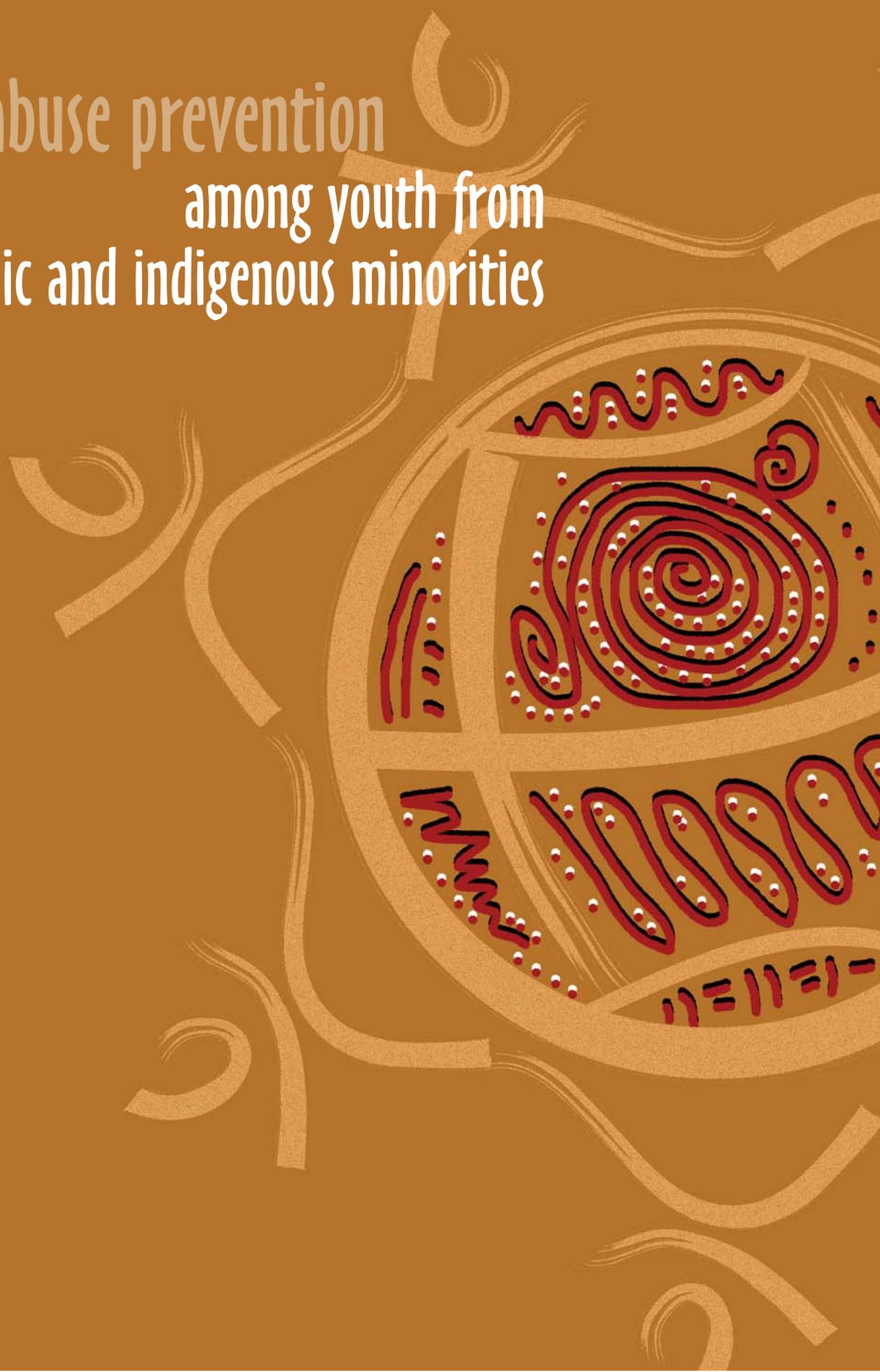


Drug abuse prevention among youth from ethnic and indigenous minorities



UNITED NATIONS
Office on Drugs and Crime





This publication is the result of a 'Hands on Theme Meeting' on the subject of substance abuse prevention amongst minority youth held in Brisbane, Australia 3-7 June, 2002. The United Nations Office on Drugs and Crime, Youth NGOs and other partners participated in the meeting.

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Vienna**

Drug abuse prevention
among youth from
ethnic and indigenous minorities



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1. Introduction



Multiculturalism and diversity are facts of the modern condition that have a bearing on the organization and functioning of societies. The fact that citizens within a society may not have a shared language, culture or history creates new tensions in that society. In the case of substance abuse, people often blame foreigners, outsiders or others for the spread of drugs and other substances of abuse. Moreover, those “foreigners” or “others” are seen as especially problematic because “they have their own ways and means of doing things and we don’t want to interfere in that ...”.

The stigma attached to drug abuse is reinforced by racial and ethnic stereotypes while, at the same time, the stereotypes themselves push young people in the direction of substance abuse. It is this complex cycle of reinforcing negative stereotypes, marginalization and drug abuse that prompted the study of the issue of prevention among the specific target group considered.

How the guide was written

The United Nations Office on Drugs and Crime “Hands-on Theme Meeting on Working with Youth from Ethnic and Indigenous Minorities on Drug Prevention” was held in Brisbane, Australia, from 2 to 6 June 2002. Workshop participants included both employees and volunteers of services working with young people from ethnic and indigenous minority groups and were drawn from countries all over the world, including Australia, Canada, Finland, Guyana, India, Lithuania and New Zealand.

The workshop was structured in such a way that participants had an opportunity to share their experiences and stories about working with young people in drug prevention programmes. During the workshop, participants considered the following issues:

- Identification of the important things to consider when working on drug prevention with young people from diverse ethnic backgrounds;
- Developing effective drug prevention programmes with young people from ethnic minorities;
- Interacting with young people from ethnic minorities in developing effective drug prevention strategies and programmes.

While the workshop focused on developing drug prevention programmes for young people from indigenous and ethnic minorities, it is equally important to recognize the existence of different cultural and historical influences that may have nothing at all to do with ties of culture, community, history or genealogy. While ethnic and indigenous minority groups share experiences that can provide a foundation for action, the importance of the local context, including an understanding of cultural, political, historical and social influences on young people, is a recurring theme in the present guide. Indigenous and ethnic minorities have therefore been grouped together and analysed with a view to addressing the needs of specific subgroups that form a minority within the population and have some experiences in common.

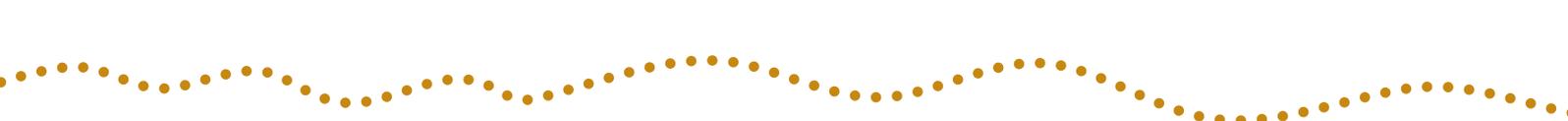
The present guide is the result of discussions between the participants and the hard work of Ben Norris and Cindy Shannon, who helped to organize the initiative and worked on various versions of the guide. The Coordinator of the Global Youth Network project organized the overall initiative and, along with the Coordinator of the Global Initiative on Primary Prevention and a senior officer of the United Nations Office on Drugs and Crime, also contributed to the drafting of the guide. Finally, the generous support of the Governments of Canada, Italy, Norway, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland, whose financial contributions made the Global Youth Network project a reality, is gratefully acknowledged.

Why the guide was written

Are alcohol, tobacco and other problems faced by youth from indigenous and ethnic minorities different from those confronting young people in the mainstream? The answer is both yes and no. Yes, because youth from ethnic and indigenous minorities face issues of cultural and social exclusion, as well as having to cope with the transition from one culture to another. No, because some of the issues that they face as young people are issues that most young people in both mainstream and minority groups face, such as developing an identity and forming new friendships. The focus of the present guide, however, is on the factors that make youth from ethnic and indigenous minorities different from young people in the mainstream in the context of drug abuse and programme development.

Who should read the guide and why

The present guide was written for people who work with youth from ethnic and indigenous minorities and, in particular, for those who are interested in developing a drug abuse prevention programme as part of their overall agenda. Much of the information in the guide has been taken from the knowledge and wisdom of the youth workers and young



people who attended the hands-on theme meeting in Brisbane. The ideas presented by them are tried and true methods of working with young people from a range of indigenous and minority backgrounds. As a hands-on worker or someone involved in planning and managing a programme for youth from ethnic and indigenous minorities, the user will be able to apply the ideas directly to his or her work as a means of improving programme outcomes.

How to use the guide

The guide has been organized into eight chapters. Chapter 2 contains a brief review of the international literature about what others have done in their work with youth from ethnic and indigenous minorities and the relative success or otherwise of their strategies. In chapter 3, the views of workers on what constitutes good practice when working with youth from ethnic and indigenous minorities are considered. Those foundations of good practice can be used as both a set of guidelines on effectively engaging with youth from ethnic and indigenous minorities and developing effective drug prevention programmes or as a checklist for both programme development and evaluation. Chapter 4 deals with how to engage effectively with youth from ethnic and indigenous minorities and chapter 5 considers how to develop effective prevention programmes.

