Alcohol and other drug use, attitudes and knowledge amongst six CALD communities in Sydney; Project evaluation and overview

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1. Background & outcomes

1.1 BACKGROUND

In the mid 1990s the Drug and Alcohol Multicultural Education Centre (DAMEC) was funded by the NSW Health Department to carry out a large-scale prevalence study exploring the attitudes, knowledge and use of alcohol, tobacco and other drugs (ATOD) among six culturally and linguistically diverse (CALD) groups in the greater Sydney region. The groups chosen for study were the Chinese, Vietnamese, Arabic, Greek, Spanish and Italian as they represented the major CALD groups of interest at the time. These studies were the first large-scale studies of alcohol, tobacco and other drug (ATOD) use, knowledge and attitudes in CALD groups in New South Wales. The findings from these studies have provided a bank of information that was available for use by community health services for informing targeted health promotion campaigns and ATOD interventions in CALD communities.[1]

While generally ATOD use is considered to be lower amongst people from a CALD background than that of the mainstream community (AIHW 2001), smaller studies have indicated conflicting, with drug use found to be more common, the same, or less common, among ethnic communities than in the wider community (Beyer & Reid, 2000). A large-scale quantitative investigation into ATOD use and related issues in CALD communities in NSW had not been conducted since the 90's DAMEC studies. Five to ten years was considered as an appropriate timeframe to conduct similar research in these communities and examine any change in trends. Acknowledging the importance and need of such research, the Alcohol Education and Rehabilitation Foundation (AER Foundation) funded DAMEC in 2004 to conduct follow up studies regarding the use, attitudes, knowledge of ATOD among the current CALD groups of interest. These were the Chinese, Vietnamese, Arabic, Spanish, Italian and Pasifika groups. There was limited information available on ATOD use and related issues among Pasifika communities in NSW with recent qualitative research revealing some interesting findings and implying urgent need for further investigation into ATOD issues[2]. The Greek and Italian communities on the other hand were considered as being relatively established with habits and trends now largely similar to the mainstream community. Limited resources meant that no more than six communities could be surveyed. Thus, the consensus was to drop one of these and survey the Pasifika communities instead. The Italian community was retained in the current surveys due to being numerically larger in Sydney, while the Greek community was removed.

The original proposal was to replicate the alcohol and other drug prevalence studies using a similar methodology as the 90's studies. The studies were intended to do the following:

- Identify any major changes in ATOD use, attitudes & knowledge
- Identify the degree to which demographic factors and acculturation are predictors of ATOD use
- Provide insight into the contexts for ATOD use with established and emerging ethnic communities

1 DAMEC's study of 'Drink Driving in the Italo-Australian community'
Health is Gold, Vietnamese community Smoking project.
Information Needs Assessment on Tobacco & Smoking, Chinese Community, Northern Sydney Area Health Service,'95
Arabic Tobacco Control Project, South East Area Health Service, Ongoing
Drink Driving Campaign in Selected CALD Communities of NSW, DAMEC, funded by RTA of NSW,1993.

2 Toms, M. Drink driving in Italian community and Pacific Islander community, DAMEC, 2000 and 2002

- Provide baseline data to inform the development of smaller scale qualitative and quantitative projects for the development of targeted health promotion campaigns

1.1.1 Study overview

The survey was conducted employing a multi-stage clustered sampling design for the six selected CALD communities in the greater Sydney region. Respondents from the selected CALD communities were surveyed via a self-completion questionnaire, administered by trained bilingual interviewers employing a drop and collect approach, similar to the census. The survey was carried out over a period of seven months from September 2004 to March 2005.

1.1.2 Steering Committee and Community Reference Group

An expert Steering Committee was set up for the duration of the study to assist and advise with the development of the survey methodology and analyses. Members had expertise in survey design and analysis, issues related to ATOD research as well as with research among ethnic communities in general. Some members of the committee were also academic co-investigators for this research. Consultant senior statisticians provided ongoing advice regarding the complex sample design and weighting procedures used.

A Cultural Reference Group (CRG) was also established for the duration of the study to advise on issues of cultural sensitivity, and to provide contacts for key informants. Members forming this group mostly belonged to ethnic backgrounds relevant to the survey as well as worked in the drug and alcohol sector or health sector. Other members were also included due to their awareness and knowledge surrounding multicultural issues and surveys conducted among CALD groups.

1.2 OVERVIEW

The discussion below compares the original project proposal and the actual strategies and outcomes achieved.

1.2.1 Determine prevalence of ATOD among CALD

Proposed: To determine the prevalence and patterns of alcohol and other drug use in six CALD communities.

Outcome: Data obtained from the prevalence study was analysed to provide insight into the prevalence and patterns of use of alcohol, tobacco and other drugs among the six CALD communities. Prevalence and patterns included lifetime use and frequency of use, amount consumed (e.g. number of standard drinks at one time) as well as preference for a particular type (e.g. usually consume wine or beer). Summary of the findings for each of the CALD groups can be found in section 2. Detailed reports on the use of these substances have been presented as separate reports for each CALD group.

1.2.2 Investigate attitudes, knowledge & behaviour

Proposed: To investigate the attitudes, knowledge and behaviour associated with alcohol and other drug use in six CALD communities.

Outcome: The survey questionnaire incorporated items that explored respondents' knowledge about the health and social effects of consuming alcohol, tobacco and other substances. A question enquiring about any benefits associated with taking any of these substances was also included. Further, respondents were asked to select from a list of items the substance that they considered to be responsible for causing most and least number of deaths. (See questionnaire items in Section 4 of this report).

In exploring attitudes and opinions, respondents were asked to indicate their level of support for various tobacco and alcohol policy measures as well as indicate their support for legalising the personal use of illicit drugs.

In the tobacco and alcohol sections, a few questions explored whether smokers and drinkers had made any changes to their consumption pattern or behaviour in the last 12 months and the reasons for doing so. They were also asked where they would go to seek help to stop smoking or to find assistance for any drug related problem. There were further questions that explored respondents' information seeking behaviour and media habits.

The tobacco section also included questions related with the effects of environmental tobacco smoke as well as explored respondents consent towards smoking at home.

1.2.3 Investigate the influence of demographic variables

Proposed: To investigate relationships between prevalence and patterns of alcohol and drug use and key demographic variables.

Outcome: Bivariate analyses and logistic regression methods were employed to determine the strength of relationship between the use of certain substances and key demographic variables of age, sex,

birthplace, and level of education. While age and sex were generally the most significant factors affecting consumption patterns, birthplace and education level were also significantly predictive in some instances. Details have been presented in the individual reports. Note that when numbers for use of substance were not large enough, i.e. less than 10, it was not possible to test predictive relationships with variables of interest. Where tests did occur cautionary notes regarding the interpretation of results was noted.

1.2.4 Acculturation and socio-economic status

Proposed: To determine the extent to which acculturation and socio-economic status are predictors of alcohol and other drug use in the six CALD communities.

Outcome: A scale that was devised to measure the level of acculturation in an ethnic group was used to examine the same in the survey respondents. The acculturation score, obtained by summing the responses to scale items, was used to examine whether the level of acculturation was significantly associated with the prevalence of alcohol, tobacco or any other drug.

While there were no direct questions examining the income level of the householders, the level of education can be considered as a proxy in assessing the relative socio-economic background. Thus, analysis was conducted testing education as a predictive factor. Further research can be provided on demand examining in greater detail the association between ATOD use in CALD communities and socio-economic status based on area of residence using the SEIFA indices that have been released by ABS from the 2006 Census data (visit the SEIFA entry page on the ABS website for further information3).

1.2.5 Drug use trends

Proposed: To identify the trends in alcohol and other drug use among six CALD communities.

Outcome: Methodological differences between the current and the 1990's DAMEC surveys mean that direct comparison of percentages should be made with caution. For example, in the 90's survey, while most of the questions were completed as a face-to-face interview, only a small section pertaining to drug use was self-completed by the respondent. In the current survey however the entire questionnaire was self-completed. Besides the mode of survey administration, there were other variations in survey design and sample selection as well as weighting methods used for analyses. Comparisons between the two surveys should thus be made in light of the fact that the aforementioned differences are capable of contributing to some of the change in the prevalence figures since the 90's. Hence, the discussion sections in each of the reports for the CALD groups discuss the most notable and consistent trends.

1.2.6 Comparisons with the general population

Proposed: Compare the prevalence and patterns of alcohol and other drug use in six CALD communities with the population of Australia.

Outcome: The results for each CALD group have been compared to the prevalence rates obtained for the mainstream population via the National Drug Strategy Household Survey conducted in 2004 (AIHW,

3 http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Seifa_entry_page

2005). Considering that the DAMEC survey covered the greater Sydney region, comparisons have been made specifically with the NSW population data using the state and territory supplement.

1.2.7 Survey stages

Proposed: The study was original proposal was to conduct the study in six different stages i.e. separate surveys for each of the language groups.

Outcome: After consultation with members of the steering committee it was decided to design the study as one large-scale survey employing the multistage cluster sampling methodology to include all six CALD subgroups. This made provision for CALD respondents to be selected from areas of varying density of the particular CALD population. It was also considered to be more efficient and cost-effective method of survey administration. This method also meant that the survey period was the same for each CALD group, allowing for future comparative analysis of use, attitudes and knowledge between the groups. Details of survey design have been discussed in the methodology section of this report.

1.2.8 Key informant interviews

Proposed: To conduct a series of in-depth interviews with key informants in each community

Outcome: Key informants were identified as those who, either through their work or through their relationship with the community, were aware of the attitudes, knowledge and use of ATOD amongst the CALD communities being surveyed. The aims of these interviews were to provide social and cultural contexts for drug and alcohol use in a community. People were identified through DAMEC's existing professional contacts as well as members of the Community Reference Group. The primary purposes for consulting key informants were firstly to see whether the questionnaire results aligned with their own observations, understandings and insights, and secondly to better understand the contexts underlying the quantitative data.

Key informant interviews were only conducted for the Chinese and Vietnamese groups. Upon conducting a total of 18 interviews it was observed that most informants either agreed to the information obtained, provided comments based on personal experience, or did not know of patterns amongst sub-groups. While the 1990s recommended key informant surveys be included in future research, the authors also noted that "the key informants alone could not provide the detailed picture of drug use and knowledge amongst sub-groups in the community gained from the community members' survey" (Jukic, Pino & Flaherty, 1996). In order to adequately understand the social, community and other contexts underlying the quantitative data it became apparent that broader sections of the communities would need to be interviewed, with interviewing continuing until saturation occurred. Due to the scope of this research, and the primarily quantitative focus of the study, it was therefore decided to focus on only reporting the quantitative results for each of the six communities, and interpret information within the context of comparisons to the general population and the previous 1990s DAMEC study, and wider relevant literature.

1.2.8 Metropolitan and non-metropolitan coverage

Proposed: The sampling frame was to include five metropolitan areas and one non-metropolitan area.

Outcome: Illawarra was included as the non-metropolitan area to be surveyed and the final sampling frame thus included a few postcodes from Wollongong, however no usable surveys were obtained from the region. Wollongong has a relatively small CALD population and the low density meant that it was

increasingly difficult for interviewers to access the CALD householders. While attempts were made by some interviewers to survey the area, logistic difficulties and inefficiency in administration of the survey in Illawarra meant that the region had to be eventually removed from the sampling frame.

The sampling frame included a range of metropolitan areas across Sydney with respondents coming from a total of 258 census collection districts (CCDs), across 22 Local Government Areas. Postcodes with very low density of selected CALD households for example Waverly and Warringah did not yield usable surveys due to similar impracticalities found in the Illawarra. Also certain suburbs included in the sampling design were considered unsafe for interviewers including some postcodes in Campbelltown, which incidentally also had riots at the time when the survey was being conducted.

2. Significant findings

Below are the key findings from each of the six CALD groups studies. For further detailed information refer to the research reports for each group.

2.1 CHINESE

Use of tobacco, alcohol and other drugs

- Eleven percent were current smokers where only 5% smoked daily, much less than the NSW daily smoking rate of 17% (AIHW 2005). Men were more likely than women to be current smokers, although smoked less than men in NSW. The rate of smoke-free homes was the same as in NSW.
- Sixty-seven percent currently drank alcohol, with 53% drinking monthly or less often. Fifty-eight percent usually drank 1 to 2 standard drinks, and 24% did not know how many they usually drank.
- Eight percent said they had ever used an illegal drug, with 3% having used in the last 12 months.

Attitudes toward policies

- Attitudes towards tobacco and alcohol control measures were slightly more conservative in the Chinese group than the general NSW population (AIHW 2005).
- Stricter law enforcement against selling alcohol or tobacco to minors, and against serving alcohol to drunken customers were supported by 90% or more.
- More than 80% opposed legalising the personal use of cannabis, heroin, cocaine and speed. Legalising cannabis received the most support at 12%.

Knowledge of tobacco, alcohol and other drugs

- Seventy percent identified at least one health problem that can be caused by tobacco; the most commonly listed were lung/respiratory problems (49%) and lung cancer (43%).
- Sixty-four percent identified at least one health problem that can be caused by alcohol; the most commonly listed were liver diseases including liver cancer (49%).
- Heroin was the drug most commonly associated with the term 'drug problem' (39%) and most selected heroin for being responsible for the most number of deaths (25%).
- The doctor or GP was an important source of information (44%) and help for ATOD (35%). Internet was also a popular source for information (43%).

Recommendations

From the results of this study it is recommended that prevention, education and treatment programs for the Chinese community should aim to do the following; run quit smoking programs that particularly target men; increase the proportion seeking help to stop smoking and improve quitting success rates; increase the knowledge of standard drinks especially among women; further reduce the rate of smoke free households; provide further education on the range of health problems associated with alcohol and tobacco use, and the seriousness of tobacco related illness; up-skill GPs on AOD issues and referral sources, particularly those treating Chinese speaking clients; and utilise Chinese language media in health promotion campaigns.

2.2 ARABIC

Use of tobacco, alcohol and other drugs

- Sixteen percent were daily smokers, similar to the NSW daily smoking rate of 17% (AIHW 2005). The rate of smoke-free homes was slightly lower than NSW (CER 2006).
- Fifty percent currently drank alcohol, with 79% of drinkers usually consuming 1 to 2 standard drinks.
- Ten percent said they had ever used an illicit drug, with 2% having used in the last 12 months.

Attitudes toward policies

- Attitudes towards alcohol control measures were more conservative and tobacco attitudes were similar to the general NSW population (AIHW 2005), reflective of usage patterns.
- Stricter law enforcement against selling alcohol or tobacco to minors, and against serving alcohol to drunken customers were supported by more than 90%.
- The majority opposed legalising the personal use of cannabis, heroin, cocaine and speed. Legalising each drug gained 11% to 17% support.

Knowledge of tobacco, alcohol and other drugs

- Eighty percent identified at least one health problem that can be caused by tobacco; the most commonly listed were lung/respiratory problems (53%).
- Seventy-four percent identified at least one health problem that can be caused by alcohol; the most commonly listed were liver diseases including liver cancer (55%).
- Heroin was the drug most commonly associated with the term 'drug problem' (40%) and heroin was most commonly selected as for being responsible for the most number of deaths (19%).
- The doctor or GP was an important source of information (56%) and help for ATOD (55%).

Recommendations

From the results of this study it is recommended that prevention, education and treatment programs for the Arabic community should aim to do the following; further decrease rates of daily smoking and increase the proportion seeking help to stop smoking and improve quitting success rates; further reduce the rate of smoke free households; continue low-risk drinking patterns; provide increased education and understanding on the range of health problems associated with alcohol use, and the seriousness of tobacco related illness; increase knowledge of the health impacts of other drugs; up-skill GPs on AOD issues and referral sources, particularly those treating Arabic speaking clients; and utilise CALD media, particularly radio (2ME) and television (SBS, LBC-Arabic and ART-Arabic) in health promotion.

2.3 ITALIAN

Use of tobacco, alcohol and other drugs

- Sixteen percent were daily smokers similar to the NSW daily smoking rate of 17%, and were slightly higher among men when compared to men across NSW (AIHW 2005). The rate of smoke-free homes was the same as in NSW (Centre for Epidemiology and Research 2006).
- Ninety-two percent currently drank alcohol, with 19% drinking daily higher than the 9% of daily drinking in the general population (AIHW 2005). Seventy-six percent usually drank 1 to 2 standard drinks.
- Fourteen percent said they had ever used an illicit drug, with 4% having used in the last 12 months.

Attitudes toward policies

- Attitudes towards tobacco control measures were similar to the general NSW population, but more conservative in relation to alcohol policies (AIHW 2005).
- Stricter law enforcement against selling alcohol or tobacco to minors, and against serving alcohol to drunken customers were supported by 90% or more.
- Most opposed legalising the personal use of cannabis, heroin, cocaine and speed. Legalising cannabis received the most support at 17%.

Knowledge of tobacco, alcohol and other drugs

- Fifty-five percent identified at least one health problem that can be caused by tobacco; the most commonly listed were cancer (44%), lung cancer (44%) and lung/respiratory problems (49%).
- Fifty percent identified at least one health problem that can be caused by alcohol; the most commonly listed were liver diseases including liver cancer (79%).
- Heroin was the drug most commonly associated with the term 'drug problem' (35%) and most selected heroin for being responsible for the most number of deaths (23%).
- The doctor or GP was an important source of information (60%) and help for ATOD (63%).

Recommendations

From the results of this study it is recommended that prevention, education and treatment programs for the Italian community should aim to do the following; run quit smoking programs that particularly target men; increase the proportion seeking help to stop smoking and improve quitting success rates; encourage cultural norms surrounding low-risk drinking; further reduce the rate of smoke free households; provide increased education and understanding on the range of health problems associated with alcohol and tobacco use, and the seriousness of tobacco related illness; up-skill GPs on AOD issues and referral sources, particularly those treating Italian speaking clients; and utilise Italian language media, particularly television (SBS and Rai International) in health promotion.

2.4 SPANISH

Use of tobacco, alcohol and other drugs

- Ten percent were daily smokers, lower than the NSW daily smoking rate of 17% (AIHW 2005). The rate of smoke-free homes was the same as in NSW (Centre Epidemiology and Research 2006).
- Seventy-six percent currently drank alcohol, with 44% drinking monthly or less. Sixty percent usually drank 1 to 2 standard drinks.
- Twenty percent said they had ever used an illicit drug, with 11% having used in the last 12 months.

Attitudes toward policies

- Attitudes towards tobacco and alcohol control measures were slightly more conservative than the general NSW population (AIHW 2005).
- Stricter law enforcement against selling alcohol or tobacco to minors, and against serving alcohol to drunken customers were supported by 90% or more.
- The majority opposed legalising the personal use of cannabis, heroin, cocaine and speed. Legalising cannabis received the most support at 28%, with support for each of the other drugs at about 10%.

Knowledge of tobacco, alcohol and other drugs

- Seventy-nine percent identified at least one health problem that can be caused by tobacco; the most commonly listed were cancer (50%) and lung/respiratory problems (50%).
- Sixty-seven percent identified at least one health problem that can be caused by alcohol; the most commonly listed were liver diseases including liver cancer (64%).
- Cannabis was the drug most commonly associated with the term 'drug problem' (32%) and alcohol was most commonly selected as for being responsible for the most number of deaths (22%).
- The doctor or GP was an important source of information (60%) and help for ATOD (64%).

Recommendations

From the results of this study it is recommended that prevention, education and treatment programs for the Spanish community should aim to do the following; maintain lower levels of daily smoking and continue low-risk drinking patterns; increase the proportion seeking help to stop smoking and improve quitting success rates; further reduce the rate of smoke free households; provide increased education and understanding on the range of health problems associated with alcohol and tobacco use, and the seriousness of tobacco related illness; increase knowledge of the health impacts of other drugs; up-skill GPs on AOD issues and referral sources, particularly those treating Spanish speaking clients; and utilise CALD media, particularly SBS television in health promotion.

2.5 VIETNAMESE

Use of tobacco, alcohol and other drugs

- Eighteen percent smoked daily, the same as the NSW daily smoking rate of 17% (AIHW 2005). Higher rates of Vietnamese men smoked than men in NSW, and men were more likely than women to smoke. The rate of smoke-free homes was slightly higher than in NSW.
- Sixty-one percent currently drank alcohol, with 42% drinking monthly or less often. Fifty-nine percent usually drank 1 to 2 standard drinks.
- Eleven percent said they had ever used an illicit drug, with 4% having used in the last 12 months.

