

Acculturation and drinking among immigrant youth in Western Australia

Justine Dandy¹, Amanda George^{2*}, Caroline Ng Tseung-Wong², Vilma Palacios³ and Byron L. Zamboanga⁴.

1. Edith Cowan University, WA.
 2. University of Canberra, ACT.
 3. North Metropolitan Health, WA Health.
 4. University of Arkansas, U.S.A.
- APSAD, Canberra, 2024.





Disclosure

This work was funded by Healthway in Western Australia. There are no conflicts of interest to declare.

Background

- Lack of research regarding alcohol and other drug (AOD) use among culturally and linguistically diverse (CaLD) people in Australia
 - Less likely to engage in alcohol use at risky levels/illicit drug use¹
 - Associations with health service utilisation²
- West Australian context
 - State with highest % of overseas born Australians (34%)³
- What is needed? Knowledge regarding acculturation to mainstream norms
 - Heritage cultural norms
 - Risk factors for AOD use and service utilisation

¹Australian Institute of Health and Welfare. (2024).

²McDonald & Steel (1997).

³Australia Bureau of Statistics (2023).



Aims



1. Investigate influence of heritage cultural factors and perceived cultural norms on AOD use among young immigrants' use of AOD, including motives for use.
2. Identify barriers and facilitators of health service utilisation for AOD matters among this group.

Method: Participants

- 55 young people (16-30 years; $M_{age} = 21$ years) from culturally and linguistically diverse (CaLD) backgrounds
- 80% first-generation immigrants
- 40% female
- Most groups were ethnoculturally specific
 - Chinese (including Malaysian Chinese and Singaporean Chinese)
 - Indian
 - South Sudanese
 - Sri Lankan
 - Ethiopian
 - Eritrean
 - Iraqi
 - Iranian/Persian
 - Afghan/Hazara
 - Chin Burmese and Karen Burmese

Method: Procedure

- Nine focus groups (4-9 participants)
 - Co-facilitated with trained youth

Focus group participants also completed a brief survey

- Interviews with service providers (n = 6)
 - Youth and social work
 - Community policing
 - Mental health nursing
- Reflexive thematic analysis⁴

⁴Braun and Clarke (2023).

Findings: Reasons for consuming alcohol

To have fun, to
celebrate, in social
gatherings

Relieve stress or
escape troubles

For the experience

Freedom or rebellion

To fit in – general and
as Australian

| | Illustrative Quote |
|-------------------------------|--|
| Freedom/ rebellion | <i>Because in here is so, like, open and free...and we like, maybe end up in a bad way. But actually, it's like this strictness put is in that bad situations (sic). Like we are secretly drinking or taking drugs, and go with bad friends, to get away from them (FG7)</i> |

| | Illustrative Quote |
|-------------------------------------|---|
| No guidance on safe drinking | <i>the culture of alcohol is “Don’t do it”, it doesn’t lend itself encourage safe drinking habits...beause it’s taboo and you’re not supposed to do it, when they inevitably go about doing it at some point, it feels like the tendency to go overboard is more there. (FG9)</i> |

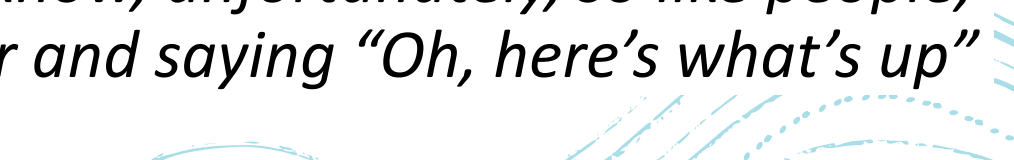
Health Service Utilisation

- Access, knowledge and confidentiality

One of the great things in the western culture is that it is quite open to things like alcohol and drugs...I feel, like from my experience, if you tell them (health service providers), you know, all that type of thing, they will be okay. Like they will listen, they will accept you, they won't judge you. (FG1)