The guide may appear repetitive in some places because the same issue is sometimes examined from a different angle. Moreover, chapters 6, 7 and 8 should ideally be read in conjunction with other publications of the United Nations Office on Drugs and Crime Global Youth Network, including *A Participatory Handbook for Youth Drug Abuse Prevention Programmes* and the forthcoming *Guide on Youth-Friendly Evaluation and Monitoring Techniques*.

2. Minority youth and the abuse of alcohol, tobacco and other drugs: a brief review of the literature



Why youth from ethnic and indigenous minorities are at risk

Adolescence as a time of risk-taking

Most of the research and literature that examine adolescent drug abuse identify risk for some adolescents, but, more specifically, find minority youth to be particularly at risk of beginning the use of alcohol, tobacco and other drugs solely because of their minority status [1].

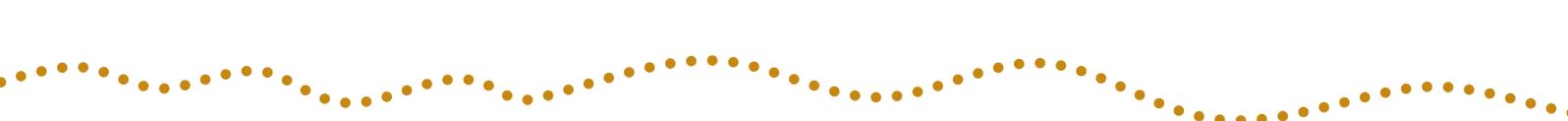
In order to design effective prevention programmes for minority youth, it is important to understand not only adolescence as a developmental stage and current patterns of drug abuse within that population, but also the differences in culture and ethnicity that may affect the decision of an individual youth to use alcohol, tobacco and other drugs [2].

Culture and drug abuse

Culture affects the traditional uses of alcohol, tobacco and other drugs, as well as the norms or social practices governing the use of specific substances within that culture. A critical point that remains unaddressed in most prevention research is the recognition of the reciprocal influence of culture and tobacco, alcohol and other substances. Although several studies address cultural conflict and acculturation, most focus on the stressors that may arise for a minority individual in the process of adjusting to or living in a different culture. However, few address the culture itself, including the norms for the abuse of alcohol, tobacco and other drugs within the specific culture and their effect on the initial or continued abuse of drugs by minority youth [3].

Stressful transition from one culture to another

The issue can also be explained as part of the process of transition, involving stress for the individual, and the increased risk of alcohol and other drug abuse that may arise as a result. In her review of the literature on transitions, Dickinson observes that, as a result of the stress and tension that accompanies significant change, transition periods are



considered to be critical times of vulnerability for an individual [4]. The move from one culture to the next is one type of transition.

Other issues may sometimes exacerbate already stressful transitions. A major study conducted in a workgroup review on new drug trends by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) [5] found that some migrants suffered trauma because of wars in their home countries. That was noted in Austria and Denmark among drug abusers from Central and Eastern Europe; in Denmark among Pakistanis and people from the Middle East; in the Netherlands among some black and minority ethnic community groups; and in Sweden (although the research on the issue was conducted a decade ago) among Africans, Iranians, Lebanese and South Americans.

The immigration experience may not meet expectations, a fact noted in Denmark among drug abusers from the former Yugoslavia and in Spain among North Africans. Those findings are replicated in other countries such as Australia, where studies have found that the transition was particularly difficult for migrant refugees.

Poor migrant health is not simply a reflection of health differences arising from ethnicity or cultural factors per se. Rather, such problems have multiple determinants, often based in social inequalities and exclusion. Some of the health problems experienced by migrants undoubtedly arise from traumatic experiences prior to and during the migration process—including experiences of torture, threats to life and the trauma of fleeing their home country. However, after migration and settlement, a number of other social and economic factors may exacerbate those problems.

One of the stressors identified by Dickinson in her review of the literature on transitions was the actual process of moving from one situation or State to another [6]. For youth from ethnic and indigenous minorities, the process of transition is sometimes never fully resolved, since they are continuously caught between two cultures and thus suffer from prolonged stress that may result in the abuse of alcohol and other drugs.

Social exclusion as a risk factor

Studies have identified social exclusion and relative disadvantages as major contributing factors. For young people, other factors include loss of identity, stress on family relations due to conflicting pressures from two cultures on the younger generations, acculturation, peer pressures and consequent risk-taking behaviours. Other factors, such as language barriers and a lack of knowledge of, and access to, appropriate health services, add to the problem. Social isolation and a lack of local community networks within those groups create challenges both in providing and accessing information [7].

The need for a better understanding of the problem of drug abuse by youth from ethnic and indigenous minorities

Risk patterns for minority youth in general, and for different ethnic and cultural groups specifically, are not as well understood as those for youth in the mainstream. Besides the lack of aetiological and epidemiological research on minority youth populations, there is also the relative lack of research on the importance of cultural values, acculturation stress and loss of cultural identification [8]. Each minority group encompasses multiple cultures, thus further adding to the complexity of the issues of acculturation and substance abuse. Clearly, more research is needed in this area.

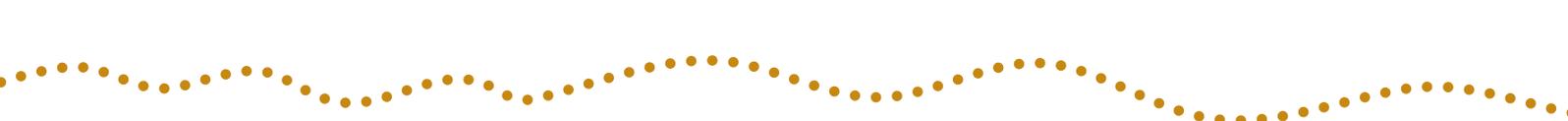
Drug abuse as a learned coping behaviour

Minority youth have different exposure levels and reactions to risk factors than their mainstream counterparts. For example, Hispanic youth and mainstream youth show different connections between drug abuse and dropping out of school [9]. According to Cherry and others [10], substance abuse may be functional for African-American inner-city youth who have less opportunity for achievement in pro-social ways and who, as a result, may view aspects of the drug culture as more acceptable. That, in turn, may affect their attitudes and tolerance for drug abuse.

For Asian-American youth, the culture-specific social skills needed in the United States of America, in particular, direct self-expression, assertiveness and individualism, are often the opposite of traditional Asian values and role expectations. Robbins and Mikow [11] further observe that acculturation, poverty, racism and discrimination may lead to a higher prevalence of drinking and other drug abuse, but Caetano [12] cautions that “many of these explanations do not actually assess levels of stress among minorities but assume that processes such as acculturation or discrimination increase stress, which then leads to drinking” [13].

Lack of information about drug abuse among youth from ethnic and indigenous minorities

A similar process was observed in the EMCDDA workgroup report [5]: Historically, ethnic minority populations in the United Kingdom were not generally associated with serious problems of drug abuse. Surveys suggest, for example, that a so-called ethnic status is associated with lower prevalence figures for all illicit substances. However, as second and third generation immigrants reach maturity, levels and patterns of substance abuse seem to be changing. Not enough research has been done to determine whether those new patterns and trends have much to do with ethnicity or whether they are an expression of the increasing similarities between mainstream and ethnic minority youth.



Research among ethnic minority populations is often difficult. The motives for official research are often viewed with suspicion, and participation in formal studies is low. Though there are problems involved in carrying out qualitative studies of that nature, it may well be that, conducted with sensitivity, such studies represent a more effective research strategy. Concerns about the use of crack cocaine and, more recently, methamphetamine by some ethnic groups within inner cities have drawn attention towards drug abuse among ethnic minorities. Other research questions have been raised by the inability of treatment services to attract ethnic minority clients. However, despite the likely importance of those communities in the development and spread of new patterns of drug abuse, research in this area, to date, has been exceedingly limited.

Underrepresentation of youth from ethnic and indigenous minorities in mainstream services

Elsewhere, the EMCDDA study also notes that black and minority ethnic community groups are underrepresented in drug treatment client statistics in Norway, but overrepresented in the drug law offence statistics. There are indications that those described by one informant as non-Western immigrants are targeted by the Norwegian police as suspected drug law offenders.

Very few drug abusers from black and minority ethnic community groups use drug services in Finland, despite evidence of drug abuse among those populations. Black and minority ethnic community groups in Luxembourg are underrepresented as drug treatment clients, apart from those from some other European Union countries, especially from Portugal. The national drug monitor in the Netherlands shows that black and minority ethnic community groups are underrepresented in both drug inpatient and outpatient treatment services. In the United Kingdom, black and minority ethnic community groups are underrepresented in drug services and overrepresented in drug law offence statistics.

The above-mentioned data clearly demonstrate that young people from indigenous and ethnic minorities do have a problem with alcohol, tobacco and other drugs, but that, for whatever reason, they are not using the available drug treatment services. Studies done in Europe shed some light on why that is so.

“Although the use and abuse of drugs is not restricted to any one sector of society, its high prevalence and associated social problems are particularly marked in areas and localities marked by social exclusion. Minority [black and minority ethnic community] drug abusers could therefore be said to be facing a position of double jeopardy: they carry the stigmata of racial exclusion and of drug abuse.”