Attitudes toward policies

- Attitudes towards tobacco and alcohol control measures were slightly more conservative in the Vietnamese group than the general NSW population (AIHW 2005).
- Stricter law enforcement against selling alcohol or tobacco to minors had 90% support or more.
- Only 13% to 15 % supported legalising the personal use of cannabis, heroin, cocaine and speed.

Knowledge of tobacco, alcohol and other drugs

- Sixty-nine percent identified at least one health problem that can be caused by tobacco; the most commonly listed were lung cancer (51%) and lung/respiratory problems (50%).
- Seventy percent identified at least one health problem that can be caused by alcohol; the most commonly listed were liver diseases including liver cancer (62%).
- Heroin was the drug most commonly associated with the term 'drug problem' (58%) and as being responsible for the most number of deaths (30%).
- The doctor or GP was an important source of information (42%) and help for ATOD (42%).

Recommendations

From the results of this study it is recommended that prevention, education and treatment programs for the Vietnamese community should aim to do the following; run quit smoking programs that particularly target men; improve the success rates of quitting smoking; increase the knowledge of standard drinks especially among those with lower education levels; further reduce the rate of smoke free households; provide further education on the range of health problems associated with alcohol and tobacco use, and the seriousness of tobacco related illness; up-skill GPs on AOD issues and referral sources, particularly those treating Vietnamese speaking clients; and utilise Vietnamese language media in health promotion campaigns, particularly Vietnamese radio (mostly SBS), but also SBS television and Vietnamese language newspapers Chien Doung and Viet Luan.

2.6 PASIFIKA

Use of tobacco, alcohol and other drugs

- Twenty-five percent were daily smokers, higher than the NSW rate of 17% (AIHW 2005). The rate of smoke-free homes was the same as in NSW (Centre for Epidemiology and Research 2006).
- Sixty-eight percent currently drank alcohol, with 43% drinking monthly or less often. Thirty-seven percent usually drank 5 or more standard drinks.
- Thirty percent said they had ever used an illicit drug, 8% in the last 12 months. Cannabis was most common with 28% having ever used, and 5% using in the last year. This was similar to NSW rates.

Attitudes toward policies

- Attitudes towards tobacco control policies were similar in the Pasifika group than the general NSW population, but attitudes toward alcohol policies were more conservative (AIHW 2005).
- Stricter law enforcement against selling alcohol or tobacco to minors was supported by 85% or more

Knowledge of tobacco, alcohol and other drugs

- Seventy percent identified at least one health problem that can be caused by tobacco; the most commonly listed was lung cancer (49%).
- Eighty-six percent identified at least one health problem that can be caused by alcohol; the most commonly listed were liver diseases including liver cancer (54%).
- Cannabis was the drug most commonly associated with the term 'drug problem' (35%) and most selected alcohol (28%) or tobacco (22%) for being responsible for the most number of deaths.
- The doctor or GP was an important source of information (64%) and help for ATOD (40%).

Recommendations

From the results of this study it is recommended that prevention, education and treatment programs for Pasifika communities in NSW should aim to do the following; run quit smoking programs to address higher smoking rates, particularly targeting those aged 20-50 years old, those with higher education and NZ born; increase knowledge of standard drinks, low risk drinking and the harms associated with infrequent binge drinking; increase the proportion seeking help to stop smoking and improve quitting success rates; further reduce the rate of smoke free households; provide further education on the range of health problems associated with alcohol and tobacco use, and the seriousness of tobacco related illness; up-skill GPs on AOD issues and referral sources; and utilise television and community radio in health promotion campaigns.

3. Literature search

3.1 MEASURING ATOD USE IN CALD COMMUNITIES

The National Drug Strategy Household Survey is the largest survey of tobacco, alcohol and other drug use in Australia. The survey is conducted every three years by the Australian Institute for Health and Welfare (AIHW), and the 2004 survey sampled almost 30,000 people Australia wide (AIHW, 2005). As such, it is the most reliable source of information on prevalence and patterns of tobacco, alcohol and other drug use, however there is generally an under representation of CALD people in the survey. In a detailed review titled *Drugs in a Multicultural Community* (2000), Beyer and Reid reported a lack of quality Australian research on alcohol and other drug use among non-English speaking background (NESB) communities. In particular, little is known or reported on the prevalence of illicit drug use in NESB communities.

Several researchers have noted preferences for certain drugs in different ethnic communities (Beyer & Reid, 2000; Bertram & Flaherty, 1992; Trimboli & Ridoutt, 1987). Other studies have found significant difference in drug use patterns between NESB and English-speaking background communities. To this end, different studies have found the use of illicit drugs to be more common, the same, or less common, in ethnic communities than the wider community. According to Beyer & Reid (2000), such discrepancies reflect inadequate research methodologies including poor conceptualisation, inaccuracy of definitions and inappropriate research deigns. Despite methodological difficulties, DAMEC (1992-1997) argues that such research *is* necessary to identify the specific cultural context of ATOD use and to identify at-risk members of CALD communities.

Alcohol and other drug researchers acknowledge an under-utilisation of ATOD services by NESB people (Beyer & Reid, 2000). Generally, researchers consider low rates of admission to treatment as poor evidence of low ATOD use (Beyer & Reid, 2000; Romios & Ross, 1993). Other researchers have posited that under-utilisation may reflect low ATOD use or use of alternative treatments (Flaherty, 1994). According to Romios & Ross (1993), under-utilisation occurs because NESB communities are unaware of the function and location of the services. It may also reflect issues of access and cultural appropriateness of drug and alcohol services.

A DAMEC survey in Auburn found that, those born overseas are less likely to use alcohol and drugs with the exception of analgesics and tobacco. These findings are consistent with previous research into ATOD in ethnic communities (DAMEC, 1992-1997; Romios & Ross, 1993). There is no way of knowing if this reflects the actual prevalence of alcohol and other drug use. The survey supports other studies which have found less under-reporting of *current* alcohol or drug use through self-completion questionnaire. It is this finding that determines the actual prevalence of ATOD use. The survey also indicates that lifetime use may be best reported via personal interview, although this needs to be tested further with ethnic communities. Ethnicity is by no means the main determinant of alcohol and other drug use (Beyer & Reid, 2000). However, it is generally acknowledged that the higher the level of

cultural retention the more likely a person's pattern of drug use will be influenced by their culture (Hill & Gray, 1984 in Jukic, Pino & Flaherty, 1997).

Along with socio-demographic factors such as age, sex, country of birth, education, this study proposed to examine any associations between the level of acculturation among ethnic groups and ATOD use.

3.2 ACCULTURATION

Acculturation has been described as a social learning process that involves assimilating the values of the host culture while retaining the values of the original culture (Oetting, 1993; Padilla, 1980; Szapocznik & Kurtines, 1980). Berry (1997) further explains that various migrants and different ethnic groups have varied experiences and different coping strategies as they go through the process of acculturation. Depending on a range of factors including the reason for migration, socio-demographic factors prior to as well as after acculturation, and the environment in the host country, there can be different ways of coping and different adaptive processes (Berry J, 1997; Caetano R. et al 2003, Rosenthal D et al 1996). Depending on the strategy adopted by individuals, this complex process of acculturation may evoke stress and confusion. This in turn may trigger risky behaviours including drinking, smoking, and drug abuse (Reid G. et al 2001; Alaniz ML, 2002). Some may even engage in these behaviours sometimes as a way of fitting-in or adapting to peer culture (Unger JB., et al 2002).

Considering the complex nature of the concept, new perspectives in defining and measuring acculturation are constantly being researched (Padilla et al, 2003; Roysircar G. et al 2002;) and different theories and models have been proposed and are always being tested (Unger JB et al, 2002; Cabassa LJ. 2003; Lee et al, 2003;). Consequently several scales have been developed, and new ones continue to be designed, tested and validated so as to quantify acculturation in migrant groups (Collier C. 2004). However, most scales have been developed in the context of migrants overseas mostly in North America and Canada (Cuellar et al, 1995; Kim et al. 2001; Lim KV et al 2002).

Rissel C (1997) had devised a scale to measure acculturation in a group of ethnic migrants within the Australian context. This scale has been used in this study to examine the level of acculturation among the survey respondents. It is predominantly a language-based scale that requires respondents to indicate their preference for using their ethnic language or English in various situations such as at home or with friends; or in reading and writing. Two other dimensions of the scale include the level with which the respondent identifies with their ethnic culture or mainstream community and preference for following and honouring their ethnic tradition. An acculturation score was then formed by summation of responses, which determined the level of acculturation. Respondents with lower scores were considered less acculturated in the context of the mainstream or Australian culture and those on the other end of the scale were deemed as relatively more acculturated. Researchers have successfully used scales that have a strong language based focus (Cruz el at, 2000; Unger et al, 2000; Wallen et al 2002). Rissel's scale also covers the broader spectrum of changes that occur when moving to a new culture by including identification with ethnic culture as well as value for ethnic tradition. Besides, there were very few alternative methods of measuring the concept that have been tested and validated in the Australian context. Details of the items used can be found in the questionnaire copy provided in Section 3 of this report.

4. Methodology

Below is an outline of research methodologies and assumptions made during the course of the study.

4.1 QUESTIONNAIRE DEVELOPMENT AND PILOT

A preliminary survey questionnaire was developed after consultation with the project steering committee and the community reference group (CRG). The selected questionnaire items were based on the original questionnaire used for the 1995 DAMEC survey 'Alcohol and other drug use, attitudes and knowledge amongst CALD groups in Sydney'. Additional items covering attitudes and opinions were reproduced from the 2004 National Drug Strategy Household Survey (AIHW, 2005). The questionnaire items canvassed attitudes; knowledge and behaviour associated with tobacco, alcohol and other drug use and was divided into the following sub-topics:

- General health of respondent and health information sources used
- Tobacco use, knowledge and attitudes
- Alcohol use, knowledge and attitudes
- Other Drugs use, knowledge and attitudes
- Attitudes and Opinions
- Demographics

The questionnaires were translated into languages for the various communities by NAATI accredited translators. Survey respondents could choose between the English or the language version of the questionnaire. Note that questionnaires for the Pasifika group were only available in English. This was because it was largely considered impractical to have translated versions available for all the various sub-communities (e.g. Samoan, Tongan, Fijian and more).

The questionnaire was piloted in two Census Collection Districts (CCDs) to test two different methods of survey administration and to receive feedback about the items in the survey form. Areas that had a reasonable density (25 to 30%) of the CALD population to be surveyed were purposefully selected (2 CCDs in Ashfield and Haberfield) from the main sampling frame.

An advance letter (Appendix 1) regarding the upcoming survey was delivered to the individual households that would be subsequently conducted. This letter was signed by the Chairperson of the project and included a contact phone number for any queries about the project and survey. The letter also carried translated versions of its content in five languages. The purpose of this letter was to notify householders about the survey in advance with the intention of encouraging people to participate in the survey.

Eligible households included those that identified with one of the targeted CALD communities. The selected household member would have to be over 14 years of age and the one with the next upcoming birthday. The next birthday selection method was employed to include a component of randomness and enable a more representative sample. The pilot was conducted in two phases; the first included a face-to-face interview along with a self-completion component for the illicit drug section. This was the method used by DAMEC for the 90's surveys. Two days after dropping the advance letter, eligible respondents in the selected CCD in Ashfield were approached and invited to participate in the interview. Only 9 of the 51 eligible respondents contacted agreed to participate in the survey (response

rate 16%). The second phase involved self-completion employing a drop-of and pick-up methodology similar to that used by the ABS Census. Three weeks after delivery of the advance letter, the survey questionnaire was dropped off to the nominated households for self-completion by the selected member. Interviewers returned to households after 3 days to pick up completed questionnaires or to leave call back reminder cards, and a second call back visit was made one week following where a reply paid envelope was left for the questionnaire to be returned by the respondent upon completion. Four complete usable surveys were obtained of the 20 eligible households contacted (response rate 27%).

Prior to piloting, the inclination was to use the face-to-face interview method since this was in line with the 90's surveys conducted by DAMEC and hence would make the current surveys more comparable. However after testing both methodologies, and subsequent consultation with members of the steering committee, a decision was made to drop the interview method in favour of the self-completion method. Consequently changes were also made to the survey questionnaire with a few of the close-ended items being replaced by open-ended questions. Other large-scale surveys such as the National Drug Strategy Household Survey (AIHW, 2005) also use the drop-off and pick-up method with success. Self-completion methods are known to yield higher response rates and under reporting of alcohol and other drug use may be minimised in using such a format. Literature also supports the hypothesis that self-administration reduces respondents' unwillingness to report socially undesirable behaviours such as illicit drug use (Tourangeau et al., 2000). Additionally, drop-off and pick-up methodology was considered as to be more cost effective than conducting face-to-face interviews. Since the selected householder may be away during interview times, the drop-off method also allowed an opportunity to leave the survey for them rather than an interview being conducted with the people who were mostly home.

The most important feedback from the pilot that warranted change in the questionnaire was that almost all respondents complained it was too lengthy. Thus some items that were found to be time consuming and less important in terms of the information they collected were deleted. These included two items that asked respondents to gauge the number of glasses of their favourite alcohol they could safely consume in an hour before driving so that their blood alcohol levels would remain under 0.5. The NSW Road and Traffic Authority (RTA) was also consulted. At the time of consultation the RTA were in the process of reviewing the concept of counting standard drinks due to related complications, and were in favour of drivers directly measuring alcohol levels or not driving after drinking[4]. Hence those items were considered to be fairly redundant. Two more items asking respondents their opinion on issues they considered as the most serious problems facing their community were also removed from the final questionnaire.

4.2 SURVEY SAMPLE SELECTION

The six CALD communities selected for this study form a minority population of households in Sydney. To ensure that the sample was enriched with the six chosen populations a multistage stratified clustered sampling design was employed with data collection in clusters based on census collection districts (CCDs). The sampling approach was thus designed to maximise the likelihood and minimise the effort in selecting a household of the nominated ethnic group. Information on the population distribution in CCDs was obtained from the Australian Bureau of Statistics 2001 Census (ABS website). Strata were defined in terms of the six ethnic groups and census collection districts selected within

4 RTA Drink Driving Policies available at http://www.rta.nsw.gov.au/roadsafety/alcoholdrugs/bac/drinkinfoabout0_05.html last accessed 17/04/08 .

these six strata with probability proportional to their size. This was thus a single large survey with six discrete sub-populations. The starting frame was almost 7,300 CCDs, each with information on the total persons in the six ethnic groups being surveyed plus the total CCD population. Of these, around 50% of all CCDs had 40 or fewer ethnic persons and some 1600 (22%) had a total of 10 or fewer ethnic persons from the six groups. The final sampling frame included some 300 CCDs. Eventually a total of 228 CCDs were approached to carry out the surveys. While some CCDs with very small percentages of CALD population were attempted, several had to be skipped in favour of others with greater CALD population since it was proving highly inefficient to spend as much time and resources in areas with not much yield, particularly as interviewers would sometimes spend up to two days in some low CALD-population CCDs with no complete usable survey forms being returned. Thus, respondents that completed a survey generally came from areas that spread across the western and south-western parts of greater Sydney as these had higher populations of CALD people. A technical report further detailing the complex survey design can be found in appendix 2, spreadsheets further detailing CCDs visited for each CALD group are attached as appendix 4, and the proportion of completed surveys by the number of CCDs visited is attached as appendix 5.

4.3 QUESTIONNAIRE ADMINISTRATION

4.3.1 Recruitment and Training of Interviewers

A team of bi-lingual interviewers were recruited through an employment company, Network Recruitment. Prospective interviewers were vetted by the employment company via telephone and personal interviews. The selected interviewers attended a half-day training session at DAMEC, and were supervised in the field by the DAMEC researcher coordinators. Interviewers were fluent in either Arabic, Spanish, Italian, Vietnamese or a Chinese dialect (Mandarin or Cantonese) or were of Pasifika background mostly Samoan or Tongan. Interviewers were accordingly sent to areas that had a relatively higher proportion of respondents from their language background compared with other CALD groups. Thus increasing the likelihood say a Chinese household being approached by a Chinese interviewer. Households belonging to any of the other CALD groups could also be approached by the Chinese interviewer and if there was need for an interpreter the interviewer contacted DAMEC staff to organise for a more suitable interviewer from the team to approach the household at a later date. All interviewers carried photo identification badges when in field and were provided with detailed maps and other essential stationary. Interviewers were supervised in questionnaire placement and pickup procedures in the field.

4.3.2 Procedures in the Field

Various steps were taken in order to maximise contact with householders and minimise non-response by the selected householder. Interviewers were scheduled to make call backs on different times and different days. A formal introductory letter explaining the purpose of the research as well as emphasising confidentiality was handed out to the householder. A pamphlet distribution company distributed this letter. A phone number was also provided in case any householder had further questions or needed to check the authenticity of the research. The main content of the letter was translated in all except the Pasifika languages.

All interviewers had bilingual skills that assisted initial rapport building especially with a large number of households that welcomed the use of their ethnic language and the provision of a survey form in the language of choice. The fact that only a third of the respondents (33%) opted for an English survey form, emphasises the benefit of bilingual interviewers and translated surveys in enhancing the response rate. Interviewers were regularly re-trained in field procedures as and when required. Towards the end of the survey period, there was introduction of some lucky draw prizes as incentive to further boost the response. Respondents were assured that they would in no way be connected with the questionnaires they filled in. The number and contact details required for the lucky draw were to go in a separate draw record, which would never be individually connected with details filled in the questionnaire.

4.3.3 Collection Procedures

The interviewers were instructed to approach every household in the selected Census Collection Districts (CCDs). Within each CCD, interviewers knocked at every door until they had contacted 25 eligible households or exhausted the CCD. This step was employed since large cluster size potentially reduces the sample effect size due to within-cluster correlation. Given that the total number of

respondents was capped by resources available we chose to cap cluster size (CCD) to ensure a greater number of smaller clusters were collected thereby maximizing the statistical efficiency of the sample. An eligible household was one in which at least one resident identified with one of the six ethnic groups. The screening question asked respondents if they either spoke or identified with any of the six CALD groups. This included 'second generation' people of ethnic background born in Australia.

The second screening step involved selecting the household member aged 14 years and older who had the next birthday. The next birthday method is often used in survey research to minimize respondent bias, and enable a more representative sample. This was the selected householder. A selected householder aged 14 to 16 years provided signed parental consent to participate in the survey. The interviewer was instructed to attempt to make direct contact with the selected householder whenever possible. Householders were also given envelopes so that once the survey was filled they could place it inside the envelope which could then be sealed and returned to the interviewer, who assured them that these would be returned in sealed form to a DAMEC researcher. Considering the sensitive nature of drug and alcohol research various steps such as these were employed to emphasize and ensure confidentiality of the responses.

4.3.4 Questionnaire Placement

Each questionnaire was allocated a unique six-digit number. This number was derived from the interviewer's call sheet, and included a letter for the language group (ie 'C' for Chinese), a CCD identification number, a page and a call sheet listing number. When placing the questionnaire, the interviewers were instructed to transfer the interviewing number to the top right hand corner of the questionnaire, and to the sealed envelope in which respondents placed their completed questionnaire. The selected householder was asked to complete the questionnaire in the language of choice and to place it in the sealed A4 envelope.

The interviewer was instructed to call back up to two times to collect the questionnaire from the selected householder, and to leave a reply paid envelope on the final visit. In the latter part of the survey period (after approximately 16 weeks) however considering the time and cost involved in call-backs was not proportionate to the increase in number of usable surveys returned, the drain on resources could not be justified. Hence for cost-efficiency purposes, it was decided that the interviewers would conduct one call back, then leave a reply paid envelope. On some occasions, householders insisted that they would directly post the completed forms and preferred no call back. In such cases, the survey form was provided with the reply-paid envelope on the first instance with no further visit to the household.

4.3.4 Use of Advance letter

The purpose of this letter was to notify householders about the survey in advance with the intention of encouraging people to participate and thus improve the subsequent overall response rate.