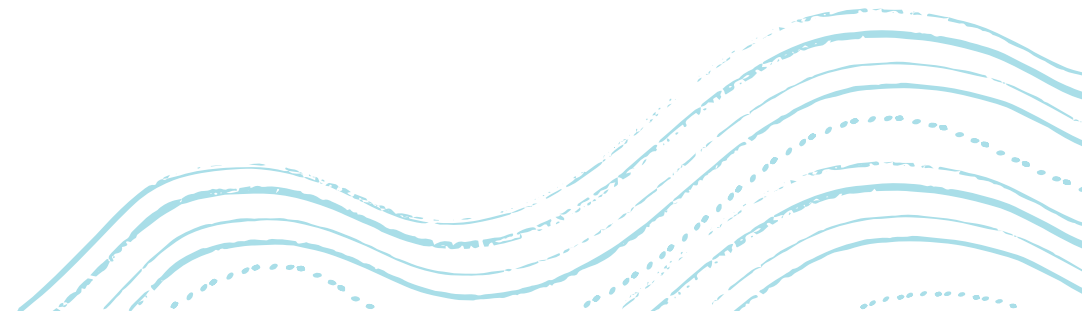
- Stigma

Sometimes the pastors, they also gossip, you know, unfortunately, so like people, they wouldn't really feel safe going to a pastor and saying "Oh, here's what's up" and the next thing it's out. (FG9)



Service Providers

- Guilt and shame of AOD use
- Challenges of existing services, accessibility issues
- Young people do not see themselves in the messaging



Key Implications

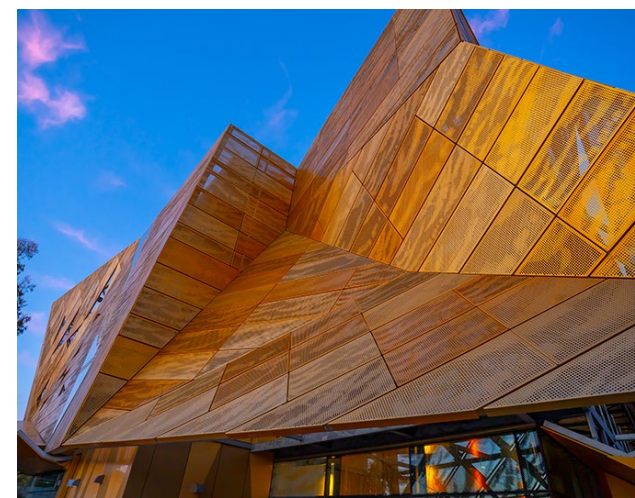
- Abstinence approach dominant in some ethnic communities can increase potential for harm.
- Need for confidential services and awareness raising in communities (co-developed with youth).
- Services that are culturally responsive without needing to be culturally-specific.



amanda.george@canberra.edu.au

j.dandy@ecu.edu.au

Thank you.



References

1. Australian Institute of Health and Welfare. (2024). Alcohol, tobacco and other drug use among people with CALD backgrounds. Web article. URL <https://www.aihw.gov.au/reports/culturally-and-linguistically-diverse-australians/alcohol-drug-use-cald>
2. McDonald, B., & Steel, Z (1997). Immigrants and Mental Health. [Immigrants and Mental Health: An Epidemiological Analysis - Transcultural Mental Health Centre \(nsw.gov.au\)](https://www.nsw.gov.au/immigrants-and-mental-health)
3. Australia Bureau of Statistics (2023). Australia's overseas-born population grows to 29.5% in 2022. Media Release. URL <https://www.abs.gov.au/media-centre/media-releases/australias-overseas-born-population-grows-295-2022#:~:text=%22Western%20Australia%20had%20the%20highest,living%20in%20Australia%20in%202022.%22>
4. Braun, V., Clarke, V., Hayfield, N., Davey, L., & Jenkinson, E. (2023). Doing reflexive thematic analysis. In *Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research* (pp. 19-38). Cham: Springer International Publishing.

Works:

Dandy, J., Ng Tseung-Wong, C., George, A. M., Zamboanga, B. L. & Palacios, V. (2024). Cultural factors in alcohol and other drug use among immigrant youth in Western Australia: A qualitative investigation. *Cultural Diversity and Ethnic Minority Psychology*, online first, <https://doi.org/10.1037/cdp0000659>

Dandy, J., Ng Tseung-Wong, C., George, A., & Palacios, V. (2022). *Alcohol Use and Psychological Wellbeing among Migrant Youth in WA*. Final report to Healthway, the Health Promotion Foundation of Western Australia.