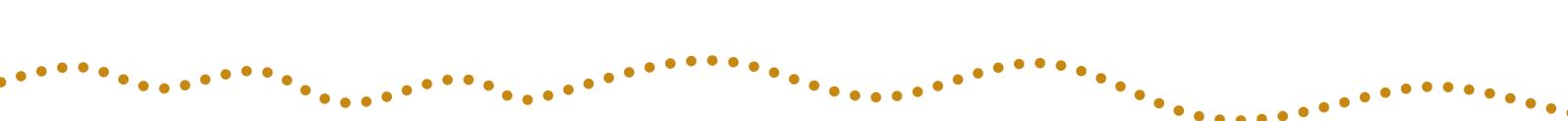
Black and minority ethnic community groups are vulnerable to drug abuse in the same way as the socially excluded white indigenous populations are and that applies in particular to the younger generations of some groups. Informants from most of the countries that participated in the EMCDDA study pointed out that drug abuse was more prevalent among the younger generations of black and minority ethnic community groups than among the older generations and many informants linked that finding with social exclusion. The phenomenon was noted among the following groups: people from Turkey and Central and Eastern Europe in Austria; people from Greece, Italy, Morocco, Portugal, Spain and Turkey in Belgium; people from Turkey and the former Yugoslavia in Denmark; Ingrians in Finland; Roma in France; Turkish people in Germany; Travellers in Ireland; Moroccans and Antilleans in the Netherlands; black and minority ethnic community groups who hang around the drug-using street scene in the centre of Oslo; black Africans in Portugal, especially those from Cape Verde; Roma and some Africans in Spain; and Bangladeshis, Pakistanis and African Caribbeans in the United Kingdom.

Compounding the problem by collusion

Thus far, it has been established that youth from ethnic and indigenous minorities are faced with problems of alcohol and other drugs and that there are many reasons why they are not accessing alcohol, tobacco and other drug services. It appears that there is a three-way collusion between the services, the ethnic and indigenous minority community and the young people themselves. First, by denying that its young people are experiencing serious alcohol or drug problems, the community is hoping to avoid the stigma associated with drug abuse and having their cultural group identified with drug addicts. Secondly, by denying that a given cultural subgroup has any specific drug and alcohol problems that might require a specialized response, the service is protecting itself from being labelled as racist. And finally, in denying that there is a problem, young people do not have to deal with the serious consequences of drug abuse. Unfortunately, being in denial is a symptom of a serious drug problem and helps to sustain the collusion.

Culturally sensitive and specific services

To be effective, alcohol, tobacco and other drug services need to show a more friendly face to indigenous and ethnic minority groups. Services need to be culturally sensitive and targeted. In a report on older people among black, Asian and other ethnic minorities, entitled “They Look after Their Own, Don’t They?”, the Social Services Inspectorate of the United Kingdom produced a key message suggesting that, in order to overcome institutional racism, social services departments should rethink the approach of providing a common service for everyone and treating both black and white older people the same. That requires greater confidence in developing targeted and specific services, rather than being overly concerned that it would mean special treatment for black elders. That theme and related approaches recur in other inspection reports [14].



In their review of research literature on services to black, Asian and ethnic minority people, the Social Services Inspectorate concluded that “The evidence reviewed also suggested that those agencies who responded by saying ‘we treat everyone the same’ have either not considered the needs of black communities or have taken a decision to ignore them”. It is further noted that the policy response of the Department of Health to the modernizing agenda of the Government needs to include a shift from the concept of the average citizen to one that recognizes the diversity of all citizens. The impact of ethnicity and language on need and the cost of providing services are being taken into account in the review of the national resource allocation formula.

Addressing the barriers to accessible services

How can alcohol, tobacco and other drug services become more friendly to indigenous and ethnic minority groups? To begin with, services need to identify and overcome the barriers to access. The above-mentioned EMCDDA report [5] notes that the barriers to health and other services are a significant element of social exclusion. In the study, those barriers were explicitly or implicitly discussed by informants from almost every country in relation to the underrepresentation of black and minority ethnic groups as drug service clients. The result of lack of access to drug services contributes to the hidden nature of drug abuse among some black and minority ethnic communities and to the employment of alternative strategies to keep the drug abuse within the family or community.

The issue of barriers to drug services is thoroughly discussed in studies from the United Kingdom and the Netherlands, and may be categorized as follows: lack of cultural sensitivity; ethnicity of drug service staff; distrust of confidentiality; language; lack of knowledge about drugs among black and other ethnic minority youth; lack of awareness of drug services; stigmatization; and the failure of services to target black and other ethnic minority youth.

Developing cultural competence

In another study, by Sangster and others, the authors suggest that services develop a level of cultural competence to identify and overcome potential and current barriers to access by youth from indigenous and ethnic minorities. They suggest the following seven aspects of cultural competence and how each could be integrated into the service delivery model: cultural ownership and leadership; symbols of accessibility; familiarity with, and ability to meet, distinct needs of communities; holistic, therapeutic and social interventions; diversification of services; black and minority ethnic workers; and community attachment, ownership and capacity-building [15].

In a policy discussion document for Queensland Health, Anstis argues that, for many migrants, drug abuse as a social construct differs from the experience of mainstream

society. For example, the Vietnamese have no experience of treatment tools such as counselling or social services generally and a harm minimization approach to alcohol may be offensive to the Muslim community, in which alcohol is an illicit drug [16]. The document recommends policy outcomes for organizational change, improving access and equity, minority community involvement and programme development.

Delivering a more accessible service model

In *Health services in a multicultural Queensland*, Neelam Khan makes a number of recommendations that may result in significant improvements in the way services are designed and implemented for youth from ethnic and indigenous minorities. She recommends the following:

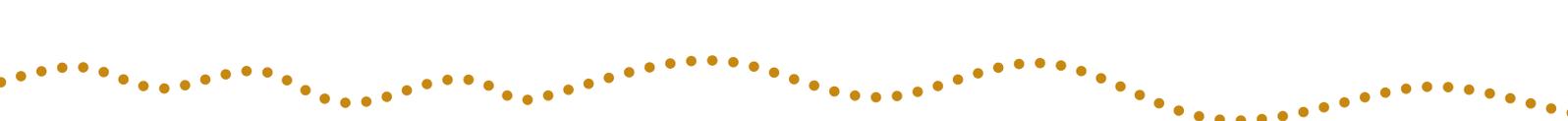
- Improved access to interpreter services;
- Translated information;
- Staff participation in multicultural training;
- Multicultural training in tertiary institutions;
- Employment of bilingual and bicultural health staff;
- Consideration of non-English-speaking background needs in programme and service planning;
- Multilingual signs for services;
- Further research on alcohol and other drug consumption patterns;
- Drug and alcohol services to develop an outreach component;
- Increased liaison with ethnic community agencies and government agencies [17].

Summary

The main points identified in the foregoing brief review of the literature will be summarized before considering ways of addressing the issues raised.

It must be understood that adolescence, as a period of transition from childhood to adulthood, is normally characterized by risk-taking. Generally, during all periods of transition, people are more vulnerable and exposed to risk. For young people moving from one cultural context to another very different one, that transition can be particularly risky. Normal adolescent issues are compounded by the need to adapt to a new culture and new approaches to meaning, belonging and acting in culturally appropriate ways.

For some young people, the abuse of alcohol and other drugs might meet their functional needs to cope with new situations where different types of behaviour are expected. For



instance, alcohol might help them to be more expressive than their normally quiet selves. Such learned behaviour might lead to more serious long-term consequences if it is positively reinforced.

Unfortunately, in many countries the needs of youth from indigenous and ethnic minorities are not being met by mainstream services. In fact, there seems to be a reluctance on the part of many mainstream services or policy makers to develop specific services for minority youth, possibly out of fear that they might be labelled racist. Denial of problems on the part of leaders and young people from the minority communities further compounds the issue.

In order to overcome the problems, better research needs to be done to understand them. Young people need to be included in the design and management of ethnically specific drug services for youth and, as a whole, services need to become more culturally competent in order to address the barriers to accessibility to these services.

The present hands-on guide will discuss some specific methods of achieving a drug prevention programme that is more friendly to young people and ethnic minorities by discussing a range of good practice issues and methods of effectively engaging with, and developing services for, young people from indigenous and ethnic minorities.

3. Foundations of good practice



The matters to be considered when working with youth from ethnic and indigenous minorities are dealt with in the present chapter. The items covered can be thought of as the basis for good practice, to be borne in mind throughout the process of engaging with youth from ethnic and indigenous minorities and developing programmes.

Importance of integrity

Young people can recognize hypocrisy and will soon detect inconsistencies in the words and actions of treatment service staff. A common scenario involves a worker who smokes cigarettes and drinks alcohol while trying to promote a cigarette- and alcohol-free lifestyle in the young people with whom they are working. The response of the worker (“I don’t want you making the same mistakes I make”) often does not justify such behaviour in the eyes of the young people. A worker who lies, dissimulates or has double standards will lose credibility and not be fully effective.

At a broader level, service workers may need to spend time with the community as it struggles to address its problems. Service workers need to set an example of the behaviours that they want young people or the mainstream community to adopt, such as being culturally sensitive and using inclusive language.



National Treatment Agency Diversity Project (United Kingdom)

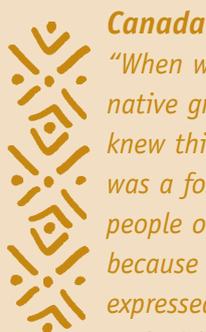
The National Treatment Agency Diversity Project in the United Kingdom is a collaborative process in which the project managers work with and alongside the pilot treatment services, providing expert guidance and support over a sustained period. This cooperative approach is especially needed during the process of organizational review and the development of a template for change. Based on lessons learned, the project is intended subsequently to roll out models of best practice, guidance and support to drug treatment services nationally [5].

