affect the generalisability of the results. The review by Kane and Greene (2018) focused on low and middle income countries, and given the lack of data specifically relating to refugees, suggested that findings from other high-risk groups may be applicable in designing programs for refugees. Any such program would then require evaluation in the target group.

Furthermore, as some cultures tend to favour individualism [3], whereas others tend to favour collectivism (Raefl, Greenfield, & Quiroz, 2000), some groups may respond better to certain type of interventions. As a consequence, caution should be taken when assessing whether some treatments are more effective than others, as the results may vary between different cultural groups. For example, Robbins et al. (2008) compared a structural ecosystems therapy (SET) with a family process-only condition (FAM) and community services control (CS) which was provided to African-American and Latino adolescents aged between 12 and 17 years old and their families. The authors found that SET was significantly more effective than FAM and CS in reducing drug use among the Latino participants only. Another study conducted among Hispanic communities (Prado et al; 2012) found that there was a reduction in the number of teenagers reporting alcohol and drug use in the family based intervention group, and an increase in the number of teenagers reporting alcohol and drug use in the community practice group after 12 months. In addition, the proportion of teenagers who were dependent on alcohol significantly reduced over time in the family based intervention, whereas it increased in the community practice group.

In a further example, Burrow-Sanchez & Wrona (2012) compared a 12-weeks cognitive–behavioural substance abuse group treatment (S-CBT) with a culturally accommodated version (A-CBT) and found that there was a significant reduction in substance after treatment with slight increases at 3-month follow-up for both groups. However, they also found that familism and ethnic identity moderated alcohol and other drug use outcomes and the authors suggested that differences in outcomes treatments may be the result of specific cultural variables. Another study which compared a brief intervention provided to male Somalis who were using khat, with a control group, found that the brief intervention was effective in reducing the amount and frequency of khat use.

Overall, the results of these studies seem to indicate that some treatments may be more effective than others in reducing alcohol and other drug use. However, as mentioned previously, CaLD groups cannot be regarded as homogenous, even within a group there may be marked differences, for example between generations (McCann et al., 2016). Thus, certain cultural groups may respond better to certain types of treatments and this may therefore affect the generalisability of the results, again emphasising the need for locally developed and evaluated programs.

[3] Broadly speaking, individualistic cultures emphasise personal gaols and value the self where as collectivistic cultures subordinate the self to in-group harmony and interdependence (Schwartz 1990).

Table 3: International studies on alcohol and other drug use among refugee populations or migrants (n=10)

Reference	Country	Target group(s)	Target drug(s)	Treatment	Outcomes related to alcohol and drug use
Amodeo et al. (2008)	USA	First-generation, Khmer-speaking Cambodian adults	Alcohol and other drug use in general (not specified)	Cultural sensitive program which included use of acupuncture, Buddhist philosophy, traditional cultural values, a Cambodian advisory committee, bilingual co-therapies, counselling done in own language, home visits, assessment about trauma experience, ethnically specific questionnaires, clients' coping strategies, relationships bonds, and provision of additional services.	Case study: a client reported being sober after treatment.
Burrow-Sanchez & Wrona (2012)	USA	Latino adolescents aged between 13 and 18 years old	General alcohol and other drug use (not specified)	Compared a 12-weeks cognitive–behavioural substance abuse group treatment (S-CBT) with aculturally accommodated version (A-CBT)	Significant reduction in alcohol and other drug use from pre- to post treatment with slight increases at 3-month follow-up for both groups. Familism and ethnics identity moderated alcohol and other drug use outcomes.
Griner & Smith (2006)	Not specified	31% African Americans, 31% Hispanic/Latino(a) Americans, 19% Asian Americans, 11% Native Americans, 5% European Americans, and 3% not specified	General alcohol and other drug use (not specified)	Meta-analysis: Individual therapy, Group therapy, and Combination of individual and group therapy	Interventions targeted to specific cultural groups are four times more effective than interventions provided to multi-ethnic groups. Interventions conducted in clients' own language (if language other than English) are more effective than interventions conducted in English.