Survey interviewers were instructed to ask potential respondents if they had read the letter and, if not, to provide another copy to a householder. Interviewer feedback was that the majority of householders claimed to have not read the letter, the impression being given that it was mostly treated as junk mail and ignored. Thus the pre-notice letter seemed to have had a lesser impact than originally expected and was therefore not likely to have as a significant effect on the response rate as anticipated. Hence, about halfway through the survey, it was decided that it was impractical to send the letter in advance. Thus the letter was provided at the door on interviewer contact to assure respondents of the survey's legitimacy and confidentiality.

4.4 ADMINISTRATION RELIABILITY AND VALIDITY

A number of steps were taken to enhance reliability and validity throughout the survey process. Bilingual interviewers attended a standard training session conducted by DAMEC researchers and were also taught field techniques by initiation in the field. Experienced research personnel conducted the formal training sessions that involved mock interviews and role-playing. Training emphasised standard protocols including code of behaviour, etiquette, health and safety issues and technical details related to householder selection. The in-house training session was followed by field initiation that involved one-on-one training where the interviewer learned practical techniques by initially observing an experienced staff member, followed by reversal in roles where the trainer observed the interviewer correcting any mistakes until the process was thoroughly clear. This helped increase inter-rate reliability and regular field supervision kept a check on the validity of surveys. Interviewers were encouraged to report in on a regular basis and re-training was provided if required. As part of field audit, research staff randomly visited householders that had been contacted by interviewers in order to validate that they were actually the ones filling in the forms. Interviewers were informed that this check was to occur. Almost all householders agreed that they had been visited and any inconsistencies were negligible.

There were two interviewers who despite repeated training and thorough field initiation had invited a few non-eligible participants to complete surveys. Once this was discovered they were given no further work. Overall however, most interviewers were reliable and consistent.

About 15-20 eligible householders insisted that they had returned completed survey forms in reply-paid envelopes provided but these were never traced or received either at DAMEC workplace or in the local post office. Thus, it is unlikely that these completed forms were sent.

4.5 DATA PROCESSING AND ANALYSIS

4.5.1 Translation, Coding and Data Entry

NAATI accredited translators were employed to translate the open-ended responses for surveys that were completed in languages other than English.

Coding and data entry as well as cleaning and editing of raw data file was completed in-house at DAMEC. Random checking of data entered ensured desired levels of accuracy. Data was mainly entered in SPSS (version 13 and then version 14). All analyses were carried out using the same software and the complex samples module was used to incorporate weighting procedures.

4.5.2 Statistical Weighting

The sample was designed to minimise the possibility of selection bias while ensuring the sampling procedure targeted the ethnic populations of interest. The sampling procedure involved probability sampling within a multistage cluster sampling design framework; hence weights were developed to incorporate inclusion probabilities of respondents and to correct any imbalance due to the design and execution of the sampling. Also given budget constraints it is important to note that certain

geographical areas with extremely low proportion of ethnic population were not visited in an attempt to maximise response and minimise effort in obtaining the required number of surveys.

Sampling weights were constructed that took into account subject selection probability based on sampling probabilities of CCDs, households and individuals within households. Statistical weights also accounted for non-response bias. All estimates produced in the reports were based on weighted data unless stated otherwise. See Appendix 3 for details on the complex sample plan and sample weights.

4.5.3 Data Analysis and Reporting

All percentages shown in the reports are of those who responded to a given question, rather than the total sample, unless otherwise stated. Chi-square testing was used to identify significant relationships, with results being significant when the p-value was 0.05 or greater. Logistic regression analysis was used to demonstrate whether relationships were significantly predictive. Results were deemed significantly predictive when the p-value was 0.05 or greater, and the odds ratio was 1.4 or greater, or between 0 and 0.7 when inverted. Where case numbers were less than 10 in any category logistic regression was not conducted unless otherwise stated.

4.6 LIMITATIONS

This prevalence research project was designed to explore the use attitudes and knowledge of alcohol, tobacco and other drugs among the six selected ethnic communities in the Greater Sydney Region. The study also aimed to draw comparisons with results from the previous DAMEC survey among five of the communities conducted a decade ago as well as compare drug and alcohol use of current survey respondents with use of the mainstream population of NSW.

This study is arguably one of the first large scale survey in NSW in recent times, exploring drug and alcohol issues in a significant proportion of culturally and linguistically diverse minority population that are often missed by other large scale household surveys that are usually available in English.

Rigorous steps were employed in the sampling strategy and data collection process in order to obtain data from representative samples of these communities in Sydney. The aim was to make contact with as many householders as possible and to ensure that people were not missed due to issues such as lack of English language skills or absence from the home during work or school hours. Translated surveys, bilingual interviewers, call backs at different times during weekdays and weekends and the option of leaving a survey form for the selected householder, as well as provision of reply-paid envelopes, ensured that a good cross section of the community was provided the opportunity to participate.

The survey employed a multistage stratified cluster sampling technique in order to obtain a rich sample of the selected ethnic groups. At the time of analyses, the complex sample design was taken into consideration and weights judiciously applied to account for the selection probability of respondents and areas where they resided.

Thus, much effort was made to achieve the objectives as is seen in the report that provides information on prevalence and patterns of use of alcohol and other drugs, factors associated with use, and attitudes and knowledge of the six groups people in relation to these. Information was obtained about people from a range of backgrounds based on gender, age, country of birth, different levels of

education and employment situation, language background, religious faith, residential area, length of stay in Australia and varied migration history. The research also broadly compares results, where possible, with those obtained in a similar survey on ATOD issues among these communities conducted a decade ago and also shows comparisons in the uptake of these drugs with the mainstream community (using results from the National Drug Strategy Household Survey '04).

4.6.1 Methodological issues

The study however has a number of limitations, which should be kept in mind when considering the results and findings and future research. The survey is not the ideal 'simple random sample' and hence there will always be issues about how representative the sample was of all people of the selected ethnic backgrounds in Sydney. However, given budget and other constraints, the sampling approach taken was the next most representative method of cluster sampling.

The average response rate across all groups was 41% with the highest being 53% among the Spanish and lowest was 34% among the Pasifika group. Factors such as fear of crime and strangers, wariness of authority (survey being a government funded research) and caution with self-disclosure of substance use amongst users, lack of interest among abstainers, and lengthy survey questionnaire were speculated to be issues related with the higher refusal rate. Other similar large-scale surveys conducted around the same time, such as the National study on ATOD use reported only slightly higher response rates [5]. Strategies proposed to boost response rate were applied with limitation in the DAMEC survey. The introductory letter which was meant to be circulated in advance was later only given to the householder upon contact as it was not seen to have the impact that was originally expected and was also considered financially inefficient as were the second call backs initially conducted by interviewers. Towards the latter part of the survey period however, respondents were provided a lucky draw incentive for completed survey forms.

Door-knocking for administration of surveys meant a very high attrition rate of interviewers, further the required repeated training of new staff throughout survey period proved to be very resource intensive. The attrition rate was particularly problematic as bilingual staff needed to be employed.

Given the low proportion of the CALD communities in certain areas the original target of 500 surveys per community could not be achieved. Pasifika and Spanish communities in particular were the most difficult to access due to their sparse population and thus the yield from these was below target. The total complete questionnaires for each group were: Chinese-492 complete usable surveys, Vietnamese-425, Italian-334, Spanish-285, and Pasifika-264. Further there was over-sampling in some areas and less in other areas, as some census districts could not be visited due to various reasons including very low concentration of ethnic minorities and related cost efficiency issues, remote location, and security issues.

The study did not make provisions to provide information on householders that were not surveyed due to exclusion as a result of residing in very low-ethnic-density suburbs, or those that were often away from home and hence unable to make contact despite repeated attempts. Hence it is not possible to examine if these members differed from those that filled surveys. These points should be borne in mind when generalising results, as they may not be applicable to respondents from all areas of Sydney metropolitan areas – for e.g. areas like the northern suburbs that were not sampled at all. Most of the areas sampled fell into western and south-western parts of the Sydney metropolitan region.

5 The final response rate for the Drop & Collect approach in the NDSHS, AIHW was 48% (i.e. complete useable questionnaires as a percentage of in-scope households contacted) (AIHW, NDSHS technical report, 2005).

Similarly there was no provision to inspect any differences in characteristics of those that had refused to participate. Despite efforts taken to convey to householders that the survey was designed to obtain valuable opinion from everyone and not just those who consume any of these substances, there is a suspicion that a significant proportion of those that had not completed surveys had done so because they were non-users. This was inferred from blank surveys often returned with comments indicating the same, as well as refusal at the door stating a lack of interest in such surveys due to all members of householders being abstainers.

4.6.2 Questionnaire limitations

The questionnaire was considered lengthy by some and hence the refusal to complete. The format and design of the questionnaire could also have been improved to make it appear less cumbersome and more attractive. There were certain items in the questionnaire such as in the drug section where responses were incorrectly represented from actual views due to incongruous framing of some items. In another instance of inappropriate framing, items that examined the attitudes of respondents towards legalisation of personal use of marijuana and other illicit drugs seemed to mistakenly guide some to choose opposite responses than intended. In the section exploring acculturation of respondents, some questions were misunderstood or not understood thoroughly as indicated by comments made next to the item and were hence skipped. Other items in the same section were sometimes left blank as they were viewed as part of a preceding item and hence deemed redundant. It gave the impression that ticking one seemed to indicate the same response for the next one. These have been dealt with appropriately under the guidance of senior statisticians and members in the steering committee. Standard protocol was employed to impute missing responses to some items or correct inconsistencies to certain responses.

4.6.3 Limitations due to method of administration

As in the case of all studies with self-completed data, results should be viewed and interpreted with caution. There is always the uncertainty with surveys that are left for householders to complete as to whether the selected member is actually filling in the form and whether this is done with or without assistance. Although confidentiality was emphasised and reply envelopes were meant to be sealed so that respondents would never be identified with their responses, self-reported data could be under-reported. For example, eligible members who were teenagers may perhaps be uncomfortable to honestly fill a survey on substance use inside the home environment for fear of their responses being read by other members of the household. It may be speculated that fear of disclosing illicit drug use in government funded research might also play a role in under reporting. Some researchers have also questioned the accuracy of prevalence estimates of illegal substances obtained by such household surveys, due to the high levels of non-responsiveness and consequent lack of power in examining data in detail (Hickman et al., 1999). Self reported data might also have other issues with accuracy depending upon the issue reported. Respondents are known to be more willing to report the use of cannabis and alcohol than the use of other illegal drugs (Johnston L et al, 2003).

However overall literature suggests that self-reporting is the more favourable method of data collection (compared with face-to-face interviews) on such sensitive issues (Tourangeau et al, 2000) and it is standard practice to administer the drop and collect approach of survey administration with other major drug and alcohol surveys such as the NDSHS (AIHW, 2005).

The issue of assuring households of confidentiality of their responses could not be stressed enough and various steps were taken to ensure this was included in the introductory letter, and addressed by the interviewer as well as in the survey form.

4.6.4 Limitations of comparisons with previous study

An objective of the research was to compare the main patterns or trends of ATOD use between the current survey and surveys conducted in the Chinese, Vietnamese, Arabic, Spanish and Italian communities in the 1990's. The reader should be aware that there were differences in survey and questionnaire format, survey design, method of administration and weighting procedures used for analyses. The earlier surveys used a type of standardisation in which each individual was weighted to represent the relative magnitude of their age/sex stratum in the 1991 census. This is a type of age-sex standardisation that does not take into account the probability sampling aspect of the survey design. The current survey however employed probability sampling and applied weights taking into account the complex sample design.

Considering that these factors can account for some of the differences observed, it would be inadvisable to assert that any differences observed in results are always a consequence of actual changes in ATOD uptake among community members. Hence it was not deemed appropriate to compare findings in great detail, particularly actual rates and percentages. Rather results were compare more broadly in each of the reports and the most consistent and strong differences were discussed.

5. The Questionnaire

The following format differs slightly to the actual questionnaire due to page size and margins

DAMEC PREVALENCE SURVEY 2004

HEALTH SURVEY

D . A . M . E . C
Drug and Alcohol Multicultural Education Centre
www.damec.org.au

Dear Householder,

DAMEC (the Drug and Alcohol Multicultural Education Centre) is a non-profit community organization funded by the NSW Health Department. This questionnaire is part of a survey on the attitudes toward, and use of tobacco, alcohol and other drugs. Your household was recently sent a letter telling you about the study, and you may have read about the survey in local media.

We would appreciate if you could complete this questionnaire. The survey will provide valuable information that can provide health services to your community. The survey is completely confidential and is not read by anyone except the DAMEC researchers. Also, your name or address is not connected with the information you provide.

We want everybody's views and not just those that have used these substances.

The questionnaire will take about 20 minutes. We ask you to complete it by yourself and put the completed questionnaire in the sealed envelope provided. The interviewer will return up to two times to retrieve the questionnaire.

If there are any questions you prefer not to answer, leave them blank.

The questionnaire needs to be completed by the household member whose birthday falls next. This helps us to reach out to a wider range of people.

Only those who are 14 years or older are eligible to complete this survey, however if you are under 16 (i.e. 14, 15 or 16 years) kindly ask your parents/guardian to sign their consent for you to complete this questionnaire.

Parental Consent Signature: _____

If you need further information for this survey, please call DAMEC on 9699 3552

INSTRUCTIONS FOR FILLING OUT QUESTIONNAIRE:

*** Note: THE TWO QUESTIONS ON THIS PAGE ARE EXAMPLES ONLY ***

Q1. Which of these would you consider as your most favourite food? *Tick one response only*

NOTE: When the question says *"Tick one response only"*, **it means that you can tick any one response (only) that corresponds most with your answer.**

TYPE OF FOOD	Favourite food
Australian	❑
African	❑
Arabic	❑
Chinese	❑
Indian	❑
Italian	❑
Spanish	❑
Thai	❑
Turkish	❑
Vietnamese	❑
Other (Specify)_____	❑

Q2. Which of these foods have you eaten in the last month? *You may tick more than one*

NOTE: If the question *says "you may tick more than one"*, **then you can tick as many as apply to you.**

TYPE OF FOOD	
Australian	☑
African	❑
Arabic	☑
Chinese	❑
Indian	❑
Italian	❑
Spanish	❑
Thai	☑
Turkish	❑
Vietnamese	☑
Other (Specify) Japanese_____	☑

OK, now it's your turn....
If you do not know an answer, or prefer not to answer a question, then do not tick a response.

SECTION A – GENERAL HEALTH

First, a few questions about your general health.

Q1. In general, would you say your health is...?
Tick one response only.

Excellent	❑
Very good	❑
Good	❑
Fair	❑
Poor	❑

Q2. When was the last time you consulted a doctor about any illness or injury?
Tick one response only.

Within the last 3 months	❑
More than 3, but within last 6 months	❑
More than 6, but within last 12 months	❑
More than 12 months ago	❑
Have never consulted a doctor	❑

Q3. In the past 12 months, where have you read, seen or heard any information about the health effects of alcohol, tobacco or other drugs? *Tick as many as apply*

Radio	❑
TV	❑
Newspaper / TV / Radio	❑
Books / Magazines	❑
Internet	❑
School / University	❑
Parent	❑
Alcohol and Drug Counselling service	❑
GP / Doctor	❑
Community Health centre/ Health Clinic	❑
Natural therapist / Traditional medicine	❑
Billboard / brochure	❑
Friend/relative about the same age	❑
Other (Specify)_____	❑
Don't Know / Don't remember	❑

Q4.If you needed information about the health effects of alcohol, tobacco or other drugs, where would you go? *Tick as many as apply*

Telephone Information Service eg ADIS or Helpline eg Quitline	❑
Phone Book	❑
Internet	❑
Library	❑
Books / Journals / Magazines	❑
Alcohol and Drug Counselling service	❑
Alcoholics or Narcotics Anonymous	❑
Red Cross / Salvation Army	❑
Drop-in Centre / Youth Service	❑
Community Health centre/ Health Clinic	❑
Hospital	❑
Doctor / GP	❑
Natural therapist / Traditional medicine	❑
Other Health or Welfare Worker	❑
Government Health Department	❑
Priest/Religious person	❑
Teacher/Counselor at School or University	❑
Police	❑
Parent	❑
Friend/relative about the same age	❑
Other relative	❑
Other (Specify)_____	❑
Don't Know / Don't remember	❑

....please turn page to next Section now

SECTION B - TOBACCO

This section contains a few questions about use of tobacco [that is, smoking cigarettes (tailor made and roll your own), pipes, nargila or cigars].

Q1.Do you feel that you know enough about the effects of tobacco? *Tick one response only.*

Enough	❑
Not enough	❑
Don't know	❑

Q2. Do you think there are any benefits to a person's health from smoking tobacco?

Yes	❑	**Please continue**
No	❑	**Go to Q3 below**

Q2a.If *Yes*, what are they? Can you name some benefits *(Record below)*

_____

_____

_____

Q3. In the last 12 months, have you or any other members of this household regularly smoked tobacco at home? *(REGULARLY MEANS SMOKING TOBACCO DAILY)*

Yes	❑	**Please continue**
No	❑	**Go to Q4**

Q3a. If people smoke regularly at home, would that be.....? *Tick one response only*

Only outside the home	❑
Outside as well as Inside the home	❑
Only inside the home	❑

Q4. Have you personally ever tried smoking cigarettes or other forms of tobacco?

Yes	❑	**Please continue**
No	❑	**Go to Q13**

The following questions are for respondents who have ever smoked tobacco.

Q5. How old were you the first time you ever smoked? Enter on line below

Age: _____ years

Q6. Have you ever been a regular smoker? (i.e. smoked on a daily basis)

Yes	❑	**Please continue**
No	❑	**Go to Q7**

Q6a. And how old were you when you started smoking regularly? (i.e. everyday)

Age: _____ years

Q7. Are you still a smoker?

Yes	❑	**Go to Q9**
No	❑	**Please continue**

Q8. How old were you when you stopped smoking?

Age: _____ years

...Now go to Q13

Q9. How often do you smoke?

Daily	❑
A few days a week	❑
Once a week	❑
Monthly or less often	❑
Social occasions only	❑

Q10. In the last 12 months, have you done any of the following? *You may tick more than one.*

- Given up smoking for more than a month ❑
- Tried to give up unsuccessfully ❑
- Changed to brand with lower tar or nicotine content ❑
- Reduced the amount of tobacco you smoke in a day ❑
- None of these ❑

Q11. If you tried to stop smoking, did you seek help?

- Seek help ❑
- Not seek help ❑
- Have not tried to stop ❑

Q12. If you <u>were</u> to seek help to stop smoking where would you go or what would you do?
Tick as many as apply

- QUIT campaign ❑
- Doctor/GP ❑
- Other health professional ❑
- Local public clinic or hospital ❑
- Chemist ❑
- Nicobate/Patches ❑
- Friend or relative ❑
- Zyban ❑
- Private clinic or hospital ❑
- Smoke-enders program or similar ❑
- Don't know where to get help ❑
- Other _____ ❑

Q13. Do you think that non-smokers who <u>live with smokers</u> might one day develop health problems because of other people's cigarette smoke?

- Yes ❑
- No ❑
- Don't know ❑

Q14. Do you think that non-smokers <u>who work or socialize with smokers</u> might one day develop health problems because of other people's cigarette smoke?

- Yes ❑
- No ❑
- Don't know ❑

Q15. In the past year, have you ever felt bad health effects (such as sore eyes) from the cigarette smoke of others, apart from not liking the smoke?

- Yes ❑
- No ❑

Q16. What health problems can be caused by smoking or using tobacco?
List as many as you can think of.

_____

_____

_____

Q17. Apart from health problems, what other problems (e.g. social problems) can be caused by smoking or using tobacco
List as many as you can think of.

_____

_____

_____

Q18. If it was up to you, would you allow smoking in your home?

- Yes ❑ **Please continue**
- No ❑ **Turn page & go to next section**

Q18a. If Yes; would that be ....

- For residents/family only ❑
- For guests only ❑
- For everyone ❑
- On special occasions only ❑

...Now go to the next section....

SECTION C – ALCOHOL

This section contains questions about some issues related to alcohol. This includes alcohol purchased from liquor outlets, licensed premises as well as alcohol at functions and home made alcohol.