The above case study shows the importance of project workers spending time in the field alongside their field staff or workers and with young people to experience the challenges they face as members of indigenous and ethnic minority groups. Being involved in the struggle with the community sends a strong signal of solidarity to the group.

Importance of cultural sensitivity

Cultural sensitivity is another point that should be regarded as an underlying principle in working with young people from ethnic minorities and indigenous backgrounds. The treatment service worker should be aware of value systems within the culture and of his or her place within those systems. It is important to respect local protocols and culture, including the role of community elders.

Where possible, consideration should be given to the cultural aspects of client interaction and to choosing who can assist. There are issues associated with age, gender, ethnicity or being related to the worker, which need to be dealt with sensitively. It is also useful to incorporate culture into programmes, service delivery and health promotion materials. That may include paying attention to language, designs and symbols that have specific meanings within the culture or using community leaders or role models in marketing programmes and the media. When using local community knowledge, designs, artwork or other similar things, steps should be taken to ensure that the community agrees to its use and that there are no ethical problems.



Canada

“When we were introduced, I explained to him that I could see he was from a native group in western Canada. He was surprised but interested to know how I knew this. I explained to him that I had worked with youth there as well as I was a foster-parent from his community. I told him that he looked just like the people out there. I explained that he looked different from the people out here because he was. He was not a plains person but he was a mountain person. He expressed amazement that I could tell where he was from just by looking at him and without being told [18].”

Use of networking for a holistic view of the issue

To indigenous peoples, health has been described as “a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice” [19]. A holistic approach is therefore needed that:

- Values individual and cultural rights and supports the relationships between families, communities, land and spirit;
- Bases service provision on the strengthening of culture and identity;
- Recognizes the political, structural and economic issues that have an impact on the well-being of young people.

When developing programmes, therefore, an effective strategy is to undertake a thorough analysis of the resources in the community, a process often referred to as a situation analysis. Programmes should be designed to build on existing strengths and to provide a comprehensive response to meet the needs of young people. A collaborative approach should be taken by government, service providers and community members to support positive development in young people.

It is important that issues that have an impact on drug abuse are not dealt with in isolation. That frequently means that a number of agencies need to work together and build networks to provide an integrated response to the issue. Because government structures and bureaucracies often use jargon and have processes that make access to and use of their services difficult, it is important to try to set up one central facility to coordinate relations between young people and a range of agencies.



Experimental project for drug abusers from North Africa in Rotterdam

In Rotterdam, from 12 to 15 per cent of street junkies are of North African origin and most of them are illegal immigrants. That group is considered to be at very high risk of sexually transmitted diseases, since it is characterized by injecting heroin use and prostitution; it is very hard for drug services to reach; and drug abuse and sexual activity are not discussed among family members or within their community. Preventive activities among that population are sparse, but it was the subject of an experimental peer support project. An evaluation showed that, of 35 potential peer supporters (all male), 8 were chosen to be trained. Between them, 595 male drug abusers were contacted, three quarters of whom had never been in contact with drug services in Rotterdam. The peer support offered included information about drugs and drug services and the distribution of sterile injecting equipment [5].

In the above case study, a networking and peer education approach was used to provide a range of health-promoting services, through a peer group, to a group that was considered hard to reach.

Needs of the individual young person

In order to ensure participation in youth development programmes, young people need to have a choice in terms of engaging with youth workers from various ethnic backgrounds, including their own. Those programmes must be based on first-hand knowledge of individual needs. There should be a consistent approach to dealing with the young person and relationships should be planned as long-term interactions. Trust, reciprocity and a flexible approach to working with young people are considered important characteristics of a successful programme.



Spain

There is evidence that few Roma in Spain attend abstinence-based treatment programmes, preferring treatment with methadone. Recently, some drug services in Spain have been lessening the regulations on treatment with methadone in an effort to attract more Roma clients [5].

In the above case study, the needs of the individual Roma clients were an important criterion considered by the programme developers. Their willingness to adapt the programme to suit individual client needs is commendable.

Needs of the staff and volunteers

In order to implement programmes, committed, motivated and safe staff and volunteers should be identified. Their current skill level should then be assessed, so that appropriate training, on-the-job support and resources can be provided. They must then be retained by regularly highlighting the value of their role through public recognition and adequate support and compensation. Training and employing staff from indigenous and ethnic minority groups should be kept in mind, as recommended by several studies and reports from both Europe and Australia [5].

Both mainstream and culture-specific programmes need to provide adequate training to staff, not just in relation to drug and alcohol issues, but also in terms of interacting with young people and cultural protocols. Training should focus on prevention as well as treatment, care and support. The employment of peer educators should also be considered, but it is important to ensure that they are placed in a supportive environment. Such an approach is based on the view that young people can more usefully explore issues with others of the same age and social background. The role of peer educators can also extend beyond the provision of education to that of role models for young people in the community [17].

The needs of volunteers and youth workers should be kept in mind at the very beginning when designing programmes. Some of the important issues to consider are:

- A safe environment;
- Adequate support, as it is easy for staff burnout to occur and to feel personally responsible for outcomes. Staff need time to talk to each other and reflect upon their experiences;
- Giving the staff flexibility to make decisions on the basis of individual needs and circumstances.

It is also important to consider the training needs of those who may not have direct responsibility for the young person, but are in a position of influence. For example, training for staff working in hospitals or pharmacies might lead to a better understanding of the context of drug abuse for young people, and therefore break down barriers for them when using those services.



Te Ahurei a Rangatahi, youth health promotion, Hamilton, Aotearoa (New Zealand)

A health programme is to be delivered to a number of classes at a local school and planning is needed. Staff peer educators are brought together to consult and negotiate programme content and allocation of teams, because there are a number of classes. Each staff member has his or her own individual strengths that the teams are made to utilize effectively. If knowledge is lacking in a particular area of the programme, then adequate training is provided. Training ranges from content to appropriateness, humour and self-assessment. Each of the teams is resourced accordingly to assist in programme delivery. After training and planning, the programmes are delivered in a setting appropriate for both the peer educators and the students. After each class, there is a debriefing session among the teams to assess performance and address any issues or concerns that may have arisen. The debriefing session provides advice and suggestions for the next series of classes. Volunteers are provided with the same amount of training and resources so that they are equipped to deliver programmes. They have a set time during the week to come together and work. The volunteers are taken into classes as well, to observe, learn and participate in group facilitation and discussion. Both staff and volunteers are also provided with one-on-one supervision fortnightly where workload, direction and professional development can be discussed and recommendations followed up [20].

Use of creative and flexible strategies

Service provision and programmes need to be flexible to meet the needs of the individual. That might mean working outside the organization, providing outreach work in the community or doing home visits (if agreed by the individual client). When dealing with sensitive issues, it is important that the right “space” is created for meaningful interaction. Use of appropriate community spaces and events is one way of accessing young people, to build trust and enable opportunities for promoting health.

It may also be useful to encourage the local community to develop their own resources for promoting health, allowing for local ownership and the inclusion of traditional symbols, language and designs in activities and materials for promoting health. It is

necessary to be creative when engaging with young people. Forming mutually rewarding relationships with young people is the foundation for developing interesting and rewarding programmes that both empower them and place them in positions of responsibility. That will lead to long-term youth involvement in effective strategies to promote healthy lifestyles.



Hamilton Pbangotahi Maia Project, Aotearoa (New Zealand)

Many of the indigenous young people who are involved in inner city offending were in service at the time of project development. So several informal brainstorming sessions with current and past offenders and identified street kids were held. The main aims of those hui (meetings) were to identify street culture; precursors to being on the street (the big “Why?” question); how they would like to be treated; how best to establish rapport; and what assistance would be needed. The findings of the meetings could be identified in terms of the following needs: food, a play station, someone to talk to and no pressure.

How could those needs be met? A group of creative technicians, youth workers and community development workers assembled and brainstormed the results of interactions with young people, focusing on practical professional applications. It was decided to equip a van with a power converter and to place in it a television, a play station and health promotion material. A group of 20 volunteer workers was to be formed, with the participation of community and statutory agencies, youth leaders and the general public. Shifts would contain five workers who did one shift from 9 p.m. to 4 a.m. every six weeks. The project was named “Contact street support”, with a team of five staff going out every fortnight.

Volunteers were trained, jackets were supplied and funding was provided to equip the van. Bakeries and businesses provided support on a regular basis, supplying food and resources. Funding was also provided to employ a researcher to collate the findings of the project, making it possible to portray a true picture of the needs of street kids.

The project has been successful for two years, during which young people have created relationships with the staff, gaining ongoing support, and there have been many stories of crisis support and amazing breakthroughs [21].

Role of the whole community

In one sense, the community can refer to the geographical closeness of people, as in a town or a neighbourhood. In another, it can refer to the social setting that is brought about by shared experience and heritage, such as with indigenous communities. The community is an appropriate setting for preventing drug and alcohol problems. Besides being where the problems are experienced, it also produces particular problems, because of the way community life is organized. For example, curing or removing the

individual with a drug problem will not necessarily reduce drug-related harm, because the community dynamics that caused those problems remain unchanged.

There must be a recognition of the central role of the community in drug and alcohol programmes among young people. Healthy communities are made up of individuals and families of different ethnic and cultural groups that interact with each other to identify their needs and strengths and to create access to appropriate services and support structures relevant to their needs. That helps to build resiliency by reducing stereotyping and highlights real issues confronting the community. At the same time, it sends a positive message to society and concerned government agencies.

