

Alcohol and other drug use in the Australian Deaf community: A needs assessment

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Produced by Turning Point Alcohol and Drug Centre for the Victorian Deaf Society

This report uses capital D for Deaf, as the Deaf community is a culturally and linguistically distinct community.

1. Key points

- The Victorian Deaf Society asked Turning Point Alcohol and Drug Centre to find out about alcohol and drug use among people in the Deaf community. The Victorian Deaf Society wanted to know how many Deaf people drink alcohol and take drugs and what information people receive and need about alcohol and drugs.
- The study used three types of data:
 - Information from journal articles, reports and internet sites.
 - Comments and stories from Auslan Interpreters and VDS Case Managers and VDS Independent Living Skills workers.
 - Responses from a national online survey posted on Deaf organisations websites. Sixty eight people filled out the survey.
- The extent of alcohol and drug use in the Deaf community remains unclear, but there is no evidence to suggest that it differs from the hearing population.
- Alcohol and drug education is rarely delivered in a Deaf friendly format and there was a strong call for Deaf friendly information.
- The Deaf friendly information should cover all the topics that are available to the hearing community.
- A Deaf person or someone trained in Auslan and Deaf awareness should deliver alcohol and drug information to the Deaf community.
- The Deaf community has a right to culturally and linguistically appropriate AOD services.
- The lack of services is a source of much frustration and concern.
- There is a need for training for both Deaf and hearing staff on the role of interpreters, how to address confidentiality and privacy issues, and ways to bridge the language barriers.
- The research said that Deaf people may prefer to use a mainstream service, if they can communicate effectively with staff through interpreters. Choice is important.
- Future action and research may include:
 - Deaf Awareness sessions for mainstream workers
 - AOD information sessions for Deaf community members, case managers and support workers
 - Production of Deaf friendly alcohol and drug material such as DVDs, based on reliable and accurate information.
 - Supporting staff in mainstream AOD services to learn Auslan
 - Educating mainstream services about the Commonwealth funded National Auslan Interpreter Booking and Payment Service, and other interpreting services.

- Advocating for services to collect information on their contact with Deaf and Hard of Hearing clients and use it in their planning.

2. Summary of the literature and the focus groups

The literature said:

- The Deaf community is a unique group of people with their own culture and language. For many Deaf people, English is their second language.
- Most hearing people who conduct research projects have little understanding of sign language and Deaf culture. Also very few research projects provide information and questions in sign language, making it difficult for Deaf people to be involved. Using computers to sign information to Deaf people or using Deaf researcher may make research questions more visual and accessible for Deaf people.
- The size of the Australian Deaf community is unknown. Estimates range from 6,500 to 15,000.
- How much alcohol and drugs Deaf people use is unknown. There is no evidence to say that the Deaf community uses alcohol and drugs more or less than the hearing community.
- It seems Deaf and hearing people drink alcohol and take drugs for similar reasons. Wanting to be accepted, wanting to experiment and wanting enjoyment are a few of the main reasons why people take drugs. Some studies recognise that communication and cultural differences may influence a person's decision to drink alcohol and take drugs.
- Stigma is a very real concern within the Deaf community and stigma is often attached to taking drugs and drinking lots of alcohol. As a result Deaf people may not be willing to discuss alcohol and drug problems with hearing or other Deaf people.
- Alcohol and drug services are generally not Deaf friendly. Most staff speak English and alcohol and drug treatment services often use language and words that are hard to translate from English to Auslan. Interpreters help Deaf and hearing people to communicate, but having Deaf staff seems to be the preferred option.
- Most alcohol and drug information is written in English. Deaf people with low levels of English literacy find it hard to read and understand the information. It is possible that the Deaf community may not receive the same level of information that the hearing community does.

The focus groups said:

- General services do not always use an interpreter when they have a Deaf client.
- Interpreters worry that their Auslan skills are not good enough to work with some clients.
- When people stop drinking alcohol and/or taking drugs after a long time, they may find it hard to make new friends in the Deaf community.
- Deaf friendly education material should explain the short and long term effects of alcohol and drug use. Also information about different alcohol and drug services should be available.
- Different information should be available for young people, older people and parents.
- Deaf people who use drugs and drink alcohol may not be connected to the Deaf community. These people may not receive information via the Deaf

community. Deaf friendly education should be available in mainstream services.

- Some people like going to Deaf only services and other people prefer to go to a mainstream service. Deaf people want the choice.

3. Summary of the survey findings

The survey response said:

- Limited Deaf friendly alcohol and drug information. People would be happy to get information from the internet, friends and doctors. People wanted to know where to go for help, the health problems associated with using drugs and alcohol, and the effects of alcohol.
- People thought that alcohol and drug information should be available in Auslan and Deaf people should present the information. Deaf friendly material needs to be available.
- Most people were aware of the term 'standard drink' and what it means. Also, most people accurately estimated the number of standard drinks men and women can drink before increasing the likelihood of experiencing alcohol related harm in the short and long term.
- Half the participants said they were worried about either of friend's or a family member's drinking.
- The majority of people who answered the survey said they have had a drink of alcohol at some stage in their life. Fifty five people had drunk alcohol in the past 12 months. The majority drank at levels considered low risk in the short and long term. People generally drank alcohol in their own home, at a pub or club, or a friend's house and they mostly drank with friends or a family member.
- A few people said they wanted or tried to drink less alcohol but could not stop.
- Less than half the survey participants said they had taken an illegal drug in their lifetime. Twenty nine people had used drugs in the last 12 months. The most common drugs ever used and used in the last months were marijuana/cannabis, methamphetamine, and ecstasy.
- The most common reasons why people use drugs were because they wanted to see what it felt like, their friends used drugs and/or gave them some to try and they wanted to do something exciting. People who didn't use drugs generally did so because they were not interested in taking drugs or they did not want to become addicted.
- People were concerned about young people's use of alcohol and drugs, and mental health. Participants also commented on the stigma attached to alcohol and drug problems, lack of privacy and identity issues in association to the Deaf community.
- The majority of people had noticed someone acting physically violent or using abusive words and/or sign while intoxicated. For most people they say this type of behaviour at a party, pub or in the street. In most cases the person using bad behaviour was a stranger or a friend.
- Very few participants had discussed alcohol and drugs with a health professional.
- If people needed to go to see a health professional about their alcohol or drug use, the majority of people did not want to go to a service for Deaf people only.
- Having a choice of different places to go where their needs would be met was considered very important.