Q1. Do you feel that you know enough about the effects of alcohol?

Enough	❑
Not enough	❑
Don't know	❑

Q2. Do you think there are any benefits to a person from taking alcohol?

Yes	❑	**Please continue**
No	❑	**Go to Q3**

Q2a. If *Yes*, what are they? *(Enter on lines below)*

_____

_____

_____

_____

Q3.Have you ever tried alcohol?

Yes	❑	**Please continue**
No	❑	**Go to Q9**

IF YOU HAVE <u>NEVER TRIED</u> ALCOHOL PLEASE GO TO Q9.

Q4. On average, how often do you have an <u>alcoholic</u> drink of any kind? *Tick <u>one</u> response only.*

Daily	❑	
4 to 6 days a week	❑	
2 to 3 days a week	❑	
About 1 day a week	❑	
2 to 3 days a month	❑	
About 1 day a month	❑	
Less often	❑	
No longer drink alcohol	❑	**Go to Q9**

Q5. What alcoholic drink do you drink most often? *Tick the <u>one</u> that you drink most often*

Wine	❑
Beer	❑
Premixed spirits/mixed drinks (e.g. Bacardi Breezers/Vodka Cruisers)	❑
Alcoholic Soda (eg. Sub-Zero)	❑
Cider	❑
Coolers	❑
Spirits / Liqueurs	❑
Cocktails	❑
Home brewed beer	❑
Home made wine or grappa	❑
Other [Specify]_____	❑

Q6. Apart from the drink you ticked above, what <u>other</u> alcoholic drinks do you usually drink? *You may tick more than one*

Wine	❑
Beer	❑
Premixed spirits/mixed drinks (e.g. Bacardi Breezers/Vodka Cruisers)	❑
Alcoholic Soda (eg. Sub-Zero)	❑
Cider	❑
Coolers	❑
Spirits / Liqueurs	❑
Cocktails	❑
Home brewed beer	❑
Home made wine or grappa	❑
Other [Specify]_____	❑

Q7. In the last 12 months have you made any of the following changes to your alcohol intake? *You may tick more than one*

- ❑ Reduced the amount of alcohol you drink at any one time
- ❑ Reduced the number of times you drink
- ❑ Increased the amount of alcohol you drink
- ❑ Increased the number of times you drink
- ❑ Switched to drinking more low-alcohol drinks than you used to
- ❑ None of the above

Q8. What was the main reason for making that change *(ticked in Q7)***?**

- ❑ Health Reasons (e.g. weight, diabetes, avoid hangover)
- ❑ Life style reasons (e.g. work/study commitments, less opportunity, young family)
- ❑ Social reasons (e.g. believe in moderation, concern about violence, avoid getting drunk)
- ❑ Pregnant and/or breastfeeding
- ❑ Taste/enjoyment (e.g. prefer low alcohol beer, don't get drunk)
- ❑ Driving regulations
- ❑ Financial reasons
- ❑ Peer Pressure
- ❑ Other [Specify]_____

Q9. What health problems can be caused by taking alcohol? *List as many as you can think of.*

_____

_____

_____

_____

Q10. Apart from health problems, what other problems (e.g. social problems) can be caused by taking alcohol? *List as many as you can think of.*

_____

_____

_____

_____

If non-drinker, please turn page and go to next section

Q11. On a day that you have an alcoholic drink, how many standard drinks do you usually have?

- ❑ 11 or more drinks
- ❑ 7 to 10 drinks
- ❑ 5 to 6 drinks
- ❑ 3 to 4 drinks
- ❑ 1 to 2 drinks
- ❑ Don't know/Not sure

Q12. Have you ever been convicted of drink driving?

- ❑ Yes
- ❑ No

Q13. Have you ever been a passenger of a driver who was drunk?

- ❑ Yes
- ❑ No

Please turn page and go to next section

SECTION D – OTHER SUBSTANCES

This section asks about use of alcohol and other drugs. Some of these are illegal and we appreciate your honesty and accuracy in answering the questions. Remember, the information you provide is **strictly** confidential and will only be used for research purposes.

Please answer this section even if you have never used any of these substances, as this information is useful for our understanding of everyone in the community.

Q1. Do you feel that you know enough about the effects of the following substances?
Tick one for each substance

	Enough	Not enough	Don't know
Sedatives (eg. valium/ tranquilliser)	❑	❑	❑
Analgesics (e.g. aspirin, panadol)	❑	❑	❑
Cannabis / Marijuana/Hashish	❑	❑	❑
Cocaine	❑	❑	❑
Heroin	❑	❑	❑
Amphetamines / Speed	❑	❑	❑
Ecstasy / party drugs	❑	❑	❑

Q2. Do you think there are any benefits to a person from taking any of these substances listed above?

Yes	❑	Please continue
No	❑	Go to Q3

Q2a. If *Yes,* what are they?... can you name some benefits *(Enter on lines below)*

_____

_____

_____

_____

Q3. Have you ever been offered or had the opportunity to use any of the following substances?
Tick as many as apply

	Yes	No
Alcohol *(Beer, wine, grappa, whiskey, homebrew beer etc)*	❑	❑
Kava	❑	❑
Pain Killers/Analgesics *(eg. Aspirin, Mersyndol, Panadol, Panadeine)*	❑	❑
Tranquillisers/sleeping pills *(eg. Tranks, Valium, Serapax, Mandrax, Rohypnol, "Rowies")*	❑	❑
Barbiturates *(eg. Barbs, Downers, Reds, Purple hearts)*	❑	❑
Steroids *(eg. Roids, Juice)*	❑	❑
Cannabis/ Marijuana/Hashish *(eg. Grass, Dope, Pot, Weed, Smoko, Hash, Mull, Yandi)*	❑	❑
Amphetamines *(eg. Speed, Goey, Go-go, Zip, "Uppers", Ice, Amphet, Meth, MDA, Bromo)*	❑	❑
Cocaine *(eg. Coke, Crack, Big C, Blow, Candy, Ceci, Charlie)*	❑	❑
LSD/ Hallucinogens *(eg. Mushrooms, Acid, Trips)*	❑	❑
Ecstasy/Designer drugs *(eg. XTC, E, Ecci, MDMA, GHB, "Adam")*	❑	❑
Heroin (*eg. Hammer, Smack, Skag, Shit, Rock, Slow*)	❑	❑
Methadone (*eg. Done, Physeptone, Junk, Jungle Juice)*	❑	❑
Inhalants *(eg. Glue, Petrol, Solvents, Rush, Amyl, Laughing Gas)*	❑	❑

Q4. Have you ever used the following substances? *Tick as many as apply*

	Yes	No
Alcohol *(Beer, wine, grappa, whiskey, homebrew beer etc)*	❑	❑
Kava	❑	❑
Pain Killers/Analgesics *(eg. Aspirin, Mersyndol, Panadol, Panadeine)*	❑	❑
Tranquillisers/sleeping pills *(eg. Tranks, Valium, Serapax, Mandrax, Rohypnol, "Rowies")*	❑	❑
Barbiturates *(eg. Barbs, Downers, Reds, Purple hearts)*	❑	❑
Steroids *(eg. Roids, Juice)*	❑	❑
Cannabis/ Marijuana/Hashish *(eg. Grass, Dope, Pot, Weed, Smoko, Hash, Mull, Yandi)*	❑	❑
Amphetamines *(eg. Speed, Goey, Go-go, Zip, "Uppers", Ice, Amphet, Meth, MDA, Bromo)*	❑	❑
Cocaine *(eg. Coke, Crack, Big C, Blow, Candy, Ceci, Charlie)*	❑	❑
LSD/ Hallucinogens *(eg. Mushrooms, Acid, Trips)*	❑	❑
Ecstasy/Designer drugs *(eg. XTC, E, Ecci, MDMA, GHB, "Adam")*	❑	❑
Heroin (*eg. Hammer, Smack, Skag, Shit, Rock, Slow*)	❑	❑
Methadone (*eg. Done, Physeptone, Junk, Jungle Juice)*	❑	❑
Inhalants *(eg. Glue, Petrol, Solvents, Rush, Amyl, Laughing Gas)*	❑	❑

Q4a. If you have "ever used" any of these substances then please specify if the use was for "Medical" or "Non-Medical" purposes.

Medical purposes means bought from a liquor outlet, chemist or on doctors' prescription to treat an illness or injury.
Non-medical purposes means either alone or with other drugs in order to induce or enhance a drug experience, or for performance enhancement (e.g. athletic); or for cosmetic (e.g. body shaping) purposes.

	Medical purposes	Non-Medical purposes
Alcohol *(Beer, wine, grappa, whiskey, homebrew beer etc)*	❑	❑
Kava	❑	❑
Pain Killers/Analgesics *(e.g. Aspirin, Mersyndol, Panadol, Panadeine)*	❑	❑
Tranquillisers/sleeping pills *(e.g. Tranks, Valium, Serapax, Mandrax, Rohypnol,)*	❑	❑
Barbiturates *(e.g. Barbs, Downers, Reds, Purple hearts)*	❑	❑
Steroids *(e.g. Roids, Juice)*	❑	❑
Cannabis/ Marijuana/Hashish *(e.g. Grass, Dope, Pot, Weed, Smoko, Hash, Yandi)*	❑	❑
Amphetamines *(e.g. Speed, Goey, Go-go, Zip, "Uppers", Ice, Amphet, Meth, MDA,)*	❑	❑
Cocaine *(e.g. Coke, Crack, Big C, Blow, Candy, Ceci, Charlie)*	❑	❑
LSD/ Hallucinogens *(e.g. Mushrooms, Acid, Trips)*	❑	❑
Ecstasy/Designer drugs *(e.g. XTC, E, Ecci, MDMA, GHB, "Adam")*	❑	❑
Heroin (*e.g. Hammer, Smack, Skag, Shit, Rock, Slow*)	❑	❑
Methadone (*e.g. Done, Physeptone, Junk, Jungle, Juice)*	❑	❑
Inhalants *(e.g. Glue, Petrol, Solvents, Rush, Amyl, Laughing Gas)*	❑	❑

Q5. For each substance that you have used in Q4, on average how often have you used these?
Tick one response only for each drug

	Every day	A few times a week	Once a week	Once a month	Every 1 to 4 months	Once or twice a year	Not in the last 12 months
Alcohol	❑	❑	❑	❑	❑	❑	❑
Kava	❑	❑	❑	❑	❑	❑	❑
Pain Killers/ Analgesics	❑	❑	❑	❑	❑	❑	❑
Tranquillisers/ Sleeping pills	❑	❑	❑	❑	❑	❑	❑
Barbiturates	❑	❑	❑	❑	❑	❑	❑
Steroids	❑	❑	❑	❑	❑	❑	❑
Cannabis/Marijuana/Hashish	❑	❑	❑	❑	❑	❑	❑
Amphetamines	❑	❑	❑	❑	❑	❑	❑
Cocaine	❑	❑	❑	❑	❑	❑	❑
LSD /Hallucinogens	❑	❑	❑	❑	❑	❑	❑
Ecstasy / Designer drugs	❑	❑	❑	❑	❑	❑	❑
Heroin	❑	❑	❑	❑	❑	❑	❑
Methadone	❑	❑	❑	❑	❑	❑	❑
Inhalants	❑	❑	❑	❑	❑	❑	❑

Q6. Have you <u>ever injected</u> any of these substances (i.e. use needles to inject yourself)?

	Ever injected
Heroin	❑
Methadone	❑
Buprenorphine (eg. Bup;Subutex)	❑
Amphetamines (eg Speed)	❑
Cocaine	❑
Steroids	❑
Other	❑
None of these	❑

LEAVE BLANK IF NEVER INJECTED AND GO Q7

Q6a. And which of these have you injected in the past 12 months?

	Last 12 months
Heroin	❑
Methadone	❑
Buprenorphine	❑
Amphetamines	❑
Cocaine	❑
Steroids	❑
None of these	❑
Other	❑

Q7. What health problems are associated with drugs like heroin and amphetamine (speed)?
Tick as many as apply

HIV/AIDS	❑
Hepatitis B / C	❑
Brain damage	❑
Kidney / heart / lung problems	❑
Overdose	❑
Suicide	❑
Fertility / pregnancy problems	❑
Dehydration	❑
Emotional problems	❑
Dependence / addiction	❑
Vitamin deficiency	❑
Don't know	❑
None	❑
Other (specify) _____	❑

Q8. What health problems are associated with taking too many sleeping tablets?
Tick as many as apply

Dizziness	❑
Blurred or double vision	❑
Nervous breakdown	❑
Memory impairment	❑
Skin rash	❑
Disturbed sleep	❑
Nausea	❑
Depression	❑
Other (specify) _____	❑
Don't know	❑
None	❑

Q9. Apart from health problems, what social problems can be caused by using drugs?
List as many as you can think of

Family / domestic problems	❑
Loss of work	❑
Crimes	❑
Financial problems	❑
Dangerous driving	❑
Emotional problems	❑
Domestic violence	❑
Loss of friends / family	❑
Other (specify) _____	❑
Don't know	❑
None	❑

SECTION E – ATTITUDES

This section contains questions about your attitude toward the use of alcohol, tobacco and other drugs in the community.

Q1. When people talk about a drug problem, what is the first drug that comes to mind?

Enter here →

_____

Q2. In your opinion, which of these drugs causes the most deaths in Australia? *Tick one response only.*

	Most Deaths
Heroin	❑
Alcohol	❑
Prescribed drugs e.g. Valium	❑
Amphetamines /speed	❑
Tobacco	❑
Cocaine	❑
Marihuana/Cannabis	❑
Ecstasy/Party drugs	❑
Don't know	❑

Q2a. And which of these causes the least deaths in Australia? *Tick one response only.*

	Least Deaths
Heroin	❑
Alcohol	❑
Prescribed drugs e.g. Valium	❑
Amphetamines /speed	❑
Tobacco	❑
Cocaine	❑
Marihuana/Cannabis	❑
Ecstasy/Party drugs	❑
Don't know	❑

Q3. If you wanted to help someone else or yourself with an alcohol, tobacco and/or drug problem, where would you go?

_____

_____

_____

Please continue to next page

Q4. To reduce the misuse of alcohol, to what extent would you support or oppose the following measures?

MEASURES	Strongly Support	Support	Neither	Oppose	Strongly oppose
Increasing the price of alcohol	❑	❑	❑	❑	❑
Reducing the number of outlets that sell alcohol	❑	❑	❑	❑	❑
Reducing the trading hours of pubs and clubs	❑	❑	❑	❑	❑
Increasing the number of alcohol free zones/dry areas	❑	❑	❑	❑	❑
Raising the legal drinking age	❑	❑	❑	❑	❑
Serving only low alcohol drinks at sporting events or venues e.g. football matches	❑	❑	❑	❑	❑
Banning alcohol sponsorship of sporting events	❑	❑	❑	❑	❑
Stricter enforcement of law against serving alcohol to customers who are drunk	❑	❑	❑	❑	❑
Stricter enforcement of law against serving alcohol to underage customers	❑	❑	❑	❑	❑

Q5. To what extent would you support or oppose the following measures?

MEASURES	Strongly Support	Support	Neither	Oppose	Strongly oppose
Stricter enforcement of the law against supplying cigarettes to underage customers	❑	❑	❑	❑	❑
Banning smoking in the workplace	❑	❑	❑	❑	❑
Banning smoking in pubs or clubs	❑	❑	❑	❑	❑
Banning smoking in *outdoor places such as* playgrounds, beaches, outdoor dining, sporting events	❑	❑	❑	❑	❑
Increasing the tax on tobacco products (to pay for health education programs)	❑	❑	❑	❑	❑
Banning display of tobacco products at point of sale e.g. removing them from sight at shopping centres	❑	❑	❑	❑	❑
Legalising the personal use of marijuana	❑	❑	❑	❑	❑
Legalising the personal use of heroin	❑	❑	❑	❑	❑
Legalising the personal use of cocaine	❑	❑	❑	❑	❑
Legalising the personal use of speed	❑	❑	❑	❑	❑

BACKGROUND QUESTIONS

The final questions are about you, to help us get a good cross-section of people in the survey

Q1. Sex: Are you male or female?

Male	❑
Female	❑

Q2. Which of the following age brackets do you fall into?

14 to 19 years	❑
20 to 24 years	❑
25 to 29 years	❑
30 to 34 years	❑
35 to 39 years	❑
40 to 44 years	❑
45 to 49 years	❑
50 to 54 years	❑
55 to 59 years	❑
60 to 64 years	❑
65 to 69 years	❑
70 years and over	❑

Q3.What is your marital status?
Tick one response only

Married	❑
Living together/de facto	❑
Divorced/separated	❑
Widowed	❑
Single/never married	❑
Other (specify)	❑
_____	
Don't know	❑

Q4. What best describes your work or employment? *Tick one response only*

Working full time (including self-employed)	❑
Working part time (including self-employed)	❑
Working casually	❑
Studying and working	❑
Studying and not working	❑
Unemployed	❑
Doing home duties	❑
On extended leave (e.g. maternity leave/long service leave/career break)	❑
Retired or on a pension	❑

Q5. What kind of work do you do? Describe your main job *(If you are not working, go to next question)*

Job Title or Position:

_____
__

Industry:

_____
__

Q6. What is the highest level of education you have completed?

Less than Primary school	❑
Completed Primary school	❑
Some High school	❑
School certificate/intermediate certificate/equivalent	❑
Higher School Certificate/leaving certificate/equivalent	❑
Non-trade qualification (e.g. TAFE, College)	❑
Trade qualification (e.g. TAFE)	❑
Undergraduate Degree or Diploma	❑
Postgraduate degree or Diploma	❑

Q7. What is your religious affiliation?

Christian	❑
Islam	❑
Buddhism	❑
Taoism	❑
Hinduism	❑
Judaism	❑
Other	❑
(specify)_____	
No Religion	❑

Q8. What is your country of birth?

_____

Q9. What is your parent's country of birth?

Mother:_____

Father:_____

__If you speak a LANGUAGE other than English enter on line below

LANGUAGE→

_____

__

(Leave blank if you only speak English)

Q10. What language do you *normally speak at home* and which do you *normally speak with friends*? *Tick one response only*

*Note "***LANGUAGE"** *here means the one you entered on the line above*	**Normally speak at home**	**Normally speak with friends**
Only **LANGUAGE**	❑	❑
Mostly **LANGUAGE**	❑	❑
English and **LANGUAGE**	❑	❑
Mostly ENGLISH	❑	❑
Only ENGLISH	❑	❑

Q11. What language do you *prefer* to speak? *Tick one response only*

	Prefer to speak
Only **LANGUAGE**	❑
Mostly **LANGUAGE**	❑
English and **LANGUAGE**	❑
Mostly ENGLISH	❑
Only ENGLISH	❑

Q12. What language do you *usually think in?* *Tick one response only*

	Usually think in
Only **LANGUAGE**	❑
Mostly **LANGUAGE**	❑
English and **LANGUAGE**	❑
Mostly ENGLISH	❑
Only ENGLISH	❑

Q13. What language do you *read* and *write* better? *Tick one response only*

	Read better	**Write better**
LANGUAGE	❑	❑
English and **LANGUAGE** equally	❑	❑
English	❑	❑

Q14. What ethnic group do you identify with? *Tick one response only*

Only another ethnic group	❑
Mostly another ethnic group	❑
Australian and another ethnic group equally	❑
Mostly Australian	❑
Only Australian	❑

Q15. How important is it to you that your ethnic traditions be honoured or followed? *Tick one response only*

Very important	❑
Somewhat important	❑
Not very important	❑
Not at all important	❑

<u>If born in Australia – go to Q18</u>

Q16. How long have you lived in Australia?

Less than a year	❑
1-5 years	❑
6-10 years	❑
11-15 years	❑
16+ years	❑
Don't know	❑

Q17. Which of these best describes your migration status? *Tick one response only*

Family migrant or sponsored by relative	❑
Skilled migrant	❑
Business migrant	❑
Refugee or Special Humanitarian migrant	❑
Migration as a New Zealand citizen	❑
Student or temporary resident	❑
Other specify_____	❑

Q18. Which category best describes this household? *Tick one response only*

Person living alone	❑
Couple living alone	❑
Couple with children	❑
Single parent with children	❑
Adults sharing house/apartment/flat	❑
Other household type	❑

Q19. How many people who are over 14 years and of your ethnic background live in your household?