There needs to be an awareness of the value systems that operate within the local community. They may operate between men and women, elders and young people. Elders and custodians of the land hold special meaning in indigenous cultures and therefore deserve particular acknowledgement and respect. Mainstream services should be encouraged to establish links with community leaders and to have a responsibility to better understand and reflect the link between culture and health and well-being in their work.

In the literature, there are numerous reports that demonstrate that services that strengthen and recognize traditional cultural practice can be more effective and that substance abuse has been reduced by promoting pride among young people and knowledge of their culture. A study by Jenssen found that the influence of community and social capital on the consumption of alcohol by indigenous adolescents was of crucial significance. The most important community factor appeared to be strong leadership and cohesion, whether or not traditional culture was present. However, where traditional culture was strong, adult and adolescent drinking problems were less widespread. Participation in traditional non-religious community activities was also shown to protect young people from early and excessive use of alcohol [22].

Among indigenous people, many of the interventions aimed at addressing drug-related problems are community-based. Such intervention programmes generally fall into four broad categories:

- Acute interventions, such as night patrols or sobering-up shelters;
- Treatment facilities, such as medical services and both residential and non-residential treatment centres;
- Support services, such as accommodation and crisis care;
- Prevention programmes, such as personal injury prevention, health promotion, alternatives to use and cultural initiatives.



Espoir Goutte d'Or (France)

In France, the strict legislation surrounding services targeting black and minority ethnic communities appears to have been overcome by Espoir Goutte d'Or (EGO). This drug service is based in the Goutte d'Or district of Paris, a well-known drug-using and -dealing area and also home to a large population of immigrants from the Maghreb, black Africans and people from the French overseas departments and territories. Thus, the majority of EGO clients are from those communities. The project operates by involving all members of the community in all its activities and it is a focal point and mutual aid network dealing with drug abuse and HIV/AIDS. EGO offers a range of social and health services, including a needle exchange, and training in community work, AIDS and hepatitis prevention and the reduction of drug-related harm.

Taking a practical approach

It is important to set realistic goals. Building unrealistic expectations creates further problems. There is a need for mutually agreed targets, for constant monitoring of progress, and for sufficient flexibility to respond to new or unexpected issues that may emerge.

An effort should be made to find out from the programme participants what is working or not working, and to continuously improve strategies. Objectives should be clearly kept in mind and strategies adapted to meet them. The important thing is to meet objectives. If a strategy or activity is not working, another one should be tried.

Feedback should be sought from the community, other agencies, young people and the media about how well the programme is going and the necessary changes should be made.



The Netherlands

Some drug treatment centres in Amsterdam have established contact via the imams with the parents of young North African males who are at risk of drug abuse. This strategy aims at facilitating access to help and information from drug services.

Illegal immigrants are offered drug services at St. Paul's Church and the Boumanhouse in Rotterdam and by the Amsterdam Ecumenical Centre (AMOC) [5].

As the two brief examples mentioned above illustrate, it is important to focus on the practical needs of the young people who attend treatment services. By focusing on their

needs, it will be possible to gain their trust and work more easily with them on their drug prevention issues.

Designing and running accessible services

An accessible service is one that is accountable and has a clear vision that involves all levels of the community and in which everyone, from the board of management to the staff, has a strong sense of accountability.

It is important that one of the major aims of services to young people is to improve access. The service is not achieving its aims if its target group is not accessing it. Some of the strategies to overcome barriers to access include the following:

- Being sensitive and not treating the client as a problem and reducing the level of shame associated with drug abuse;
- Ensuring confidentiality of information;
- Providing continuity of care and long-term follow-up;
- Incorporating cultural values into service delivery.

There are no magic solutions to improving access for indigenous and ethnic minority groups to services, but there are a number of strategies that can address that issue. The young person must feel comfortable in the physical space and not get the impression that a token attempt has been made to be culturally sensitive. For example, sometimes people think that by hanging some local artwork on the wall or employing an indigenous worker, they have responded appropriately. The whole service must be young-people-friendly, and responsibility for improving access therefore rests with everyone in the organization.



Southall Community Drugs Education Project

The Southall Community Drugs Education Project (Winters and Dhillon, 2002) is an ongoing project based in an area of London that has a large South-Asian population, and is also home to other black and minority ethnic communities.

The need for such a project became apparent following national and local research into drug prevention issues that highlighted the inaccessibility of drug prevention information, in particular to parents in South-Asian communities. The Southall Community Drugs Education Project began with the following three main themes:

- (a) To access black and minority ethnic communities in a sensitive manner;*
- (b) To engage young people;*
- (c) To raise awareness within a wide range of voluntary, community and religious organizations, as well as among families.*



The aims of the project were achieved through high-profile efforts to raise public awareness about the project; the action of a panel for young persons; the work of volunteers who were trained to deliver drugs-awareness education to families; and work with professionals, business leaders, voluntary organizations and religious groups. Such an approach provided the community with ownership of the project, ensured that the voice of young people was heard and laid the foundations for future sustainability through a local management group. Thus, the whole community was involved in both a needs assessment and the response to those needs. Drugs education and awareness were delivered at the same time as needs were being discovered and stigmatization was avoided [5].

The above case study shows that by designing and running an accessible service, a number of issues around the appropriateness and effectiveness of programmes can be resolved simultaneously.

4. Connecting with young people from ethnic and indigenous minorities

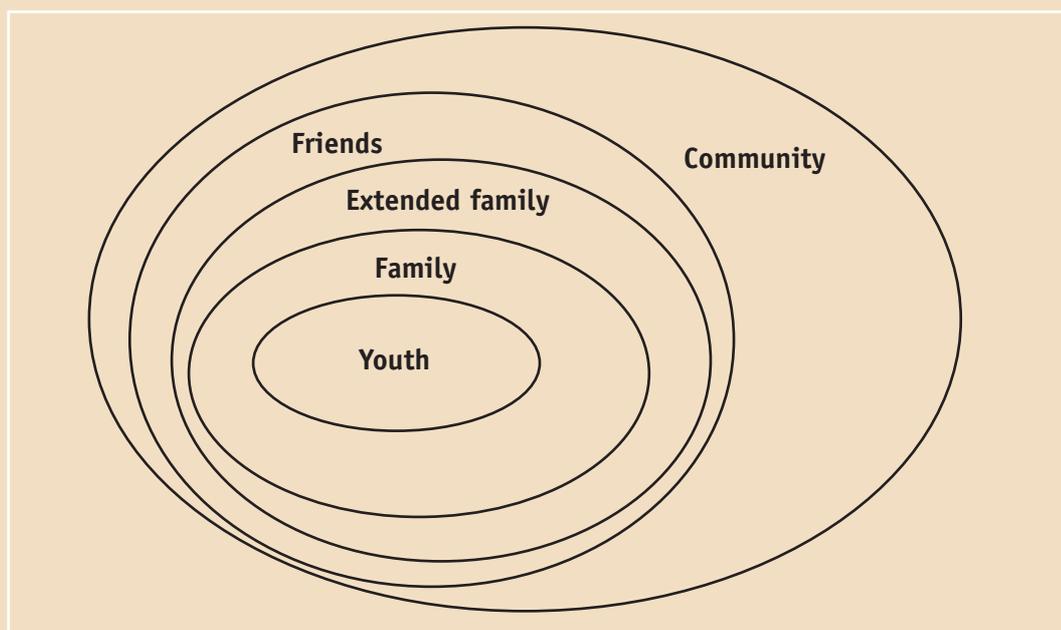


“When engaging with young people, be culturally aware and have an understanding of the community. It is important to recognize the values, norms and spiritual beliefs that govern the everyday life of young people. One needs to take time to connect with youth and recognize their strengths and build on them. Be genuine when working with young people and true to your stated principles.” (Workshop notes)

Imagine a set of concentric circles with the young person being in the centre. The next circle out would be the immediate family, then the extended family of cousins, uncles, aunts, nephews and nieces, followed by close friends and their families, followed by schools and other community groups such as churches or other religious groups (if relevant). The last circle would be other larger community institutions like government departments and then groups at the State, provincial, national and international levels.

The model could be represented by the figure below.

Figure I. Youth and society: patterns of integration



The box that encloses those circles could represent the culture of that young person and the community. That is what provides a sense of context, meaning and structure in order to understand where the young people are coming from and how they fit into the overall scheme of things, from both their perspective and the perspective of their families, friends and the community.

The five steps described below should be kept in mind in the context of the foundations of good practice discussed above in chapter 3. The steps may be applied in the sequence shown or simultaneously as appropriate to the needs of the community.

Knowing the cultural context

The whole picture will now be considered, bearing in mind the concentric circles referred to above, in an attempt to understand the young persons by focusing first on the cultural context in which they live, study and play.

How can a view of the big picture be acquired? People who have worked with indigenous and ethnic minority groups suggest getting to know the community first. It is necessary to listen to different groups of people to be able to develop an accurate sense of the culture of the community and then try to find out how young people and, in particular, the target group might fit into the picture.

It should also be remembered that, since the investigations are part of a process to develop effective drug prevention programmes, there should be an awareness of the needs of the workers and the rest of the community. Finally, the role that the local media would play in shaping attitudes and providing information should be factored into the investigations, and the ways in which the media could be used to promote the values of the drug prevention programmes should be considered.



Portugal

The importance of the family in the Roma community in Portugal led to the belief that Roma drug abusers would be more receptive to family, rather than individual, therapy. A successful family therapy programme has therefore been established in a drug service in the country [5].