Reference	Country	Target group(s)	Target drug(s)	Treatment	Outcomes related to alcohol and drug use
Kane et al. (2018)	Afghanistan Croatia Guatemala Honduras Kazakhstan Kenya Kosovo Kyrgyzstan Panama Rwanda Serbia South Africa Tajikistan Thailand Turkmenistan Uganda Uganda Uganda Uzbekistan	Refugee and non-refugee populations	General alcohol and other drug use	Literature review which included studies referring to school based programs, peer-led prevention, programs, family programs and training sessions, community programs, home visits, trans-diagnostic psychotherapies, brief intervention programs, ASSIST linked brief interventions, Motivational Interviewing, counselling sessions, Problem Solving Therapy based on CBT, Women's health education sessions, peer-led programs, and health and social services,	There is a lack of studies on alcohol and other drug use prevention and treatment among refugee populations. The evidence-base for interventions among refugee populations is weak.
Prado et al. (2012)	USA	Delinquent Hispanic youth aged between 12 and 17years and their primary caregiver	Alcohol and drug use	Compared a 12 weeks family based intervention (Family Unidas) with community practice (standard care practice)	Reduction in the number of teenagers reporting alcohol and drug use in the family based intervention group after 12 months. Increase in the number of teenagers reporting alcohol and drug use in the community practice group after 12 months. The proportion of teenagers dependent on alcohol significantly reduced over time in the family based intervention, whereas it increased in the community practice group. There was no effect of intervention in the proportion of youth dependent on marijuana over time.

Reference	Country	Target group(s)	Target drug(s)	Treatment	Outcomes related to alcohol and drug use
Robbins et al. (2008)	USA	African American and Latino adolescents aged between 12 and 17 years old and their families	General alcohol and other drug use (not specified)	Comparing a structural ecosystems therapy (SET) with family process-only condition (FAM) and community services control (CS).	SET was significantly more effective than FAM and CS in reducing drug use among Latino adolescents.
Steinka-Fry (2017)	USA	Ethnic minority youth	Alcohol and other drug use in general	Systematic review and meta-analysis which included studies referring to Culturally accommodated CBT, Multidimensional Family Therapy, Conjoint Family Therapy, Adolescent Portable Therapy, Structural Ecosystems Therapy, Culturally Informed and Flexible Family-Based Treatment for Adolescents	Greater reduction in alcohol and other drug use after culturally sensitive treatments in comparison to standard treatments.
Valot (2017)	France	Migrants	Alcohol	Hospitalisation (detox) and psychodynamic treatment	One patient remained abstinent.
Washington & Moxley (2003)	USA	Majority of African American women	General alcohol and other drug use	Compared a cognitive group intervention with an experimental group intervention	Both therapies helped to reduce the prevalence of substance abuse.
Widman et al. (2017)	Kenya	Male Somalis	Khat	Compared the ASSIST-linked brief intervention for khat users with a control group	Greater reduction in the amount and frequency of khat use and functional time among participants who received the ASSIST-linked brief intervention for khat users in comparison to the control group.

4.3 Australian recommended approaches

Despite the fact that there was insufficient evidence found by this review to determine whether AOD services and treatments provided to CaLD communities in Australia are effective, a recent Australian study suggested that specific targeted interventions should be implemented when working with ethnic minorities (Horyniak, Higgs, Cogger, Dietze, & Bofu, 2016). For example, the authors suggested that community-led programs, such as peer-led social media campaigns could contribute to harm reduction (Horyniak et al., 2016). Furthermore, they also suggested that community support programs aiming to increase awareness and reducing the stigma around alcohol and other drug use should be offered (Horyniak et al., 2016). Another Australian based study suggested that ten specific factors should be taken into account when working with people from a CaLD background (Rowe, 2014). These include:

- implementing psycho-education programs to ensure that clients understand what counselling involves;
- providing bi-cultural and bilingual treatments;
- assessing the importance of the clients' cultural identity;
- responding appropriately to clients' verbal and non-verbal cues about sensitive matters;
- exploring expectations about social roles and communication patterns;
- choosing a variety of psychosocial treatments tailored to the clients' culture and communication types;
- using appropriate cultural resources and materials;
- being aware of clients' support systems;
- ensuring that a record of information provided about the clients' culture is kept: and,
- Counsellor should consider the interpretability of the intervention in the client's language and from their cultural perspective. (Rowe, 2014).