Enter here

_____

And finally ...some questions about media.

Q20. Do you listen to any non-English speaking programs on the radio?

Yes	❑	
No	❑	**If No → Go to Q22**

Q21. List the non-English speaking station you listen to most often, and the average number of hours you listen to it:

Station: _____

Hours: _____

Q22. Do you read any non-English language newspapers?

Yes	❑	
No	❑	**If No → Go to Q24**

Q23. List the non-English language newspaper you read most often, and the average number of days per week you read it:

Newspaper: _____

Days read per week: _____

Q24. Do you watch SBS or any non-English Pay TV channel? (Tick the channels that you watch and then specify how often you watch these) *Leave blank if you don't watch any, and go to the next question.*

Channel	Yes	Frequency *Average hours per week*
SBS - Free on T.V	❑	
RAI - Italian	❑	
Teleitalia - Italian	❑	
TVB-J - Chinese	❑	
CCTV 4 - Chinese	❑	
LBC - Arabic	❑	
ART - Arabic	❑	
Other specify_____	❑	

Q25. Do you watch any videos, CD's or DVDs in languages other than English?

Yes	❑
None	❑

Kindly place this completed questionnaires in the envelope provided and seal.

An interviewer will come back to collect it.

If you have any further queries
please call DAMEC
on 9699 3552

D.A.M.E.C
Drug and Alcohol Multicultural Education Centre
www.damec.org.au

THANK YOU FOR PARTICIPATING IN THE SURVEY

6. Area Profiles

This section outlines statistical information about the areas chosen for the Survey. As described above, respondents that completed survey questionnaires were mostly from western and south western suburbs of Sydney. While the non-metropolitan area of Illawarra was originally included in the sampling frame, due to logistic and practical difficulties in accessing respondents, no usable survey forms were obtained from the area. Similarly suburbs in the northern suburbs of Sydney had to be excluded due to very low densities of the CALD populations being surveyed and consequent difficulties in accessing their households. For details on sample selection see Appendix 2.

A total of 258 census collection districts (CCDs) across 22 Local Government Areas (LGAs) in the Greater Sydney Region were approached for the DAMEC surveys. Information on areas surveyed has been obtained from the website of the Australian Bureau of Statistics (ABS website). Statistical information at LGA level has been presented for each of the areas visited. Further detailed information including the most updated 2006 Census data is freely available on the ABS website.

6.1 ASHFIELD

The Ashfield population consists of 48.9% males and 51.1% females with almost half (48.7%) in the 25-54 yr age group and 23.2% are aged 55yrs and over. A substantial proportion (43.2%) of the population in Ashfield was born overseas.

Country of Birth main responses	Australia (49.1%)	China (7.7%)	Italy (5.9%)	England (2.4%)	India (2.2%)	NZ (2.0%)
Main Language spoken at home	English only (49.6 %)	Italian (9.2%)	Mandarin (6.1%)	Cantonese (4.9%)	Greek (2.6%)	Arabic (2.3%)

Of the population aged 15 yrs and over who were in the labour force 64.6% were employed full-time, 26.3% were employed part-time and 6.1% were unemployed. The most common occupations for employed persons were professionals 15.6%, intermediate clerical, sales and service workers 9.5% and associate professionals 6.5%. The least common occupation was advanced clerical and service workers 2.2%.

Forty-six percent were couple families with children, 35.7% were couple families without children, 14.7% were one-parent families and 3.5% were other families. Sixty percent of the occupied private dwellings were family households, 26.9% were lone person households and 6.4% were group households.

Only six of the 77 CCDs in Ashfield were surveyed and a substantial proportion of eligible households approached were Italian (69%).

6.2 AUBURN

Of the total persons in Auburn 52.1% were male and 47.9% females with a majority (45.3%) of these were in the age group of 25-54 yrs. One in five (21.4%) was a child in the 0-14 yr age group and 15.8% was between 15 –24yrs. Over half (52.5%) of Auburn residents were born overseas.

Country of Birth – main responses	Australia (40.1%)	China (8.1%)	Vietnam (6.1%)	Turkey (4.5%)	Lebanon (4.4%)	Phillipines (2.2%)
Main Language spoken at home	English only (25.0%)	Arabic (13.6%)	Cantonese (11.3%)	Turkish (7.5%)	Mandarin (4.8%)	Vietnamese (3.0%)

Over one in ten (11.9%) of those in the labour force were unemployed. 60.3% were employed full-time and 23.0% were employed part-time. The most common occupations in Auburn were intermediate clerical, sales and service workers 7.3%, professionals 6.4% and tradespersons and related workers 5.6%. The least common occupation was advanced clerical and service workers 1.2%.

Over half (57.6%) were couple families with children, 24.5% were couple families without children, 15.0% were one-parent families and 2.9% were other families.

Of the 80 CCDs in Auburn, 12 were visited for survey purposes and a majority of households identified as eligible were of Arabic (32%) and Chinese (36.7%) background.

6.3 BANKSTOWN

The population was almost equally divided across the gender groups with 49.4% males and 50.6% females with a majority (41.6%) of them between 25-54 yrs of age. Over a third (35.3%) of the population in Bankstown LGA was born overseas.

Country of Birth – main responses	Australia (58.7%)	Lebanon (6.5%)	Vietnam (5.9%)	China (2.3%)	England (1.7%)	Greece (1.5%)
Main Language spoken at home	English only (48.4 %)	Arabic (16.2%)	Vietnamese (7.2%)	Greek (4.1%)	Cantonese (3.0%)	Italian (2.2%)

Of those in the labour force, 62.9% were employed full-time, 25.6% were employed part-time, 3.6% were employed but did not state their hours worked and 7.9% were unemployed. The most common occupations for employed persons were intermediate clerical, sales and service

workers 9.5%, tradespersons and related workers 7.4% and professionals 7.1%. The least common occupation was advanced clerical and service workers 2.1%.

Over half (53.6%) the population included couple families with children, 28.6% were couple families without children, 16.0% were one-parent families and 1.8% were other families.

46.7% of occupied private dwellings were fully owned, 19.9% were being purchased and more than one in four (26.4%) were rented.

While most eligible households selected to participate in the survey were of Arabic background (48.1%), a significant proportion of Vietnamese households (28.3%) were also visited. Twenty of the 234 CCDs were selected for survey administration.

6.4 BLACKTOWN

49.7% were males and 50.3% were females. Of the total population A quarter of the population (25.3%) were children aged 0-14 yrs and 15.2% were aged 55yrs and over.

A third of the population was born overseas (32.2%).

Country of Birth – main responses	Australia (61.4%)	Philippines (5.3%)	England (2.8%)	NZ (2.2%)	India (1.7%)	Fiji (1.7%)
Main Language spoken at home	English (65.5 %)	Tagalog/Filipino (5.1%)	Arabic (2.9%)	Hindi (1.8%)	Maltese (1.4%)	Spanish (1.2%)

Of those in the labour force, 64.3% were employed full-time, 24.5% were employed part-time, 3.5% were employed but did not state their hours worked and 7.7% were unemployed.

In the Blacktown LGA the most common occupations for employed persons were intermediate clerical, sales and service workers 11.4%, tradespersons and related workers 7.6% and intermediate production and transport workers 7.5%. The least common occupation was advanced clerical and service workers 2.1%.

Over half (54.7%) were couple families with children, 24.8% were couple families without children, 18.8% were one-parent families and 1.6% were other families. Almost a third (31.5%) of occupied private dwellings were fully owned, another third (33.1%) were being purchased and 28.5% were rented.

Majority of the households that qualified for this survey were of Pacific Islander background (56.8%), one in five were Arabic (20.9%) and approximately one in ten (9.6%) were Spanish.

6.5 BOTANY BAY

The population was equally divided across gender groups with 49.4% males and 50.6% females. The proportion of children aged 0-14yrs was 18.3% and 23.3% persons were aged 55yrs and over. Forty-three percent of the population was born overseas.

Country of Birth main responses	Australia (49.0%%)	Greece (3.0%)	Bangladesh (2.9%)	NZ (2.4%)	Indonesia (2.4%)	England (2.2%)
Main Language spoken at home	English (47.6 %)	Greek (7.4%)	Spanish (4.5%)	Bengali (3.4%)	Cantonese (3.0%)	Arabic (2.8%)

Of those in the labour force, 64.5% were employed full-time, 26.0% were employed part-time, 3.5% were employed but did not state their hours worked and 6.0% were unemployed. In Botany Bay, the most common occupations for employed persons were intermediate clerical, sales and service workers 10.5%, professionals 7.1% and intermediate production and transport workers 6.6%. The least common occupation was advanced clerical and service workers 2.3%.

Almost half (49.8%) were couple families with children, 28.5% were couple families without children, 18.9% were one parent families and 2.7% were other families. Of occupied private dwellings, 37.7% were fully owned, 16.5% were being purchased and 36.7% were rented.

Fourteen of the total 63 CCDs in Botany Bay were surveyed in which interviewers came across a similar proportion of Spanish (22.7%) and Pacific Islander (22.3%) households.

6.6 BURWOOD

Burwood population consisted of 48.8% males and 51.2% females. The age distribution included 16.9% children aged 0-14 yrs and 23.3% were 55yrs and over. Just under half the population (47.5%) was born overseas.

Country of Birth main responses	Australia (46.0%)	China (7.8%)	South Korea (5.0%)	Italy (4.6%)	Lebanon (2.5%)	India (2.3%)
Main Language spoken at home	English (47.6 %)	Greek (7.4%)	Spanish (4.5%)	Bengali (3.4%)	Cantonese (3.0%)	Arabic (2.8%)

Among those that were in the labour force 61.6% were employed full-time, 27.6% were employed part-time, 3.7% were employed but did not state their hours worked and 7.1% were unemployed. In Burwood, the most common occupations for employed persons included professionals 13.3%, intermediate clerical, sales and service workers 8.8% and associate professionals 6.0%. The least common occupation was advanced clerical and service workers 2.0%.

Over half (51.9%) were couple families with children, 29.6% were couple families without children, 14.9% were one parent families and 3.6% were other families. Forty-three percent of occupied private dwellings were fully owned, 14.4% were being purchased and 33.3% were rented.

Five of 49 CCDs were surveyed of which the majority (42.7%) were Italian households.

6.7 CAMPBELLTOWN

The population in Campbelltown was almost equally distributed across the gender groups with 49.3% males and 50.7% females. Over a quarter (26.1%) on the persons were children aged 0-14yrs and 13.5% were 55yrs and over. One in four persons (25.1%) in the area were born overseas.

Country of Birth main responses	Australia (68.4%)	England (4.1%)	New Zealand (2.1%)	Philippines (1.8%)	Fiji (1.1%)	India (0.9%)
Main Language spoken at home	English (47.6 %)	Greek (7.4%)	Spanish (4.5%)	Bengali (3.4%)	Cantonese (3.0%)	Arabic (2.8%)

Among the population in the workforce 62.2% were employed full-time, 26.1% were employed part-time, 3.3% were employed but did not state their hours worked and 8.5% were unemployed. The most common occupations for employed persons were intermediate clerical, sales and service workers 11.9%, tradespersons and related workers 8.1% and intermediate production and transport workers 7.1%. The least common occupation was advanced clerical and service workers 2.2%.

Over half (54.3%) the families were couples with children, 22.9% were couple families without children, 21.6% were one-parent families and 1.2% were other families. Of the occupied private dwellings, 28.5% were fully owned, 35.0% were being purchased and 30.3% were rented.

Only eleven of the 208 CCDs were visited for purpose of survey administration of which a majority (38.7%) were Pacific Islander households.

6.8 CANTERBURY

Half the population (49.8%) in Canterbury were male and half (50.2%) were females. One in five (20.7%) were children and a similar proportion (21.8%) was aged 55yrs and over. A substantial proportion (48.0 %) of the people were born overseas.

Country of Birth main responses	Australia (44.0%)	China (6.4%)	Lebanon (5.8%)	Greece (4.8%)	Vietnam (3.6%)	South Korea (2.4%)
Main Language spoken at	English (30.4%)	Arabic (14.5%)	Greek (11.1%)	Cantonese (6.0%)	Mandarin (4.4%)	Vietnamese (3.9%)

home						

Of those in the labour force, 61.7% were employed full-time, 25.1% were employed part-time, 4.2% were employed but did not state their hours worked and 8.9% were unemployed. In Canterbury, the most common occupations for employed persons were intermediate clerical, sales and service workers 8.1%, professionals 7.1% and tradespersons and related workers 6.6%. The least common occupation was advanced clerical and service workers 1.6%.

Over half (53.6%) were couple families with children, 27.5% were couple families without children, 16.6% were one parent families and 2.2% were other families. Among the private dwellings that were occupied 40.7% were fully owned, 15.2% were being purchased and 34.4% were rented.

Twenty-three of the 210 CCDs in Canterbury were approached for the survey and a third of the households selected were Arabic (32.9%) and almost the same proportion were Chinese (30.04%).

6.9 CONCORD

In Concord, 48.9% of the population was male and 51.1% females. Children aged 0-14yrs formed 17.7% of the population and 13.6% were aged 55yrs and older. A third (33.8%) of the people were born overseas.

Country of Birth main responses	Australia (61.0%)	Italy (6.4%)	China (3.4%)	England (2.5%)	South Korea (2.2%)	New Zealand (1.5%)
Main Language spoken at home	English (60.0%)	Italian (10.9%)	Cantonese (4.0%)	Greek (3.2%)	Arabic (2.8%)	Mandarin (2.7%)

Among the population in the workforce, 65.7% were employed full-time, 27.3% were employed part-time, 2.8% were employed but did not state their hours worked and 4.2% were unemployed. The most common occupations for employed persons were professionals 14.4%, intermediate clerical, sales and service workers 10.1% and associate professionals 8.0%. The least common occupation was intermediate production and transport workers 3.0%. Over half (53.0%) the population were couple families with children, 32.4% were couple families without children, 12.1% were one parent families and 2.5% were other families. A majority (48.7%) of the occupied private dwellings were fully owned, 21.2% were being purchased and 23.2% were rented.

Of the 46 CCDs only three were visited for the survey and a majority of eligible households in these areas were of Italian background (75.7%).

6.10 DRUMMOYNE

According to the 2001 census, Drummoyne consisted of 47.3% males and 52.7% females with close to half (48.8%) the population between the ages of 25-54 yrs. 15.4% were children aged 0-14yrs and 25.5% were older adults aged 55yrs and over. About 28% of the population in Drummoyne were born overseas.

Country of Birth main responses	Australia (65%)	Italy (8.0%)	England (3.4%)	New Zealand (2.1%)	Greece (1.5%)	China (1.2%)
Main Language spoken at home	English only (67.5%)	Italian (13.1%)	Greek (3.3%)	Cantonese (1.7%)	Mandarin (1.0%)	Arabic (0.9%)

Almost two thirds (69.7%) of the labour force was employed full-time, 24.4% were employed part-time, 2.5% were employed but did not state their hours worked and 3.4% were unemployed. The most common occupations for employed persons in Drummoyne were professionals 17.4%, intermediate clerical, sales and service workers 9.7% and associate professionals 9.0%. The least common occupation was labourers and related workers 2.0%.

Sixty-two percent of the occupied private dwellings were family households, 25.4% were lone person households and 5.9% were group households. While 41.0% were couple families with children, 43.3% were couple families without children, 13.1% were one-parent families and 2.6% were other families. Forty-three percent of occupied private dwellings were fully owned, 18.2% were being purchased and 29.5% were rented.

Eight of the 65 CCDs in Drummoyne were visited for the purpose of survey administration mainly aimed towards gathering data from the Italian households (87% of eligible households contacted).

6.11 FAIRFIELD

The population in Fairfield is about equally distributed across the gender groups with 47.3% males and 52.7% females. More than one in five persons (22.7%) were children under 14 years, 15.2% were between 15-24 yrs and 44% were between 25-54yrs. The proportion of people aged 55yrs and older was 18.2%. Over half of the population (52.6%) within Fairfield LGA consisted of people born overseas.

Country of Birth main responses	Australia (41.6%)	Vietnam (13.8%)	Iraq (4.3%)	Cambodia (3.7%)	Italy (2.9%)	China (2.3%)
Main Language spoken at home	English only (29.1%)	Vietnamese (15.5%)	Cantonese (5.8%)	Assyrian (4.9%)	Spanish (4.9%)	Arabic (4.9%)

Of those in the labour force 60.3% were employed full-time, 22.7% were employed part-time, 4.3% were employed but did not state their hours worked and 12.7% were unemployed. The most common occupations for employed persons were intermediate clerical, sales and service workers 7.5%, tradespersons and related Workers 7.2% and production and transport workers 6.8%. The least common occupation was advanced clerical and service workers 1.5%.

More than half (57.2%) were couple families with children, 22.5% were couple families without children, 18.4% were one-parent families and 2.0% were other families.

Forty-three percent of occupied private dwellings were fully owned and 20.8% were being purchased while 28.8% were rented.

Over a third of the eligible households identified for the purpose of the DAMEC survey was Vietnamese (35%) and a significant proportion were Chinese (17%). One in ten eligible households was Arabic (10.5%) and similar proportions were Italian householders (10.8%). Spanish (9.4%) and Pacific Islander (3%) households formed a smaller section of the total 1721 eligible households approached. Overall interviewers surveyed seventy-six of the 247 census districts within the Fairfield LGA.

6.12 HURSTVILLE

In Hurstville 48.5% of the population were males and 51.5% were females. The proportion of those between 0-14 yrs was 18.5 % and a quarter of the population (25.1%) consisted of people aged 55yrs and over. A third of the population was born overseas (34.5%).

Country of Birth main responses	Australia (59.6%)	China (7.1%)	Hong Kong (3.1%)	England (2.2%)	New Zealand (2.1%)	Greece (1.7%)
Main Language spoken at home	English (56.9%)	Cantonese (9.3%)	Greek (5.0%)	Mandarin (4.4%)	Arabic (4.0%)	Macedonian (2.6%)

Of those in the labour force 64.4% were employed full-time, 27.2% were employed part-time, 2.9% were employed but did not state their hours worked and 5.5% were unemployed. In Hurstville, the most common occupations for employed persons were professionals 11.0%, intermediate clerical, sales and service workers 10.5% and associate professionals 6.4%. The least common occupation was advanced clerical and service workers 2.7%.

Half the families were couple with children (50.5%), 32.7% were couple families without children, 14.6% were one parent families and 2.2% were other families. 47.7% of occupied private dwellings were fully owned, 19.0% were being purchased and 26.0% were rented.

Five of the 113 CCDs in Hurstville were selected for the purpose of the survey of which a majority (72.58%) were households of a Vietnamese background.

6.13 KOGARAH

While 48.5% of the population in Kogarah were males, 51.5% were females. Children under 14yrs formed 18.5% of the population while a quarter (24.8%) of the population was aged 55years and older. Over a third (34.5%) of the residents were born overseas.

Country of Birth main responses	Australia (59.8%)	China (6.1%)	Greece (2.8%)	Hong Kong (2.4%)	England (2.3%)	New Zealand (2.1%)
Main Language spoken at home	English (56.7%)	Greek (8.0%)	Cantonese (7.0%)	Mandarin (4.0%)	Arabic (3.6%)	Italian (2.3%)

Of these 64.6% were employed full-time, 27.5% were employed part-time, 3.1% were employed but did not state their hours worked and 4.9% were unemployed.

In Kogarah, the most common occupations for employed persons were professionals 12.7%, intermediate clerical, sales and service workers 9.9% and associate professionals 7.2%. The least common occupation was advanced clerical and service workers 3.0%.

Couples with children (51.9%) were the majority of family types followed by couple families without children (32.9%), 13.0% were one-parent families and 2.3% were other families.

Half (50.5%) of occupied private dwellings were fully owned, 18.3% were being purchased and 24.0% were rented.

Almost half (48%) of the eligible households contacted in the four CCDs in Kogarah were Chinese.

6.14 LIVERPOOL

The population in Liverpool was equally distributed across the gender groups with 50.1% males and 49.9% females. A quarter of the population were children aged 0-14 yrs (25.3%) and there were 14.7% people aged 55yrs and over. Thirty-eight percent of the people was born overseas.