Understanding the world view of young people

Moving into the circles, the focus is now shifted to the inside looking out, while remaining in investigation or discovery mode. It is important to get all the information

before setting up a programme. Rushing to develop a programme without thinking through the issues will often result in failure. It should also be borne in mind that, for many young people from ethnic and indigenous minorities, drug abuse is complicated by the collusion and denial that seem to exist, as previously discussed. Trying to understand this from their perspective requires patience, empathy and the courage to confront double standards if necessary.

An effort should be made at the beginning to talk to young people and get a sense of how they view the rest of their community, the youth workers who run programmes for them and what they think of the messages they receive about drug prevention issues in the media.

Focus groups are a common and effective method of conducting such exercises. A group of about 8 to 10 young people from a similar ethnic background or social status should be brought together and asked a series of questions to generate discussion, moving from the general to the specific. A free flow of discussion should be encouraged and effort made to avoid evaluating any of the responses with strong affirmations or condemnations. The idea with focus groups is to get an in-depth perspective of the ideas and opinions of the young person and not to register what the interviewer thinks is good or bad.

A sample question set could start with “How does the community treat young people?”; “Are they valued and how?” (and the opposite); “What role do young people play in the life of the community?”, “How does the community treat people who are different from the majority?”; “How does the community treat people of a particular ethnic background?”; “How are you made to feel welcome (or rejected)?”; “How does coming to the agency make you feel better/worse?”; “How can things change for the better?”; “What can the agency do?”; and “What can you do to make a difference?”.



Te Ahurei a Rangatahi, Hamilton, Aotearoa (New Zealand)

A peer education programme is about to start with a group of young people from a high school in a rural town. The issue that the programme is going to address concerns drug abuse, which has been raised by the guidance counsellor of the school. The group is not the normal health class but, instead, a select group of young people who have been found needing some sort of intervention as mentioned by the counsellor. Some background information about the group is provided by the guidance counsellor, but the information will still need to be acquired from the young people themselves. The first couple of classes are spent building rapport and gaining trust and acceptance from the group. Because there are strong attitudes and rules about drug abuse in the community, especially in



schools, confidentiality must be a rule of the group. Knowledge levels of the group are assessed concerning drugs (types and effects) through brainstorming and indirect questioning, but, more importantly, it is a time for members of the group to voice their issues, perceptions, attitudes and opinions. After gaining their trust and respect, each can be expected to state why they are in the group and what they want to get out of it. This can create a good discussion where their views are being heard. The next step is to have them write a one-page story on their own individual experiences with drugs—and they may be assisted by getting them to think of how their childhood was and who was around them, who or what was and may still be their supports and how they came to know about drugs, moving on from there into their overall experiences with drugs. It must be reiterated that they are telling their own stories, and they must not feel that there is a right way to write it. Confidentiality must be also be reiterated here. The stories will provide a good insight into where they are coming from, and then the rest of the programme can be designed around that information [23].

Speaking the language of young people

By learning to understand and speak the language of young people, workshop participants did not literally mean learning a second language or the native tongue of the ethnic minority or indigenous groups, although in some circumstances, it is the appropriate course to take. Language in the current instance refers to the ways and means by which a young person makes sense of the world. It refers to the type of music that they listen to, the books, magazines or cartoons that they read, the movies and television that they watch and how they express their ideas about issues like drug abuse and prevention.

Ethnographic researchers are highly skilled at getting that type of information. Accessing them through the anthropology, sociology and/or psychology unit of the local university is recommended if such information is to be obtained. Some of that information would have been collected from the focus group research.



The Australian Stars project

The focus on indigenous youth project helped young people to find their voice and express their thoughts and ideas on a range of issues affecting young indigenous people in Australia today through a range of creative activities like song-writing. A skilled song writer worked with young people to put their words and emotions to music as part of the Stars project. Young people were taught about self-respect and respect for culture and expressed that through music.

Developing relationships with young people

Like anybody else, young people tend to work better with someone they know and trust. Before running a programme, it is important to take the time to get to know the young people involved and to give them a chance to get to know who they will be dealing with. Besides getting to know them as people (as opposed to a group of indigenous or ethnic youth), an effort should be made to learn about the persons and institutions of significance in their lives. That means spending time with their families and friends and in cultural places like temples and churches.

There is room for creativity in such an approach. The time spent learning about some significant aspect of the culture of the young people, even music and food, will build confidence and produce a positive response. Getting an understanding of how the media influences their life and communicating any concerns about their well-being will gain the further respect of the group.



Australia

The “Croc Festival” is an innovative event that builds partnerships in regional and remote communities by celebrating youth culture. Involving young indigenous and non-indigenous Australians in visual and performing arts and sports clinics in a 100 per cent drug- and alcohol-free environment, the festivals promote health, education and employment in a spirit of reconciliation.

The Croc Festival project has been very successful in working with young indigenous people in remote areas in Australia through its focus on building relationships and partnerships between young people and the rest of the community. This inclusiveness of young people in celebrating their local culture has yielded some very positive results.

Another example is the peer education programme run by Te Ahurei a Rangatahi in New Zealand. A workshop participant, described how their programme sought to build relationships and rapport with the young people they work with.



Peer education programme, New Zealand

Te Ahurei a Rangatahi get to know a lot of young people within the Hamilton-wide district. That is made possible by the diverse range of services provided to the young people. At times, the young people who take part in the peer education programmes will also take part in the youth sports days or the youth dance parties that are held. This allows not only for building relationships, but also shows a willingness to be a part of their culture. With that comes a respect for



each other. When respect and rapport is achieved among young people, then promoting their health becomes more effective. Another example of building rapport is the introduction sessions to the peer education classes, where the whole session is targeted at the peer educators and students getting to know each other [24].

Recognizing and building on the resources of the community

Every community has within itself the resources to solve its own problems. To a large extent, the same is true with individuals. The job of counsellors and youth workers is often to help someone realize that and to discover and use their hidden strengths. Sometimes that involves learning new skills or habits, but ultimately it is the person who must apply that knowledge to his or her own life to bring about change.

The same thinking can be applied when working with a group of young people with drug issues. What strengths and resources currently exist in their own lives and within their community to help address those issues?

Together with the group, the support of the community must be sought, calling on the workers and recognizing the role that the media can play. The media can be a source of both strength and weakness, so they must be made to understand that and act responsibly.



Canada

During our time together, RJ would tell stories about his upbringing or he would talk about what was going on in his current situation. I would point out his strengths and how he used those strengths as they had been expressed in his story. I hoped to assist him in his attempt to rescript or put a new perspective on his story. I was taught how to do that by elders in my community, as that type of counselling has been used by aboriginal people in North America for thousands of years [25].

5. Developing effective drug prevention programmes for youth from ethnic and indigenous minorities



In the present chapter, the steps that need to be taken to develop effective drug prevention programmes with youth from ethnic and indigenous minorities will be discussed. The six points identified by workshop participants as needed to begin developing effective programmes are covered. Those points may be chosen in a step-by-step approach or simultaneously. The decision is that of the service provider, based on what works best for the young people and community involved.

Involving young people at all levels of programme development

Young people need to be involved in all levels of the planning process, from developing the concept to the implementation plan and through to evaluation. The sponsoring youth agency can facilitate that process of youth involvement through networking with other agencies, encouraging different sections of the community to recommend young people and using creative and flexible strategies, such as music, forums, theatre and debates, to encourage youth participation. The local media can also be recruited to get young people interested and involved through publicity and positive news stories.

If young people are not involved in the development of the concept, then it runs the risk of not meeting their specific needs and not being owned by the young people. Greater success is likely if a sense of ownership exists. In implementing programmes, it is important to consider the workforce issues and opportunities to employ young people, including opportunities for peer education. That could involve consideration of ethnicity, gender or a young person who has had similar experiences or who can act as a role model. Implementation also requires reaching the target group, and that is difficult without the involvement of young people themselves.

Finally, more attention needs to be given to evaluation than has been the case in the past. There is a need to know what works for young people from indigenous and ethnic minorities and how things can be changed or improved in the future. Evaluation can

sometimes raise sensitive issues, in particular if the programme has been criticized, and young people may feel more comfortable in providing feedback to another young person.



Working with American Indians in Guyana

A sensible approach to use with youth programmes is to pay close attention to the messages that young people at all levels are sending and to consult with them. Never implement youth programmes and initiatives based on what is just perceived as needed.

One interesting tool that I have used in developing community awareness and found to be effective was to recognize the ringleaders among groups and work with them. They can be trained as peer educators in their communities. That also definitely lends a hand to winning support among the groups [26].

Defining needs through research

It is important to base all drug prevention programmes on sound evidence. Such evidence can be collected from reviewing published research about what works or does not work with regard to drug prevention with ethnic minority and indigenous youth and also through a needs analysis. The needs analysis can be conducted through ethically sound research that involves surveys, focus groups and interviews with key people in the community and the young people themselves.

Involving young people in designing and conducting the research is an important part of getting a balanced picture of the problem. Apart from talking to various sections of the community, it is also useful to look at using other creative and flexible methods of getting the information. Song-writing is an example of one such method.

In that case, young people in the programme are asked to brainstorm their ideas and solutions and then to write a verse of a song that captures those ideas. Story-writing, mural-painting and documentary-making are other methods of creatively collecting information from young people.



Norway

In Oslo, the outreach work conducted by Uteseksjonen includes targeting young members of black and minority ethnic community groups who are involved in selling and using cannabis in an area of the city also frequented by older injecting heroin users. These young people have problems, including those related to drugs, and are at risk of problematic drug abuse. A report currently being prepared on the subject focuses on young people (mainly Somalis) and the process of marginalization [5].