While not disputing the validity of the recommendations, they do not yet appear to have been evaluated, although the meta-analyses of international data suggestion that adapted interventions are more successful than standard interventions (Steinka-Fry, 2017; Griner & Smith, 2006).

5.0 CONCLUSIONS

This systematic review highlights that there is currently a limited understanding and evidence-base on the efficacy of alcohol and drug services provided to CaLD groups. The authors reiterate previous calls that further research is required to address this gap in the literature (e.g. Horyniak et al., 2012, 2014; Posselt, Procter, de Crespigny, & Galletly, 2015). Research is required to gain a better understanding of the community needs and the efficacy of alcohol and drug services and treatment provided to CaLD groups and to determine the benefits of interventions that are culturally sensitive, holistic in nature, and tailored to the clients' needs (Roche et al., 2015; Gainsbury 2017). In addition, regardless of the final form of effective interventions, there will be an inevitable need to provide training to service providers and

indeed, to develop the vocational and university courses to provide this service (Posselt et al. 2017). Similarly, there is a lack of bilingual professionals – even basic translated materials are severely limited (Drug and Alcohol Multicultural Education Centre, 2013).

5.1 Recommendations

- Measures should be taken to assess the efficacy and the availability of alcohol and other drug treatment services that are currently provided to CaLD communities in Australia.
- Measures should be taken to ensure that alcohol and other drug services provide culturally sensitive and effective treatments that respond to the needs of CaLD communities.
- A study should be conducted with people who attend alcohol and other drug services in Australia and who are from a CaLD background to determine how treatments could be improved and tailored to their needs.
- Health practitioners who work with CaLD communities and key community informants should be interviewed to determine how the services could be improved in order to meet their specific clients' needs.

Finally, it is important to acknowledge the inherent difficulties and expense of conducting traditional randomised trials to validate any adaptation of existing evidence based interventions (Barrera & Castro, 2006; Gjersing, Caplehorn & Clausen 2010; Steinka-Fry, 2017).

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7.0 APPENDICES

Appendix 1: Table SE.10: Closed episodes by client type and preferred language, 2016-17

Preferred language	Own drug use	Other's drug use	Total	Percentage
English	179281	7163	186444	92.873
Australian Indigenous languages	1585	150	1735	0.864
Italian	57	4	61	0.030
French	56	3	59	0.029
Spanish	82	5	87	0.043
Polish	25	0	25	0.012
African	357	5	362	0.180
Turkish	29	3	32	0.016
Iranic	64	4	68	0.034
Arabic	233	4	237	0.118
Chinese	58	17	75	0.037
Vietnamese	373	98	471	0.235
Not stated	10157	134	10291	5.126
All other languages	674	130	804	0.400
Total	**193031**	**7720**	**200751**	**100.000**

Appendix 2: Table SE.9: Closed episodes by client type and country of birth, 2016-17

Country	Own drug use	Other's drug use	Total	Percentage
Australia	168857	6132	174989	87.167
New Zealand	4540	159	4699	2.341
United Kingdom	4620	313	4933	2.457
Germany	400	27	427	0.213
Ireland	482	30	512	0.255
USA	419	17	436	0.217
Vietnam	686	117	803	0.400
Philippines	334	20	354	0.176
India	466	48	514	0.256
South Africa	696	48	744	0.371
Sudan	788	24	812	0.404
Not stated	3131	231	3362	1.675
All other countries	7612	554	8166	4.068
Total	**193031**	**7720**	**200751**	**100.000**

Data from: Australian Institute of Health and Welfare, 2018. Alcohol and other drug treatment services in Australia 2016-17

8.0 RESOURCES

A number of government and organisation web-sites appear to offer alcohol and other drug resources in a variety of languages. However, in most cases the links to these resources are no-longer active. Therefore, we recommend visiting this site and either web-archiving materials or contacting New South Wales Health and asking for permission to copy the printed materials and video content. The images below shows the languages in which materials are available and the drugs addressed.

https://yourroom.health.nsw.gov.au/resources/publications/pages/publications.aspx