Country of Birth main responses	Australia (55.6%)	Fiji (2.9%)	Vietnam (2.7%)	Italy (2.1%)	Lebanon (2.0%)	England (1.9%)
Main Language spoken at home	English (50.7%)	Arabic (6.4%)	Italian (3.8%)	Vietnamese (3.6%)	Spanish (3.2%)	Hindi (3.2%)

The labour force composed of 64.4% that were employed full-time, 23.5% part-timers, 3.8% that were employed but did not state their hours worked and 8.3% that were unemployed. In

Liverpool the most common occupations for employed persons were intermediate clerical, sales and service workers 10.4%, tradespersons and related workers 8.8% and intermediate production and transport workers 6.8%. The least common occupation was advanced clerical and service workers 2.2%.

Over half (58.3%) were couple families with children, 24.6% were couple families without children, 15.7% were one-parent families and 1.4% were other families.

One in three (31.0%) of occupied private dwellings were fully owned, a similar proportion (30.8%) were being purchased and the rest (30.2%) were rented. Nineteen of the 210 CCDs were visited for the purpose of survey administration. More than one in five eligible households selected in the area was of Arabic background (22.9%) and a similar proportion was Spanish (22.8%). Pacific Islanders formed 18.1% of the eligible households contacted.

6.15 MARRICKVILLE

The population of Marrickville was equally distributed across the gender groups with 50.0% males and 50.0% females. Those aged 14 years and under constituted 14.5% of the population while 18.5% people were aged 55yrs and over. Over a third of the population (39.0%) was born overseas.

Country of Birth main responses	Australia (53.0%)	Vietnam (4.2%)	Greece (4.0%)	England (3.3%)	New Zealand (2.9%)	China (2.4%)
Main Language spoken at home	English (54.3%)	Greek (7.2%)	Vietnamese (5.1%)	Arabic (3.7%)	Portuguese (3.1%)	Cantonese (2.3%)

Of the labour force population 65.2% were employed full-time, 25.2% were employed part-time, 2.6% were employed but did not state their hours worked and 7.0% were unemployed. In Marrickville the most common occupations for employed persons were professionals 16.8%, intermediate clerical, sales and service workers 9.6% and associate professionals 6.8%. The least common occupation was advanced clerical and service workers 2.1%. Among families 41.0% were couples with children, 39.3% were couple families without children, 16.2% were one-parent families and 3.6% were other families.

The occupied private dwellings constituted 29.0% fully owned homes, 20.5% that were being purchased and 40.5% that were rented.

Only four of the 156 CCDs in Marrickville were visited for the survey. Of the eligible households contacted the most common ethnic groups that interviewers came across included Chinese (28.2%), Pacific Islander (21.2%) and Arabic (20.0%).

6.16 PARRAMATTA

The population was equally distributed across gender groups with 49.8% males and 50.2% females. One in five people were aged between 0-14yrs (20.1%) and a similar proportion was aged 55yrs and over (20.9%). More than a third of the population (36.8%) was born overseas.

Country of Birth main responses	Australia (56.1%)	China (4.3%)	Lebanon (4.2%)	England (2.5%)	India (2.3%)	New Zealand (2.0%)
Main Language spoken at home	English (54.7%)	Arabic (10.1%)	Cantonese (4.6%)	Mandarin (3.0%)	Korean (1.9%)	Filipino (1.3%)

Of those that were in the workforce 64.0% were employed full-time, 25.8% were employed part-time, 3.0% were employed but did not state their hours worked and 7.2% were unemployed. The most common occupations for employed persons were professionals 11.2%, intermediate clerical, sales and service workers 9.9% and tradespersons and related workers 6.0%. The least common occupation was advanced clerical and service workers 2.2%.

Half the families were couples with children (50.6%), 30.7% were couple families without children, 16.2% were one-parent families and 2.4% were other families. More than a third of occupied private dwellings were fully owned (36.3%), 20.3% were being purchased and 34.3% were rented.

Seven of the 235 CCDs in Parramatta LGA were surveyed and a majority of the eligible householders were of Arabic background (73.5%).

6.17 RANDWICK

According to the 2001 census 49.0% males and 51.0% females constituted the population in Randwick. The age distributed included 14.5% children under 14yrs and 21.7% aged 55yrs and over. Over a third of the population was born overseas (36.3%).

Country of Birth main responses	Australia (56.0%)	England (3.9%)	Indonesia (2.8%)	New Zealand (2.6%)	China (2.2%)	Hong Kong (1.9%)
Main Language spoken at home	English (63.6%)	Greek (4.8%)	Cantonese (4.2%)	Mandarin (2.7%)	Indonesian (2.6%)	Italian (1.7%)

The labour force constituted 63.9% adults that were employed full-time, 28.3% part-time employed, 2.4% that were employed but did not state their hours worked and 5.4% unemployed people. In Randwick the most common occupations for employed persons were professionals 15.6%, intermediate clerical, sales and service workers 9.9% and associate professionals 7.6%. The least common occupation was labourers and related workers 2.6%.

A majority were couple families with children (42.3%), 36.8% were couple families without children, 15.9% were one-parent families and 5.0% were other families.

A third of the occupied private dwellings were fully owned (34.6%), 14.4% were being purchased and a majority (41.8%) were rented.

Five of the 222 CCDs were visited for survey administration and more than a third of the householders contacted were of Spanish ethnicity (36.4%). One in five households belonged to people of Pacific Islander background (21.2%)

6.18 ROCKDALE

The gender distribution in Rockdale constituted 48.7% males and 51.3% females. Minors aged 0-14yrs made up 17.8% of the population and 25.6% were aged 55yrs and over. One in four persons was born overseas (40.2%).

Country of Birth main responses	Australia (52.3%)	China (4.7%)	Macedonia* (4.0%)	Greece (3.8%)	Lebanon (3.1%)	New Zealand (2.5%)
Main Language spoken at home	English (44.8%)	Greek (9.7%)	Arabic (7.0%)	Macedonian (4.0%)	Cantonese (3.6%)	Mandarin (2.3%)

*Former Yugoslav Republic of Macedonia (FYROM)

Among those aged 15yrs and over who were in the labour force, 64.6% were employed full-time, 25.8% were employed part-time, 3.3% were employed but did not state their hours worked and 6.3% were unemployed. In Rockdale, the most common occupations for employed persons were intermediate clerical, sales and service workers 9.6%, professionals 8.9% and tradespersons and related workers 6.2%. The least common occupation was advanced clerical and service workers 2.3%.

A majority of the families included couples with children (48.3%), a third were couples without children (33.9%), 15.3% were one parent families and 2.5% were other families.

Most of occupied private dwellings were fully owned (46.5%), 15.8% were being purchased and 27.8% were rented. Of the 153 CCDs only five formed part of the sampling frame. A third of the eligible households contacted were of Spanish background (33.03%), about one in five were Arabic (23.9%) and a similar proportion were Chinese (21.1%)

6.19 SOUTH SYDNEY

A greater proportion of the South Sydney population were males (54.5%) and 45.5% were females. Less than one in ten were minors aged 0-14 yrs and over (9%) and 18.2% were aged 55yrs and over. More than a third of the population was born overseas (34.5%).

Country of Birth main	Australia (50.9%)	England (4.9%)	New Zealand (4.4%)	China (1.6%)	Greece (1.0%)	Vietnam (1.0%)

responses						
Main Language spoken at home	English (64.0%)	Greek (2.3%)	Cantonese (2.1%)	Russian (1.9 %)	Mandarin (1.5%)	Spanish (1.2%)

A majority of the labour force were employed full-time (67.2%), 24.3% were employed part-time, 1.8% were employed but did not state their hours worked and 6.7% were unemployed. The most common occupations for employed persons in South Sydney were professionals 19.4%, intermediate clerical, sales and service workers 9.6% and associate professionals 8.1%. The least common occupation was intermediate production and transport workers 1.8%.

More than one in five were couple families with children (22.4%), the majority were couple families without children (57.3%), 15.5% were one-parent families and 4.8% were other families.

While a majority of occupied private dwellings were rented (52.9%), a smaller proportion were fully owned (16.1%) and 14.5% were being purchased.

Only three of the 209 CCDs in South Sydney were included in the sampling frame and a third of the households visited were of Pacific Islander background (33.33%).

6.20 STRATHFIELD

The gender distribution in Strathfield constituted 49.2% males and 50.8% females. Almost one in five persons were minors aged 14yrs and under (19.1%) and 22.7% were aged 55yrs and over. A significant proportion of the population was born overseas (48.4%).

Country of Birth main responses	Australia (46.2%)	South Korea (6.3%)	China (5.9%)	Sri Lanka (5.5%)	India (3.2%)	Hong Kong (2.4%)
Main Language spoken at home	English (41.8%)	Cantonese (8.7%)	Korean (7.0%)	Tamil (6.4%)	Arabic (5.8%)	Mandarin (4.2%)

Among those aged 15yrs and over who formed part of the labour force 62.1% were employed full-time, 28.0% were employed part-time, 3.2% were employed but did not state their hours worked and 6.6% were unemployed. In Strathfield, the most common occupations for employed persons were professionals 14.6%, intermediate clerical, sales and service workers 8.8% and associate professionals 6.4%. The least common occupation was advanced clerical and service workers 2.3%.

A majority of the families were couples with children (56.9%), about a quarter were couple families without children (25.7%), 14.4% were one-parent families and 3.0% were other families. A greater proportion of the occupied private dwellings were fully owned (45.5%), 15.3% were being purchased and 31.1% were rented.

DAMEC surveys were administered in three of the 44 census collection districts and most of the eligible households had members that were of Chinese ethnicity (80.4%).

6.21 LEICHHARDT AND PENRITH

Only one CCD was visited in each of these areas and hence detail statistical information is not produced here. It can however be accessed from the ABS website.

6.22 WOLLONGONG

Since interviewers' visits to the selected CCDs in Wollongong did not yield any additional complete and usable surveys, the Illawarra region was not further approached due to practical limitations. Details of this area have thus not been provided here.

7. Appendices

7.1 ADVANCE-INTRODUCTORY LETTER (LOGOS REMOVED)

P.O. Box 2315
Strawberry Hills 2012 NSW
Phone: 02-9699 3552 Fax: 02-9699 3131
www.damec.org.au

1st April 2005

Dear Householder

The Drug and Alcohol Multicultural Education Centre (DAMEC) will be conducting a survey in your area from April to September 2005. DAMEC is funded by the NSW Department of Health and this research has been made possible by the Alcohol Education & Rehabilitation (AER) Foundation. DAMEC is interested in people's general health issues and use of health services. This survey has a particular focus on health aspects related to alcohol and other drugs.

Households will be selected by chance and if your household is chosen for the survey, we will invite a person aged 14 years and older to complete the questionnaire. This time we are seeking people from various language groups and this research will:

- assist in the development of education resources on alcohol and other drugs; and
- inform government and community agencies on improvements needed to health services in relation to alcohol and other drugs.

Participation in the survey is voluntary. You can stop at any time.

The survey is completely confidential. No names or addresses are recorded on the questionnaire and no potentially identifying information will be published.
If you have further questions please call DAMEC on 9699 3552. Thank you for your participation in this important study.

All completed surveys go into a draw to win exciting prizes!!! However, if you do not wish to enter the draw, please let DAMEC know.

Yours sincerely,

Dr. Jan Copeland
Chairperson
Drug and Alcohol Multicultural Education Centre (DAMEC)

Please Turn Over To Read This Letter in Other Languages
This research has been approved by SESAHS Human Research Ethics Committee – Ref: 02/215

يقوم مركز التوعية المتعدد الثقافات لشؤون المخدرات والكحول (DAMEC) بإجراء استطلاع في منطقتك إلى شهر أيلول/سبتمبر 2005. تتولى دائرة صحة نيو ساوث ويلز تمويل DAMEC وقد أمكن تنظيم هذا الاستطلاع بمساعدة مؤسسة التوعية وإعادة التأهيل الخاصة بالكحول (AER).

يهتم DAMEC بقضايا الصحة العامة للأفراد واستخدامهم للخدمات الصحية. ويركز هذا الاستطلاع بصورة خاصة على القضايا الصحية المتعلقة بالكحول والمخدرات الأخرى.

سيجري اختيار المنازل لمشاركتها في الاستطلاع بالقرعة، وإذا اختير منزلك فإننا سندعو أحد أفراده من سن 14 عامًا أو أكثر لملء استبيان. ونحن هذه المرة نبحث عن أشخاص من مجموعات لغوية مختلفة، وهذا البحث:

- سيساعد على تطويرمواد للتوعية بشؤون الكحول والمخدرات الأخرى؛ و
- سيعلِم الوكالات الحكومية والاجتماعية بالتحسينات المطلوب إجراؤها على الخدمات الصحية المتعلقة بالكحول والمخدرات الأخرى.

والمشاركة في الاستطلاع اختيارية. ويمكنك التوقف عن المشاركة في أي وقت.

والاستطلاع محاط بالكتمان التام، إذ لن يتم تسجيل أية أسماء أو عناوين على الاستبيان ولن تُنشر أية معلومات يمكن أن تعرّف عن أصحابها.

إذا كانت لديك أية أسئلة يُرجى الاتصال بـ DAMEC على الرقم 3552 9699. شكرًا لمشاركتك في هذه الدراسة الهامة.

藥物及酒精多元文化教育中心 (Drug and Alcohol Multicultural Education Centre, DAMEC) 將於2005年4月至9月，在您的地區進行一項調查。DAMEC是獲得新州衛生署撥款資助的，這項研究調查是獲得酒精教育及康復(AER) 基金會的支持。

DAMEC有興趣了解人們的一般健康問題及有關衛生服務的使用。這項調查特別著重於健康與酒精和其他藥物有關的方面。進行調查時，會隨機挑選家庭參與，如果您的家庭被挑選參與調查，我們會邀請一位年齡在14歲及以上的人士填寫問卷。這一次，我們尋求來自不同語言組別的人士參與，而這項研究會：

- 協助編製有關酒精和其他藥物的教育資源；及
- 通知政府和社區機構，需要爲與酒精及其他藥物有關的衛生服務進行的改善工作。

參與調查是自願的，您可以在任何時候停止參與。

調查是絕對保密的，問卷上不會記錄名字或地址，也不會刊登任何有可能辨認身份的資料。

如果您有任何其他疑問，請致電 DAMEC，電話 9699 3552。謝謝您參與這一項重要的研究調查。

Il Drug and Alcohol Multicultural Education Centre, ossia il Centro di educazione multiculturale in tema di droga e alcool, comunemente indicato con la sigla DAMEC, condurrà un sondaggio nella vostra zona da aprile a settembre 2005. Il DAMEC è sovvenzionato dal NSW Department of Health, cioè dal ministero della sanità del NSW, e la presente ricerca è stata resa possibile grazie alla Alcohol Education & Rehabilitation (AER) Foundation.

Il DAMEC è interessato a istanze di salute generale del pubblico nonché all'uso dei servizi sanitari. Il sondaggio presta particolare attenzione agli aspetti sanitari del consumo di alcool e altre sostanze stupefacenti.

Le famiglie invitate a partecipare al sondaggio verranno scelte a caso e se la vostra famiglia verrà scelta, chiederemo ad una persona di età a pari o superiore a 14 anni di compilare il relativo questionario. Questa volta cerchiamo persone tratte da vari gruppi linguistici e la ricerca avrà i seguenti obiettivi:

- **coadiuvare la formulazione di risorse educative in tema di alcool e altre droghe; e**
- **informare il governo e altri enti di matrice sociale in merito ai miglioramenti necessari ai servizi sanitari nel campo dell'alcool e delle droghe.**

La partecipazione al sondaggio è volontaria. Potrete ritirarvi in qualsiasi momento.

Il sondaggio è del tutto riservato. Nel questionario non verranno documentati né nomi né indirizzi e non verranno pubblicati dati potenzialmente in grado di identificare i partecipanti.

Se desiderate chiarimenti, chiamate il DAMEC al numero 9699 3552. Grazie della vostra partecipazione a questo importante studio.

El Centro de Educación Multicultural sobre Drogas y Alcohol (Drug and Alcohol Multicultural Education Centre/DAMEC) realizará una encuesta en su zona entre abril y septiembre de 2005. DAMEC está financiado por el Departamento de Salud de NSW (NSW Department of Health) y este estudio es posible gracias a la colaboración de la Fundación para Educación y Rehabilitación del Alcoholismo (Alcohol Education & Rehabilitation (AER) Foundation).

DAMEC se interesa por cuestiones generales relativas a la salud y por el uso de los servicios de atención de la salud. Esta encuesta se concentra especialmente en los aspectos de la salud relacionados con el alcohol y otras drogas.

Los hogares son seleccionados al azar y si su grupo familiar fue seleccionado para esta encuesta, invitaremos a una persona mayor de 14 años a que complete el cuestionario. Esta vez estamos buscando personas de diversos grupos lingüísticos. El estudio:

- contribuirá al desarrollo de recursos educativos sobre el alcohol y otras drogas; e
- informará al gobierno y las entidades comunitarias de las mejoras necesarias para los servicios de atención de la salud relacionados con el alcohol y otras drogas.

La participación en la encuesta es voluntaria y podrá interrumpir su participación en cualquier momento.

La encuesta es totalmente confidencial. No se registrarán nombres o domicilios en el cuestionario, y no se publicarán datos que podrían facilitar la identificación.

Si tiene alguna pregunta, no vacile en llamar a DAMEC al 9699 3552. Muchas gracias por su participación en este importante estudio.

Drug and Alcohol Multicultural Education Centre (DAMEC)/Trung Tâm Giáo Dục Đa Văn Hóa Về Ma Túy và Rượu sẽ tổ chức một cuộc thăm dò trong vùng của quí vị từ tháng Tu cho tới tháng Chín năm 2005. DAMEC được sự tài trợ của Bộ Y Tế NSW và Cơ Quan Alcohol Education & Rehabilitation (AER) Foundation /Cơ Quan Giáo Dục Về Rượu Và Phục Hồi Chức Năng đảm trách cuộc nghiên cứu này.

DAMEC quan tâm tới những vấn đề y tế tổng quát của công chúng và sử dụng những dịch vụ y tế. Cuộc thăm dò này đặc biệt tập trung vào những phương diện y tế liên quan tới rượu và các loại ma túy khác.

Các gia đình sẽ được chọn lựa một cách ngẫu nhiên và nếu gia đình của quí vị được chọn cho cuộc thăm dò này, chúng tôi sẽ mời một người từ 14 tuổi trở lên để hoàn tất các câu trả lời. Lần này chúng tôi tìm kiếm đồng bào thuộc các nhóm nói ngôn ngữ khác nhau và cuộc nghiên cứu này sẽ:

- giúp phát triển các tổ chức giáo dục về rượu và ma túy khác; và
- thông báo cho các cơ quan chính phủ và cộng đồng về những bước cải thiện cần thiết cho các dịch vụ y tế liên quan tới rượu và ma túy khác.

Tham gia cuộc thăm dò này là tình nguyện. Quí vị có thể ngưng bất cứ lúc nào.

Cuộc thăm dò hoàn toàn được giữ kín. Tên họ và địa chỉ không lưu giữ trong các câu hỏi và khi phải xuất bản thì không ai có khả năng nhận ra các chi tiết.

Nếu quí vị có thêm những thắc mắc nào, xin vui lòng gọi DAMEC số 9699 3552. Xin cám ơn sự tham gia của quí vị trong cuộc nghiên cứu quan trọng này.

7.2 TECHNICAL DETAILS OF SURVEY DESIGN

7.2.1 Sample Selection

This paper briefly describes the finalised sampling approach for the 2004-5 DAMEC survey and was prepared by a senior statistician with expertise in complex survey methodology and who also sits on the steering committee for this project.

Overall sample design elements are:

- Geographic scope of Greater Sydney and Greater Illawarra area.
- Notional completed sample of 500 adult respondents for each of six ethnic groups (Arabic, Italian, Chinese, Spanish, Vietnamese and Pacific Islanders).
- Multistage, clustered design based on Census collection districts (CCDs), with or without stratification.