In the above case study, the deeper needs of the young people were identified in order to address some of the causes of drug abuse, such as the marginalization of youth from ethnic and indigenous minorities from mainstream society.

Developing activity-oriented programmes

Because boredom is often associated with drug abuse among young people, it is important to develop programmes that provide activities to overcome boredom. Boredom is also often associated with crime, and by working with groups such as the local police, issues related to both crime and drug abuse can be addressed at the same time through organized activity.

Examples include the provision of entertainment in public places where young people often hang out and can get into trouble. An alternative to what they are used to is thus created and needs support from a number of groups in order to be sustained. Organized activities also often need an incentive to get the young people there and a popular choice is that of providing food or meals.

A successful youth drug prevention programme is based on activities that effectively engage young people and involve them in learning about drug prevention skills. The community should be involved in developing different activities for the programme and the support of the media should be enlisted to ensure that they responsibly report on the successes of the programme. Examples might include theatre performances, sporting activities and dances.



Australia

Young people in the community experience boredom and hang out at places like the local shopping centre. Some of the store owners have been suspicious of the young people in the past and there have been ongoing issues with the shopping centre security, local police and young people. Through working together with these groups, the Goodna Outreach Programme has been able successfully to implement programmes that address boredom for young people and break down the stereotypes that tend to exist about them. A dance in the car park of the shopping centre attracted over 300 young people. The inclusion of a dance competition and organized activities such as break-dancing, along with the availability of food, provided added incentives for the young people to attend. Trust was seen as a key component of success [27].

Seeking government support to ensure sustainability

Government support is a critical part of successfully implementing a programme. Government support should be sought through networking with other key agencies and members of the community. This is also important in terms of legislation and the need to be able to influence outcomes in that regard and providing funding for initiatives for young people.

This is also an area where the media can assist. The Government may be more likely to respond to a request from the media on behalf of young people than a request from the young people themselves.



Packages to support organizational reviews on diversity conducted by drug treatment services in the United Kingdom

In the United Kingdom, the National Treatment Agency acknowledges that a number of groups are currently underrepresented in drug treatment and is committed to addressing that issue and to ensuring that drug treatment services are more inclusive. The Agency has, within its corporate plan, objectives to increase the numbers of currently underrepresented groups accessing and remaining in treatment and to improving the quality of treatment for those groups. As part of that commitment, the Agency is leading a series of major initiatives to improve the quality and quantity of treatment, including an initiative on diversity.

The scope of the project is to provide a package of support to drug treatment services to enable them to improve the quality of services to currently underrepresented groups. During the period 2002-2003, eight selected services are acting as pilots and pathfinders for developing the package of support [5].

The above case study highlights how important government support can be in developing and sustaining a response to a complex issue such as drug and alcohol use by youth from ethnic and indigenous minorities. The commitment shown by the Government of the United Kingdom to redressing the inequity in the provision of specific ethnic services is commendable.

Collaborating with the media

The media play a very important role in relation to drug and alcohol programmes for young people. Media such as music, television, radio and print materials influence choices and behaviours. On the other hand, the media can also create negative images

of young people and influence the way in which the rest of society views them. It is important to develop collaborative relationships with the media to achieve positive messages and outcomes for young people.

There are growing concerns about the influence of the media on young people, and, at times, problems such as drug and alcohol abuse, sexual promiscuity and depression have been blamed on the media. The media are also said to have a significant role in shaping youth lifestyles and cultures and marketing messages can play a key role that affects self-concept, body image, sexuality and drug and alcohol consumption. Services need to educate young people in that regard, as well as work with the media to try to reduce the impact of such marketing. The media can also promote positive images of young people among the public.

The media can be a useful tool to help change the negative attitudes that may exist towards young people, as well as an aid in trying to access funding and sponsorships. Relationships with the media are important in order to communicate the strengths of young people and to send accurate messages to all sections of society, including politicians. That will help to reshape myths and highlight the positive aspects of the participation of young people in the life of an inclusive and multicultural community.

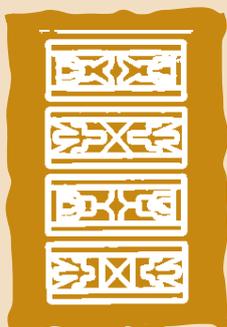
Many communities have their own local media, such as newsletters and local community radio stations. Also, there are examples of educational street theatre or plays themed on drug and alcohol use. Involvement of the local community in script-writing, staging and follow-up activities has been an effective strategy. Such activities can also be a valuable way of breaking down barriers in the community and educating large numbers of people on drug-related harm.



Dragon's Lair

Dragon's Lair is the first stage play by David Nguyen and Thanh Vu aimed at educating the Vietnamese community against drugs. The play explores the complexity of the drug-using culture and the violence and tragedy of those involved. The play succeeded in opening up discussion of the issues of drug abuse in the Vietnamese community and demonstrates the power of theatre. The play attracted a lot of media attention and has influenced drug and welfare education within schools in Victoria, Australia.

6. Programme evaluation



Forming the evaluation team

Even before the project begins, it is important to have an evaluation plan and an evaluation team to oversee its implementation. The team should consist of youth from ethnic and indigenous minorities taking part in the programme, selected staff and academics, so that several perspectives can be brought together in developing an overall picture of the effectiveness or otherwise of the programme.

Developing the evaluation plan

There are three basic components to developing an evaluation plan, namely objectives, strategies and performance indicators. In the present chapter, the process of developing a simple evaluation plan is discussed.

Defining the objectives of the programme

Defining the objectives of the programme consists in simply stating what the programme is to achieve. It is helpful to describe those objectives in tangible terms, as that helps in the measurement of the objectives. It is helpful to consider the drafting of objectives in accordance with the requirement that they be specific, measurable, action-oriented, realistic and time-based (known as the SMART method).

For instance, instead of writing an objective as “To increase awareness of drug prevention strategies”, it might be drafted as follows: “Participants in the programme will be able to describe the five key components of drug prevention planning by the end of the course”. The second objective is obviously much easier to measure than the first, thus increasing the accountability of the programme.

Describing the strategies and activities of the programme

Each of the objectives should have a set of strategies attached to it. The strategies can be thought of as the steps that need to be taken in order to meet the objective. In the above-mentioned example, some of the strategies might be as follows:

- Develop the prevention training programme based on the five key components of prevention planning;
- Run the programme with selected participants;

- Develop a testing protocol to assess whether participants are able to demonstrate an understanding of the five components;
- Test the participants at the completion of the programme to see if they understand the five key components;
- Retrain those who do not demonstrate an understanding.

It should be noted that the five key components mentioned in the example above are used just hypothetically.

Strategies should be written so that there is an obvious and logical connection between them and the objective. Where possible, the objectives should also be written in a logical flow, so that the reader is able to understand how the strategies work together to meet the objective.

Describing the performance indicator for each strategy

A performance indicator (also known as a success indicator) is a method used in evaluation to track the success or otherwise of the strategies in meeting the objective. Performance indicators ask the obvious question: “What will the successful achievement of the objective look like?”

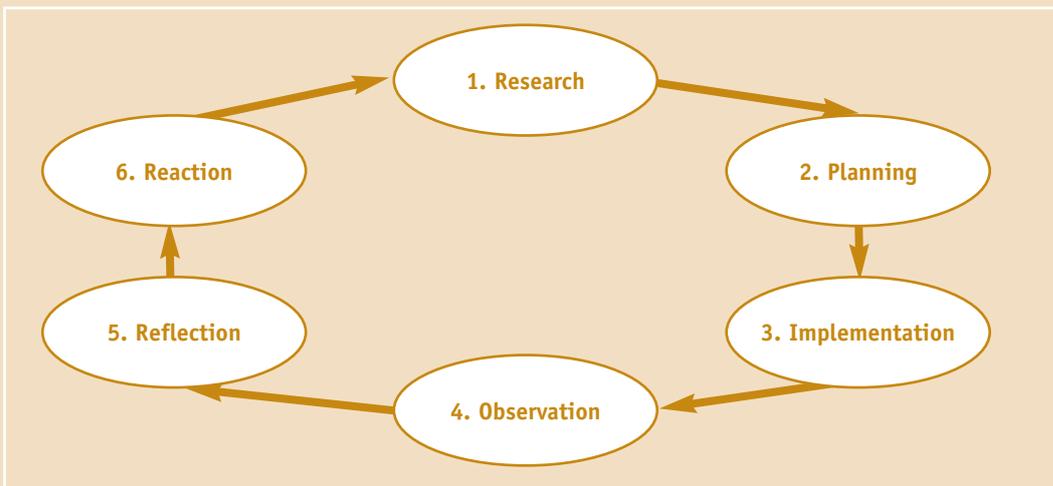
In the example above, one performance indicator might be as follows: “That 100 per cent of the participants are able to describe the five key components of drug prevention programme planning and apply them directly to their work”.

A project evaluation that seeks to identify how successful or otherwise a project has been in accomplishing its objectives, on the one hand, and the degree to which it has been successful in meeting its performance indicators, on the other, is an integral part of any ethically run and implemented project. An external group should do that type of evaluation.

Implementing the project plan using an action research methodology

A different type of research that actually uses the project team in designing and implementing the research is called action research. Action research is a method of research and evaluation that actively uses participants in the research to identify and implement improvements throughout the project cycle. It is ideal for drug prevention programmes, especially ones involving disenfranchised young people or those excluded from mainstream programmes, like youth from ethnic and indigenous minorities. The project team can easily use the process described below as a quality assurance tool. The action research process is essentially cyclical and revolves around six major components shown in the figure below.