The approach uses a probability-proportional-to-size (PPS) design (without replacement) using a measure of size (MoS) based on census counts of each ethnic group in each CCD.

The starting frame was almost 7,300 CCDs, each with information on the total persons in each ethnic group plus the total CCD population. Note that the counts were of persons, not households. Of these, around 1,600 (22%) had a total of 10 or fewer ethnic persons, and 50% of all CCDs had 40 or fewer ethnic persons.

The sampling approach has been designed to maximise the likelihood and minimise the effort in selecting a household of the nominated ethnic group. Only CCDs that had a proportion of group 'x' at or above the 'y^{th}' percentile of proportions across *all* non-zero CCDs were included in the sample frame. This effectively makes the frame: 'CCDs in the Greater Sydney and Greater Illawarra regions in the top (100-y)% of ethnic concentration for ethnic group x'.

Note that the expected yield for each ethnic group will not necessarily be the same, because the effort required to achieve the full notional target of 500 respondents in the poorly represented groups (notably Spanish and PIs) is not justified.

The approach firmly takes the position that this is a single survey with six discrete sub-populations. Features of the design are:

- Single sample with 6 strata (one for each ethnic group).
- For each CCD, allocate it to ethnic stratum 'x' if the proportion of ethnic group 'x 'in that CCD is equal to the maximum proportion across all six groups. This uniquely assigns each CCD to one stratum.
- Measure of size (MoS) is then simplified to the total ethnic proportion (i.e. across all six ethnic groups) for each CCD. This is consistent with the opportunistic principle, which is that a response from an Italian household won't be denied just because it is the 'Chinese' sample.

- Applying the minimum MoS criteria outlined above, the resulting restricted frame was around 200 or fewer CCDs for each stratum.
- Target of 50 CCDs for each sample. Plan to make contact with 25 eligible households in each CCD, or exhaust the CCD. This *needs* to be the same in each CCD, so that the total sampling fractions are equal for all CCDs (because they were selected by probability proportional to size).

In anticipation of possible low yields for some groups, more than the target number of CCDs was drawn in the sample. This leaves the problem of what order to go through the selected CCDs. The approach taken here was to draw 100 additional samples, and use the distributional statistics from that process to determine the notional order of the original sample. Eventually about 300 CCDs

7.3 COMPLEX SAMPLES ANALYSIS AND APPLICATION OF WEIGHTS

This survey was developed as a stratified random sample with data collection in clusters based on census collection districts (CCDs). Strata were defined in terms of six Culturally And Linguistically Diverse (CALD) groups and collection districts were selected within these strata with probability proportional to their size. Subjects were also recruited from strata that predominantly consisted of another ethnic group (e.g. a Spanish person from a Chinese stratum), and in some cases these individuals were even recruited from strata with a population of the specified CALD group of zero (Note that ethnic population in CCD was obtained from the Australian Bureau of Statistics and based on data collected in the last census).

The complex sample plan for analysis, developed using SPSS Complex Samples module, is described below. The survey is a 3-stage design, with the three stages consisting of:

1. Selection of CCDs within stratum with probability proportional to size
2. Random selection of households within each CCD
3. Selection of individuals within each CCD from their household

For stage 1 the population is the number of CCDs within the stratum; for stage 2 the number of households in a CCD; and for stage 3 the number of individuals in a household. Stage 3 is handled in the weight (since one individual was selected for each household).

7.3.1 Method for calculating weights

The sample weight was calculated as the combination of:

1. the probability a CCD was sampled (defined as population of ethnic people in CCD / total number of people in eligible CCDs in the stratum)
2. the probability an individual was selected in a household (1/number of eligible people in household).

Weights can be trimmed to adjust for extreme values caused by poor selection in the Spanish sample, and very large household sizes but since there were not many extreme values this step has been omitted. Weights also had to be scaled by the average household size, in order to ensure that the final sample total with weights applied was reflective of the population. This need for scaling is caused by the incorporation of number of people per household in the weight calculation (stage 2). Since the number of individuals per household is incorporated into the probability a CCD was sampled, including the weight for the household clustering effect essentially includes the ratio of individuals to households twice in the calculation of the weight.

The populations in each CCD were calculated on the basis of the predominant CALD group in each CCD (i.e. the CALD group on the basis of which the CCD was sampled) rather than on the observed language group of the respondent. This avoided the risk of extremely large weights due to some respondents being selected from a CCD, which actually had very few residents

from their CALD group (in some cases, individuals were sampled from a CCD which ostensibly had zero members of their CALD group).

Once the number of eligible members in a household had been absorbed into the probability weight, there remained only two stages:

1. stage 1, the selection of CCDs from each stratum
2. stage 2, the selection of households from each CCD

All statistical analyses that analyse the population estimates of the prevalence of drug use need to take into account the design of the sample. A sample plan has been developed which attempts to do this, but it does not take into account the departures from the sampling methodology brought about by practical considerations and one should bear in mind that it is not possible to infer how significant an effect this could have on the analyses.

7.4 CENSUS COLLECTOR DISTRICTS SURVEYED

ARABIC CCDs	CD	Arabic	Chin	Ital	Span	Viet	Pas	Total6CALD	TOT pop	A%	C%	I%	S%	V%	P%	total%
Bankstown	1341501	586	69	37	11	56	18	777	1106	53.0%	6.2%	3.3%	1.0%	5.1%	1.6%	70.3%
Canterbury	1350509	235	43	11	8	46	19	362	587	40.0%	7.3%	1.9%	1.4%	7.8%	3.2%	61.7%
Parramatta	1331414	423	35	18	3	15	46	540	892	47.4%	3.9%	2.0%	0.3%	1.7%	5.2%	60.5%
Canterbury	1350110	189	21	3	3	37	13	266	443	42.7%	4.7%	0.7%	0.7%	8.4%	2.9%	60.0%
Canterbury	1350213	119	18	3	3	45	14	202	301	39.5%	6.0%	1.0%	1.0%	15.0%	4.7%	67.1%
Canterbury	1350502	142	47	3	9	108	10	319	520	27.3%	9.0%	0.6%	1.7%	20.8%	1.9%	61.3%
Bankstown	1341506	165	35	6	0	87	20	313	509	32.4%	6.9%	1.2%	0.0%	17.1%	3.9%	61.5%
Canterbury	1350202	246	69	10	6	81	8	420	728	33.8%	9.5%	1.4%	0.8%	11.1%	1.1%	57.7%
Parramatta	1331709	203	40	3	10	20	17	293	530	38.3%	7.5%	0.6%	1.9%	3.8%	3.2%	55.3%
Bankstown	1341604	322	143	20	21	82	17	605	1259	25.6%	11.4%	1.6%	1.7%	6.5%	1.4%	48.1%
Bankstown	1341404	182	8	27	4	29	4	254	457	39.8%	1.8%	5.9%	0.9%	6.3%	0.9%	55.6%
Canterbury	1350203	246	72	21	3	39	30	411	778	31.6%	9.3%	2.7%	0.4%	5.0%	3.9%	52.8%
Auburn	1340506	189	55	19	0	7	0	270	501	37.7%	11.0%	3.8%	0.0%	1.4%	0.0%	53.9%
Bankstown	1341704	160	8	11	0	80	4	263	487	32.9%	1.6%	2.3%	0.0%	16.4%	0.8%	54.0%
Canterbury	1350201	220	52	12	3	54	12	353	597	36.9%	8.7%	2.0%	0.5%	9.0%	2.0%	59.1%
Bankstown	1341603	302	80	9	10	63	13	477	879	34.4%	9.1%	1.0%	1.1%	7.2%	1.5%	54.3%
Bankstown	1341612	176	63	6	8	37	10	300	581	30.3%	10.8%	1.0%	1.4%	6.4%	1.7%	51.6%
Bankstown	1341610	97	24	23	6	61	22	233	511	19.0%	4.7%	4.5%	1.2%	11.9%	4.3%	45.6%
Parramatta	1331601	214	41	23	0	8	3	289	556	38.5%	7.4%	4.1%	0.0%	1.4%	0.5%	52.0%
Auburn	1340601	240	69	35	0	9	5	358	667	36.0%	10.3%	5.2%	0.0%	1.3%	0.7%	53.7%
Canterbury	1350206	192	71	21	4	45	21	354	656	29.3%	10.8%	3.2%	0.6%	6.9%	3.2%	54.0%
Parramatta	1331510	249	11	6	0	17	21	304	666	37.4%	1.7%	0.9%	0.0%	2.6%	3.2%	45.6%
Auburn	1340611	167	17	6	0	3	0	193	382	43.7%	4.5%	1.6%	0.0%	0.8%	0.0%	50.5%
Bankstown	1341608	155	102	16	3	55	17	348	733	21.1%	13.9%	2.2%	0.4%	7.5%	2.3%	47.5%
Parramatta	1331608	443	17	0	12	11	24	507	1019	43.5%	1.7%	0.0%	1.2%	1.1%	2.4%	49.8%
Bankstown	1341504	339	19	24	7	16	24	429	891	38.0%	2.1%	2.7%	0.8%	1.8%	2.7%	48.1%
Bankstown	1341505	440	23	23	6	34	4	530	1100	40.0%	2.1%	2.1%	0.5%	3.1%	0.4%	48.2%
Parramatta	1331413	95	21	7	0	0	7	130	288	33.0%	7.3%	2.4%	0.0%	0.0%	2.4%	45.1%
Strathfield	1410710	234	6	11	13	34	0	298	650	36.0%	0.9%	1.7%	2.0%	5.2%	0.0%	45.8%

CHINESE	CD	Arabic	Chin	Ital	Span	Viet	Pas	Total6CALD	TOT pop	A%	C%	I%	S%	V%	P%	total%
Fairfield	1321308	0	204	0	7	150	0	361	467	0.0%	43.7%	0.0%	1.5%	32.1%	0.0%	77.3%
Fairfield	1321408	0	223	0	0	162	11	396	559	0.0%	39.9%	0.0%	0.0%	29.0%	2.0%	70.8%
Fairfield	1321303	8	261	3	16	187	0	475	715	1.1%	36.5%	0.4%	2.2%	26.2%	0.0%	66.4%
Fairfield	1321411	0	102	3	6	96	4	211	311	0.0%	32.8%	1.0%	1.9%	30.9%	1.3%	67.8%
Fairfield	1321211	8	243	7	11	218	14	501	732	1.1%	33.2%	1.0%	1.5%	29.8%	1.9%	68.4%
Fairfield	1321212	0	122	8	0	108	4	242	368	0.0%	33.2%	2.2%	0.0%	29.3%	1.1%	65.8%
Fairfield	1321302	8	248	3	32	213	3	507	819	1.0%	30.3%	0.4%	3.9%	26.0%	0.4%	61.9%
Fairfield	1321501	6	209	21	6	179	3	424	723	0.8%	28.9%	2.9%	0.8%	24.8%	0.4%	58.6%
Fairfield	1321215	0	129	13	13	111	0	266	472	0.0%	27.3%	2.8%	2.8%	23.5%	0.0%	56.4%
Canterbury	1351406	63	228	6	9	24	12	342	593	10.6%	38.4%	1.0%	1.5%	4.0%	2.0%	57.7%
Auburn	1340605	131	233	26	12	38	40	480	882	14.9%	26.4%	2.9%	1.4%	4.3%	4.5%	54.4%
Fairfield	1320813	19	125	7	13	110	0	274	469	4.1%	26.7%	1.5%	2.8%	23.5%	0.0%	58.4%
Fairfield	1320911	0	23	0	0	16	0	39	67	0.0%	34.3%	0.0%	0.0%	23.9%	0.0%	58.2%
Hurstville	1360705	35	400	6	6	8	13	468	907	3.9%	44.1%	0.7%	0.7%	0.9%	1.4%	51.6%
Kogarah	1361208	15	553	0	10	6	3	587	1102	1.4%	50.2%	0.0%	0.9%	0.5%	0.3%	53.3%
Auburn	1340702	37	230	26	13	46	21	373	788	4.7%	29.2%	3.3%	1.6%	5.8%	2.7%	47.3%
Bankstown	1342005	72	83	0	0	74	0	229	419	17.2%	19.8%	0.0%	0.0%	17.7%	0.0%	54.7%
Canterbury	1350901	53	257	13	10	55	11	399	788	6.7%	32.6%	1.6%	1.3%	7.0%	1.4%	50.6%
Kogarah	1361506	14	186	3	0	0	0	203	412	3.4%	45.1%	0.7%	0.0%	0.0%	0.0%	49.3%
Hurstville	1360710	52	346	6	8	0	6	418	801	6.5%	43.2%	0.7%	1.0%	0.0%	0.7%	52.2%
Parramatta	1331212	6	519	0	0	3	4	532	1122	0.5%	46.3%	0.0%	0.0%	0.3%	0.4%	47.4%
Hurstville	1360706	18	307	3	3	0	3	334	649	2.8%	47.3%	0.5%	0.5%	0.0%	0.5%	51.5%
Kogarah	1361508	12	347	6	20	3	10	398	841	1.4%	41.3%	0.7%	2.4%	0.4%	1.2%	47.3%
Hurstville	1360704	29	167	0	3	4	0	203	448	6.5%	37.3%	0.0%	0.7%	0.9%	0.0%	45.3%
Fairfield	1321107	14	156	3	21	127	16	337	774	1.8%	20.2%	0.4%	2.7%	16.4%	2.1%	43.5%
Canterbury	1350612	40	41	0	0	20	14	115	281	14.2%	14.6%	0.0%	0.0%	7.1%	5.0%	40.9%
Canterbury	1350905	60	175	6	6	0	8	255	545	11.0%	32.1%	1.1%	1.1%	0.0%	1.5%	46.8%
Auburn	1340501	37	137	0	6	13	18	211	519	7.1%	26.4%	0.0%	1.2%	2.5%	3.5%	40.7%
Auburn	1340705	124	128	22	9	32	7	322	762	16.3%	16.8%	2.9%	1.2%	4.2%	0.9%	42.3%
Canterbury	1350906	31	108	6	3	17	0	165	362	8.6%	29.8%	1.7%	0.8%	4.7%	0.0%	45.6%

Canterbury	1351306	75	79	26	5	28	0	213	551	13.6%	14.3%	4.7%	0.9%	5.1%	0.0%	38.7%
Rockdale	1362313	47	79	6	4	0	3	139	354	13.3%	22.3%	1.7%	1.1%	0.0%	0.8%	39.3%
Strathfield	1410402	11	108	8	12	6	17	162	421	2.6%	25.7%	1.9%	2.9%	1.4%	4.0%	38.5%
Strathfield	1410406	0	244	7	6	12	12	281	651	0.0%	37.5%	1.1%	0.9%	1.8%	1.8%	43.2%
Fairfield	1320809	21	64	24	43	57	6	215	549	3.8%	11.7%	4.4%	7.8%	10.4%	1.1%	39.2%
Canterbury	1351310	40	107	13	3	9	14	186	419	9.5%	25.5%	3.1%	0.7%	2.1%	3.3%	44.4%
Marrickville	1420710	24	56	6	8	38	0	132	314	7.6%	17.8%	1.9%	2.5%	12.1%	0.0%	42.0%
Auburn	1340302	42	103	11	9	12	7	184	456	9.2%	22.6%	2.4%	2.0%	2.6%	1.5%	40.4%
Auburn	1340210	16	99	4	8	9	6	142	364	4.4%	27.2%	1.1%	2.2%	2.5%	1.6%	39.0%
Canterbury	1351408	100	249	11	6	28	18	412	904	11.1%	27.5%	1.2%	0.7%	3.1%	2.0%	45.6%
Fairfield	1321105	0	134	7	12	90	13	256	660	0.0%	20.3%	1.1%	1.8%	13.6%	2.0%	38.8%
Canterbury	1350913	64	228	26	0	24	0	342	848	7.5%	26.9%	3.1%	0.0%	2.8%	0.0%	40.3%
Auburn	1340503	133	146	8	13	22	28	350	893	14.9%	16.3%	0.9%	1.5%	2.5%	3.1%	39.2%
Auburn	1340306	66	120	6	11	38	28	269	661	10.0%	18.2%	0.9%	1.7%	5.7%	4.2%	40.7%
Canterbury	1351404	103	253	13	8	35	18	430	947	10.9%	26.7%	1.4%	0.8%	3.7%	1.9%	45.4%
Auburn	1340203	74	332	6	17	70	23	522	1269	5.8%	26.2%	0.5%	1.3%	5.5%	1.8%	41.1%
Canterbury	1351509	94	143	16	0	40	21	314	807	11.6%	17.7%	2.0%	0.0%	5.0%	2.6%	38.9%
Kogarah	1361507	3	212	0	10	0	0	225	535	0.6%	39.6%	0.0%	1.9%	0.0%	0.0%	42.1%
Fairfield	1321506	28	101	131	38	95	0	393	794	3.5%	12.7%	16.5%	4.8%	12.0%	0.0%	49.5%
Hurstville	1360813	9	199	0	11	3	4	226	424	2.1%	46.9%	0.0%	2.6%	0.7%	0.9%	53.3%

ITALIAN	CD	Arabic	Chin	Ital	Span	Viet	Pas	Total6CALD	TOT pop	A%	C%	I%	S%	V%	P%	total%
Ashfield	1411705	0	0	284	11	0	0	295	693	0.0%	0.0%	41.0%	1.6%	0.0%	0.0%	42.6%
Fairfield	1320506	34	19	110	38	56	4	261	607	5.6%	3.1%	18.1%	6.3%	9.2%	0.7%	43.0%
Ashfield	1411707	0	11	126	0	0	0	137	328	0.0%	3.4%	38.4%	0.0%	0.0%	0.0%	41.8%
Burwood	1410806	88	52	138	0	8	26	312	818	10.8%	6.4%	16.9%	0.0%	1.0%	3.2%	38.1%
Concord	1410210	36	10	91	7	0	0	144	368	9.8%	2.7%	24.7%	1.9%	0.0%	0.0%	39.1%
Fairfield	1321713	8	45	93	19	77	3	245	600	1.3%	7.5%	15.5%	3.2%	12.8%	0.5%	40.8%
Ashfield	1411202	13	41	80	8	10	5	157	461	2.8%	8.9%	17.4%	1.7%	2.2%	1.1%	34.1%
Concord	1410110	20	33	72	3	12	10	150	432	4.6%	7.6%	16.7%	0.7%	2.8%	2.3%	34.7%
Burwood	1410809	98	71	107	10	6	18	310	843	11.6%	8.4%	12.7%	1.2%	0.7%	2.1%	36.8%
Drummoyne	1411915	0	3	169	9	0	0	181	462	0.0%	0.6%	36.6%	1.9%	0.0%	0.0%	39.2%