Figure II. Action research cycle



Research

In this step, the project team looks at the relevant information to try to understand the issue. This might involve a review of the published research around the topic; or gathering data locally to get a good picture of the problem; or conducting interviews and focus groups with selected members of the local community to get an accurate picture of the drug abuse problem.

To develop a more comprehensive picture, an effort should be made to use a combination of qualitative and quantitative methods when gathering data. The research phase should also focus on clearly stating what the problem with alcohol and other drugs consists of and what the project would specifically seek to address. The more clearly a problem is stated, the more likely a successful intervention can be developed to address it.

Planning

On the basis of the research information available to it, the team then considers a list of possible strategies to put in place in order to address the problem most effectively. A simple method of doing that is to have the problem statement written on a flip chart in large characters and placed in front of a group. The project team might choose to have the statement displayed for a number of days before a brainstorming session is organized to generate some ideas on how to address the problem.

Once a brainstorming session starts, the facilitator instructs the group to come up with ideas on how to address the problem. All ideas are listed and none censored at that stage. The group then considers the merits of each idea before choosing one or more of the ideas. Those ideas are then sequenced into a step-by-step action plan.

Implementation

During this phase, the strategies in the project are implemented as outlined in the action plan.

Observation

This stage in project planning and implementation is often neglected. Project staff are often so caught up with implementing the action plan and all its strategies that no one is allocated the specific role of observer or monitor. A good way to make sure that observation does happen is to appoint someone as observer. This needs to be recognized as a legitimate role in all project teams. The observer should have a copy of the action plan and monitor how well the various strategies are being implemented and the impact that each strategy is having on its own and cumulatively.

An example of such a procedure was provided by a project conducted in a university where students were breath-tested at an event where alcohol was sold. The intent of the breath-testing strategy was to educate students about how drinking affected their blood alcohol levels. One team of observers also noted that students who were breath-tested were significantly less likely to drive home from the event. Although that was not the primary aim of the strategy, the observation was used later on in improving the project by including drinking and driving messages in the intervention and at the project venues.

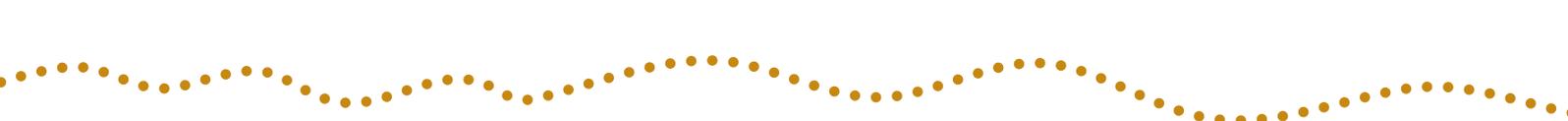
Reflection

During this stage, the project team reflects on the implementation and observation stages and considers how effective or otherwise the intervention is at that point in the project. Reflection meetings should be staged at regular intervals during the project, possibly weekly for a short-term project (less than three months) or monthly or quarterly for a longer-term project that goes for 12 months or more.

There are cases of short-term projects of two to three weeks where the reflection meetings would happen on a daily basis for debriefing and to reflect on what worked, what did not work or what strategies needed modifying. The project team should decide how often it needs to meet and the type of structure that it would like to have at those meetings.

Reaction

On the basis of observation and reflection, the project team then decides to make changes to its project plan. That might mean more research better to understand an issue that has been identified during the phases of observation and reflection, or it



might mean a change in the plan better to address the problem, and the cycle would begin again.

In summary, research and evaluation should form integral components in the planning and development of any drug prevention project. Careful attention to those tasks will result in a more effective and efficient programme, as well as one that is more accountable to the young people that it serves and the funding sources on which it relies for support and sustainability.

7. How to ensure funding



Almost all community-based agencies that work with youth from ethnic and indigenous minorities depend on funding from government or philanthropic agencies for their existence. Being able to identify and attract sources of funds should be a core business of any agency in that field. In the present chapter, some of the key principles and strategies that can be used to attract funding for programmes are briefly considered.

Identifying sources of funding from local government and non-governmental and private agencies

First, it is a good idea to identify all possible sources of funding for the community-based agency and programme. The core business of the agency should be examined to determine which government, private or donor agencies might have a stake in supporting its work.

Next, the range of programmes that can most effectively meet the needs of the target group should be considered. An effort should be made to take a comprehensive view of the issue and the multiple dimensions involved in describing and developing the project. For instance, an HIV/AIDS prevention project with young gay men from a particular ethnic minority might be able to attract funding for HIV/AIDS prevention, ethnic minority funding for work done with the particular target group, youth programme development funding and perhaps strategy-specific funds (for instance, arts funding if the group is collaborating on developing a community arts project such as a mural or video).

By spending a bit of time thinking broadly at the start, the project team should be able to identify numerous funding sources for the project.

Identifying criteria for support

After identifying potential sponsors and funding sources, the specific criteria applied by those funding bodies in the granting of assistance should be determined. Their funding guidelines should be studied, the project officers who administer the various grant programmes should be consulted, the types of programme funded in the past should be determined and the reasons for the funding reviewed. An attempt should also be made to get a sense of the current strategic direction of each of the funding sources.



After the above-mentioned steps, it must be decided which of the funding sources has the funding criteria and strategic direction best suited to the community-based programme and to what extent the project may be adapted to meet those criteria. Trying to force the programme into compliance with the criteria of the funding source should be avoided. The needs of the programme clients must remain paramount. Anything that compromises that commitment, such as a radical change in the programme direction in order to attract funds at the expense of the stated needs and wishes of the clients, will be detrimental to the long-term viability of the project.

Providing programme input and feedback and ensuring transparency

Whether from a government body, from the private sector or from a donor country, funding sources want to see value for their money. One way to achieve that is to invite feedback from the source about the development and implementation of the programme. It should be made clear that once funds have been transferred, the project should be managed by the agency (not by the donor). A number of agencies have addressed that issue by forming a project steering committee or working group on which a representative from the donor organization sits and is allowed to provide input into the project.

A project steering group is also able to provide a transparent management process, which will please the donor agency. Planning to evaluate from the start of the project and then implementing the evaluation is a positive signal to the donor, as it suggests that the agency is interested in effective programme development and shows a willingness to be held accountable for the funds received.

Providing regular communication updates

A key task in project management is the need to provide regular communication to all key stakeholders, young people, staff, funding bodies and management about the progress of the project and the achievement of planned milestones. Where possible, the communication should be in a form that is the most user-friendly for the particular group. For example, the same piece of information could be communicated via a newsletter for staff; regular detailed e-mails to the funding sources, with links to a web page; a progress report with charts and tables to management; and a regular chat and pizza night with the young people, where perhaps photos, videos, etc., from the project can be displayed and then talked about.

Regular communication is vital to the ongoing success of the project and will play an important part in ensuring its sustainability.

8. Resources

Useful information on the evaluation of drug prevention projects is available at the following Internet addresses:

<http://druginfo.adf.org.au/article.asp?id=4796> (Guide to evaluating drug prevention);

and

<http://title3.sde.state.ok.us/titleiv/evaluati.htm> (Guide to drug prevention evaluation).

A programme development matrix to assist in planning drug prevention programmes for young people from ethnic and indigenous minorities is presented below.

How to use the programme development matrix

The programme development matrix or map is a tool that can be used to map out a project in a systematic and logical manner. The matrix is structured in such a way that, if necessary, a programme for youth from ethnic and indigenous minorities could be developed by following the steps from 1 to 10, while checking across the matrix at each step to make sure that the 10 foundations of good practice have been applied along the way. It is not critical to have every cell covered, but some thought should at least have been given to it.

The programme development matrix can also be used as an evaluation tool to see how comprehensive a programme is. It can be used initially as a mapping tool, by placing strategies in the correct cell. Once that exercise is completed, it will be possible to see the gaps in the provision of services.

Perhaps there may be too many strategies in the same place, and it might be time to consider extending the programme to make it a more holistic and balanced strategy.

The matrix should be used to suit specific programme development needs. Workshop participants developed a matrix as a tool to understand the breadth and depth of the issues involved in working with youth from ethnic and indigenous minorities. To develop an effective drug prevention programme, the reader could do the same.

PROGRAMME DEVELOPMENT MATRIX

Mapping an effective approach to drug prevention programmes with youth from ethnic and indigenous minorities

	Integrity of conduct	Holistic approach	Individual needs	Staff needs	Flexibility and creativity	Involving the whole community	Collaboration with the media	Practical approach	Designing for accessibility	Being culturally sensitive
ENGAGING WITH YOUNG PEOPLE	Community culture									
	World view									
	Understanding how youth express themselves									
	Building relationships and rapport									
	Recognizing and building on strengths									
DEVELOPING EFFECTIVE PROGRAMMES	Involving young people at all levels									
	Defining needs									
	Developing activities									
	Seeking government support									
	Media collaboration									

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Multiculturalism and diversity are facts of life for most societies today. In the case of substance abuse, people often conveniently blame 'foreigners', 'outsiders' or generic 'others' for the spread of drugs and associated social problems. The stigma attached to drug abuse is often reinforced by racial and ethnic stereotypes while, at the same time, these very stereotypes push young people towards substance abuse. It is this complex cycle of reinforcing negative stereotypes, marginalization and drug abuse that prompted this publication which is meant for use by youth groups and workers dealing with the issue.

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