Concord	1410208	8	10	88	3	0	0	109	321	2.5%	3.1%	27.4%	0.9%	0.0%	0.0%	34.0%
Liverpool	1290609	59	54	71	26	15	15	240	684	8.6%	7.9%	10.4%	3.8%	2.2%	2.2%	35.1%
Burwood	1410805	54	43	102	0	6	9	214	639	8.5%	6.7%	16.0%	0.0%	0.9%	1.4%	33.5%
Burwood	1410813	38	27	52	6	4	6	133	414	9.2%	6.5%	12.6%	1.4%	1.0%	1.4%	32.1%
Fairfield	1321912	29	73	107	52	14	5	280	824	3.5%	8.9%	13.0%	6.3%	1.7%	0.6%	34.0%
Canterbury	1351008	44	47	134	8	0	13	246	743	5.9%	6.3%	18.0%	1.1%	0.0%	1.7%	33.1%
Fairfield	1320606	59	19	80	37	41	0	236	723	8.2%	2.6%	11.1%	5.1%	5.7%	0.0%	32.6%
Drummoyne	1411808	6	29	132	8	8	0	183	571	1.1%	5.1%	23.1%	1.4%	1.4%	0.0%	32.0%
Drummoyne	1411804	3	6	95	6	0	3	113	344	0.9%	1.7%	27.6%	1.7%	0.0%	0.9%	32.8%
Ashfield	1411201	23	38	164	19	0	4	248	779	3.0%	4.9%	21.1%	2.4%	0.0%	0.5%	31.8%
Fairfield	1320205	34	55	140	56	31	4	320	1038	3.3%	5.3%	13.5%	5.4%	3.0%	0.4%	30.8%
Drummoyne	1411811	8	30	213	6	3	0	260	832	1.0%	3.6%	25.6%	0.7%	0.4%	0.0%	31.3%
Canterbury	1351009	35	30	92	8	8	0	173	657	5.3%	4.6%	14.0%	1.2%	1.2%	0.0%	26.3%
Ashfield	1411412	12	16	67	0	0	3	98	369	3.3%	4.3%	18.2%	0.0%	0.0%	0.8%	26.6%
Canterbury	1351001	102	50	102	21	6	14	295	926	11.0%	5.4%	11.0%	2.3%	0.6%	1.5%	31.9%
Ashfield	1411413	32	27	93	16	0	3	171	653	4.9%	4.1%	14.2%	2.5%	0.0%	0.5%	26.2%
Fairfield	1320502	47	31	102	75	37	23	315	896	5.2%	3.5%	11.4%	8.4%	4.1%	2.6%	35.2%
Drummoyne	1411910	0	0	166	0	0	0	166	457	0.0%	0.0%	36.3%	0.0%	0.0%	0.0%	36.3%
Drummoyne	1411803	14	26	194	0	0	3	237	628	2.2%	4.1%	30.9%	0.0%	0.0%	0.5%	37.7%
Drummoyne	1411906	0	3	116	0	0	0	119	353	0.0%	0.8%	32.9%	0.0%	0.0%	0.0%	33.7%
Drummoyne	1411810	0	24	144	3	0	0	171	471	0.0%	5.1%	30.6%	0.6%	0.0%	0.0%	36.3%
Burwood	1410807	97	34	122	7	0	0	260	756	12.8%	4.5%	16.1%	0.9%	0.0%	0.0%	34.4%
Fairfield	1320206	68	18	147	85	22	8	348	1053	6.5%	1.7%	14.0%	8.1%	2.1%	0.8%	33.0%
Concord	1410304	3	35	110	7	0	3	158	481	0.6%	7.3%	22.9%	1.5%	0.0%	0.6%	32.8%

SPANISH	CD	Arabic	Chin	Ital	Span	Viet	Pas	Total6CALD	TOT pop	A%	C%	I%	S%	V%	P%	total%
Fairfield	1321904	37	59	52	119	92	0	359	878	4.2%	6.7%	5.9%	13.6%	10.5%	0.0%	40.9%
Fairfield	1321910	53	28	38	72	47	0	238	646	8.2%	4.3%	5.9%	11.1%	7.3%	0.0%	36.8%
Fairfield	1320208	40	48	35	72	55	8	258	753	5.3%	6.4%	4.6%	9.6%	7.3%	1.1%	34.3%
Fairfield	1320601	74	37	68	92	68	17	356	912	8.1%	4.1%	7.5%	10.1%	7.5%	1.9%	39.0%
BotanyBay	1421604	19	20	15	53	10	28	145	441	4.3%	4.5%	3.4%	12.0%	2.3%	6.3%	32.9%
Fairfield	1320510	14	30	7	90	22	7	170	504	2.8%	6.0%	1.4%	17.9%	4.4%	1.4%	33.7%

Fairfield	1321601	39	59	32	64	63	0	257	795	4.9%	7.4%	4.0%	8.1%	7.9%	0.0%	32.3%
Fairfield	1320106	26	32	89	89	29	5	270	829	3.1%	3.9%	10.7%	10.7%	3.5%	0.6%	32.6%
Fairfield	1321907	76	22	49	80	18	10	255	820	9.3%	2.7%	6.0%	9.8%	2.2%	1.2%	31.1%
Fairfield	1320507	27	0	15	104	21	3	170	565	4.8%	0.0%	2.7%	18.4%	3.7%	0.5%	30.1%
Fairfield	1321911	48	41	56	58	28	6	237	883	5.4%	4.6%	6.3%	6.6%	3.2%	0.7%	26.8%
BotanyBay	1421709	38	47	8	62	3	4	162	572	6.6%	8.2%	1.4%	10.8%	0.5%	0.7%	28.3%
Liverpool	1291709	36	50	56	78	39	10	269	1089	3.3%	4.6%	5.1%	7.2%	3.6%	0.9%	24.7%
Fairfield	1320204	26	25	68	90	21	4	234	920	2.8%	2.7%	7.4%	9.8%	2.3%	0.4%	25.4%
Fairfield	1320209	32	65	75	93	35	5	305	1132	2.8%	5.7%	6.6%	8.2%	3.1%	0.4%	26.9%
Fairfield	1320101	64	30	78	97	49	0	318	1245	5.1%	2.4%	6.3%	7.8%	3.9%	0.0%	25.5%
Liverpool	1291704	31	24	17	84	53	25	234	963	3.2%	2.5%	1.8%	8.7%	5.5%	2.6%	24.3%
BotanyBay	1421601	6	21	8	24	0	18	77	381	1.6%	5.5%	2.1%	6.3%	0.0%	4.7%	20.2%
Liverpool	1291317	23	21	44	86	49	6	229	1048	2.2%	2.0%	4.2%	8.2%	4.7%	0.6%	21.9%
Liverpool	1291705	21	20	15	61	26	12	155	766	2.7%	2.6%	2.0%	8.0%	3.4%	1.6%	20.2%
Liverpool	1291322	18	30	29	39	11	12	139	759	2.4%	4.0%	3.8%	5.1%	1.4%	1.6%	18.3%
BotanyBay	1421808	7	18	20	22	8	6	81	451	1.6%	4.0%	4.4%	4.9%	1.8%	1.3%	18.0%
SouthSydney	1400709	26	20	3	26	23	9	107	589	4.4%	3.4%	0.5%	4.4%	3.9%	1.5%	18.2%
Randwick	1431607	10	19	6	39	8	6	88	551	1.8%	3.4%	1.1%	7.1%	1.5%	1.1%	16.0%
Randwick	1430207	5	15	12	21	3	0	56	352	1.4%	4.3%	3.4%	6.0%	0.9%	0.0%	15.9%
Liverpool	1291319	33	25	22	54	26	11	171	1150	2.9%	2.2%	1.9%	4.7%	2.3%	1.0%	14.9%
Rockdale	1362902	16	18	14	33	0	7	88	559	2.9%	3.2%	2.5%	5.9%	0.0%	1.3%	15.7%
BotanyBay	1421907	27	19	6	30	0	0	82	582	4.6%	3.3%	1.0%	5.2%	0.0%	0.0%	14.1%
BotanyBay	1421606	9	19	3	26	6	0	63	351	2.6%	5.4%	0.9%	7.4%	1.7%	0.0%	17.9%
BotanyBay	1421802	14	12	14	15	0	0	55	408	3.4%	2.9%	3.4%	3.7%	0.0%	0.0%	13.5%
Leichhardt	1412404	8	8	3	11	6	8	44	281	2.8%	2.8%	1.1%	3.9%	2.1%	2.8%	15.7%
Blacktown	1271902	7	6	6	7	0	4	30	295	2.4%	2.0%	2.0%	2.4%	0.0%	1.4%	10.2%
Liverpool	1291320	27	9	13	36	6	14	105	731	3.7%	1.2%	1.8%	4.9%	0.8%	1.9%	14.4%
BotanyBay	1421906	17	24	8	34	8	3	94	735	2.3%	3.3%	1.1%	4.6%	1.1%	0.4%	12.8%
Blacktown	1272508	18	29	23	29	0	0	99	922	2.0%	3.1%	2.5%	3.1%	0.0%	0.0%	10.7%
Campbelltown	1301405	11	0	0	26	17	11	65	616	1.8%	0.0%	0.0%	4.2%	2.8%	1.8%	10.6%
Liverpool	1291321	22	34	21	42	12	30	161	1245	1.8%	2.7%	1.7%	3.4%	1.0%	2.4%	12.9%
Campbelltown	1300504	7	0	3	45	24	13	92	604	1.2%	0.0%	0.5%	7.5%	4.0%	2.2%	15.2%
Marrickville	1420809	6	3	0	11	3	0	23	213	2.8%	1.4%	0.0%	5.2%	1.4%	0.0%	10.8%

Blacktown	1272305	8	8	3	25	8	10	62	668	1.2%	1.2%	0.4%	3.7%	1.2%	1.5%	9.3%
Campbelltown	1300601	7	10	7	19	6	7	56	643	1.1%	1.6%	1.1%	3.0%	0.9%	1.1%	8.7%
Campbelltown	1301612	15	20	7	21	3	3	69	847	1.8%	2.4%	0.8%	2.5%	0.4%	0.4%	8.1%
BotanyBay	1421505	8	9	8	12	0	10	47	564	1.4%	1.6%	1.4%	2.1%	0.0%	1.8%	8.3%
Randwick	1431406	14	10	6	20	0	0	50	503	2.8%	2.0%	1.2%	4.0%	0.0%	0.0%	9.9%
Blacktown	1271006	7	13	0	19	3	9	51	581	1.2%	2.2%	0.0%	3.3%	0.5%	1.5%	8.8%
Randwick	1431204	8	11	6	19	0	0	44	526	1.5%	2.1%	1.1%	3.6%	0.0%	0.0%	8.4%
Fairfield	1320701	56	34	80	88	56	0	314	951	5.9%	3.6%	8.4%	9.3%	5.9%	0.0%	33.0%
Fairfield	1320715	29	33	12	46	16	3	139	405	7.2%	8.1%	3.0%	11.4%	4.0%	0.7%	34.3%
Liverpool	1291715	35	44	20	92	91	3	285	810	4.3%	5.4%	2.5%	11.4%	11.2%	0.4%	35.2%
Fairfield	1320707	48	40	11	53	32	19	203	565	8.5%	7.1%	1.9%	9.4%	5.7%	3.4%	35.9%
Fairfield	1321914	36	49	34	99	40	24	282	945	3.8%	5.2%	3.6%	10.5%	4.2%	2.5%	29.8%
Liverpool	1291702	21	45	50	54	51	3	224	941	2.2%	4.8%	5.3%	5.7%	5.4%	0.3%	23.8%
Fairfield	1321913	33	34	40	60	36	4	207	800	4.1%	4.3%	5.0%	7.5%	4.5%	0.5%	25.9%
BotanyBay	1421905	6	28	3	45	7	0	89	325	1.8%	8.6%	0.9%	13.8%	2.2%	0.0%	27.4%
BotanyBay	1421711	31	9	3	53	3	9	108	436	7.1%	2.1%	0.7%	12.2%	0.7%	2.1%	24.8%
Liverpool	1291701	38	17	27	48	27	13	170	830	4.6%	2.0%	3.3%	5.8%	3.3%	1.6%	20.5%
Liverpool	1290219	17	25	37	42	9	5	135	679	2.5%	3.7%	5.4%	6.2%	1.3%	0.7%	19.9%
Liverpool	1290905	33	6	5	49	0	3	96	462	7.1%	1.3%	1.1%	10.6%	0.0%	0.6%	20.8%
Fairfield	1320501	37	26	37	37	33	3	173	855	4.3%	3.0%	4.3%	4.3%	3.9%	0.4%	20.2%
Liverpool	1291706	19	28	35	63	44	3	192	974	2.0%	2.9%	3.6%	6.5%	4.5%	0.3%	19.7%
BotanyBay	1421511	20	36	19	40	3	10	128	644	3.1%	5.6%	3.0%	6.2%	0.5%	1.6%	19.9%
BotanyBay	1421610	27	19	19	29	11	0	105	536	5.0%	3.5%	3.5%	5.4%	2.1%	0.0%	19.6%
Rockdale	1362905	22	16	10	31	0	6	85	465	4.7%	3.4%	2.2%	6.7%	0.0%	1.3%	18.3%
Liverpool	1291315	14	21	17	34	18	8	112	621	2.3%	3.4%	2.7%	5.5%	2.9%	1.3%	18.0%
Rockdale	1362903	17	9	9	28	0	0	63	389	4.4%	2.3%	2.3%	7.2%	0.0%	0.0%	16.2%
Rockdale	1362910	24	9	12	34	0	6	85	540	4.4%	1.7%	2.2%	6.3%	0.0%	1.1%	15.7%
Randwick	1431612	17	25	15	28	12	0	97	619	2.7%	4.0%	2.4%	4.5%	1.9%	0.0%	15.7%
Liverpool	1290710	28	3	6	29	3	0	69	697	4.0%	0.4%	0.9%	4.2%	0.4%	0.0%	9.9%
Liverpool	1290714	24	3	5	24	7	0	63	476	5.0%	0.6%	1.1%	5.0%	1.5%	0.0%	13.2%
SouthSydney	1400610	7	14	6	15	6	3	51	421	1.7%	3.3%	1.4%	3.6%	1.4%	0.7%	12.1%
SouthSydney	1401209	3	6	3	7	6	0	25	204	1.5%	2.9%	1.5%	3.4%	2.9%	0.0%	12.3%

VIETNAMESE	CD	Arabic	Chin	Ital	Span	Viet	Pas	Total6CALD	TOT pop	A%	C%	I%	S%	V%	P%	total%
Fairfield	1321306	0	204	10	17	280	3	514	685	0.0%	29.8%	1.5%	2.5%	40.9%	0.4%	75.0%
Fairfield	1321304	11	207	0	15	244	0	477	708	1.6%	29.2%	0.0%	2.1%	34.5%	0.0%	67.4%
Fairfield	1321310	6	142	0	4	176	7	335	459	1.3%	30.9%	0.0%	0.9%	38.3%	1.5%	73.0%
Fairfield	1321301	8	286	0	8	315	3	620	945	0.8%	30.3%	0.0%	0.8%	33.3%	0.3%	65.6%
Fairfield	1321305	3	114	3	6	232	0	358	525	0.6%	21.7%	0.6%	1.1%	44.2%	0.0%	68.2%
Fairfield	1321210	3	91	3	0	135	0	232	332	0.9%	27.4%	0.9%	0.0%	40.7%	0.0%	69.9%
Fairfield	1321407	3	342	9	9	382	5	750	1057	0.3%	32.4%	0.9%	0.9%	36.1%	0.5%	71.0%
Fairfield	1320812	0	169	9	3	285	6	472	775	0.0%	21.8%	1.2%	0.4%	36.8%	0.8%	60.9%
Fairfield	1321112	0	62	0	0	79	5	146	252	0.0%	24.6%	0.0%	0.0%	31.3%	2.0%	57.9%
Fairfield	1321502	25	178	42	19	290	5	559	919	2.7%	19.4%	4.6%	2.1%	31.6%	0.5%	60.8%
Bankstown	1342002	193	129	10	19	473	6	830	1298	14.9%	9.9%	0.8%	1.5%	36.4%	0.5%	63.9%
Fairfield	1321505	37	146	97	22	441	5	748	1236	3.0%	11.8%	7.8%	1.8%	35.7%	0.4%	60.5%
Fairfield	1320904	31	17	32	18	127	11	236	457	6.8%	3.7%	7.0%	3.9%	27.8%	2.4%	51.6%
Bankstown	1342003	123	60	10	14	162	21	390	692	17.8%	8.7%	1.4%	2.0%	23.4%	3.0%	56.4%
Fairfield	1321204	9	119	0	26	130	17	301	609	1.5%	19.5%	0.0%	4.3%	21.3%	2.8%	49.4%
Fairfield	1321208	12	63	21	61	180	7	344	643	1.9%	9.8%	3.3%	9.5%	28.0%	1.1%	53.5%
Fairfield	1321604	69	144	79	55	173	6	526	1094	6.3%	13.2%	7.2%	5.0%	15.8%	0.5%	48.1%
Fairfield	1321714	9	124	24	7	138	0	302	508	1.8%	24.4%	4.7%	1.4%	27.2%	0.0%	59.4%
Bankstown	1340808	114	38	0	15	141	3	311	676	16.9%	5.6%	0.0%	2.2%	20.9%	0.4%	46.0%
Bankstown	1342004	122	34	8	3	176	13	356	676	18.0%	5.0%	1.2%	0.4%	26.0%	1.9%	52.7%
Fairfield	1320903	70	81	16	54	153	32	406	780	9.0%	10.4%	2.1%	6.9%	19.6%	4.1%	52.1%
Bankstown	1342001	210	95	24	3	261	21	614	1107	19.0%	8.6%	2.2%	0.3%	23.6%	1.9%	55.5%
Fairfield	1321405	17	203	7	13	358	0	598	1086	1.6%	18.7%	0.6%	1.2%	33.0%	0.0%	55.1%
Fairfield	1321806	34	117	35	56	199	0	441	898	3.8%	13.0%	3.9%	6.2%	22.2%	0.0%	49.1%
Fairfield	1321203	18	128	28	29	226	7	436	737	2.4%	17.4%	3.8%	3.9%	30.7%	0.9%	59.2%
Fairfield	1321002	48	89	6	13	186	0	342	726	6.6%	12.3%	0.8%	1.8%	25.6%	0.0%	47.1%
Fairfield	1320902	46	53	15	13	96	6	229	449	10.2%	11.8%	3.3%	2.9%	21.4%	1.3%	51.0%
Fairfield	1321101	22	201	9	15	245	24	516	1040	2.1%	19.3%	0.9%	1.4%	23.6%	2.3%	49.6%
Fairfield	1321102	20	175	12	10	220	16	453	869	2.3%	20.1%	1.4%	1.2%	25.3%	1.8%	52.1%
Fairfield	1321209	12	145	24	17	236	16	450	963	1.2%	15.1%	2.5%	1.8%	24.5%	1.7%	46.7%
Fairfield	1321509	3	66	17	15	179	6	286	629	0.5%	10.5%	2.7%	2.4%	28.5%	1.0%	45.5%

Marrickville	1420706	3	68	7	0	177	35	290	609	0.5%	11.2%	1.1%	0.0%	29.1%	5.7%	47.6%
Fairfield	1321504	18	75	61	9	225	25	413	787	2.3%	9.5%	7.8%	1.1%	28.6%	3.2%	52.5%
Fairfield	1320802	63	40	15	44	65	4	231	524	12.0%	7.6%	2.9%	8.4%	12.4%	0.8%	44.1%
Bankstown	1340807	89	46	3	22	98	17	275	571	15.6%	8.1%	0.5%	3.9%	17.2%	3.0%	48.2%
Fairfield	1321206	18	80	8	6	149	0	261	407	4.4%	19.7%	2.0%	1.5%	36.6%	0.0%	64.1%
Fairfield	1321104	17	149	23	21	246	7	463	778	2.2%	19.2%	3.0%	2.7%	31.6%	0.9%	59.5%
Fairfield	1321404	7	129	26	6	183	0	351	605	1.2%	21.3%	4.3%	1.0%	30.2%	0.0%	58.0%
Fairfield	1321001	42	82	6	21	172	8	331	566	7.4%	14.5%	1.1%	3.7%	30.4%	1.4%	58.5%
Fairfield	1321701	10	95	26	14	186	7	338	644	1.6%	14.8%	4.0%	2.2%	28.9%	1.1%	52.5%
Fairfield	1321812	16	139	7	20	179	0	361	623	2.6%	22.3%	1.1%	3.2%	28.7%	0.0%	57.9%
Bankstown	1342012	121	52	3	8	186	4	374	724	16.7%	7.2%	0.4%	1.1%	25.7%	0.6%	51.7%
Fairfield	1321201	13	108	16	69	332	11	549	955	1.4%	11.3%	1.7%	7.2%	34.8%	1.2%	57.5%
Bankstown	1341508	63	18	18	6	83	10	198	370	17.0%	4.9%	4.9%	1.6%	22.4%	2.7%	53.5%

PACIFIKA	CD	Arabic	Chin	Ital	Span	Viet	Pas	Total6CALD	TOT pop	A%	C%	I%	S%	V%	P%	total%
BotanyBay	1421501	0	7	6	16	6	17	52	161	0.0%	4.3%	3.7%	9.9%	3.7%	10.6%	32.3%
Canterbury	1350704	12	26	13	6	17	28	102	339	3.5%	7.7%	3.8%	1.8%	5.0%	8.3%	30.1%
Campbelltown	1300412	20	0	3	3	3	122	151	509	3.9%	0.0%	0.6%	0.6%	0.6%	24.0%	29.7%
Liverpool	1291316	44	42	40	50	31	56	263	1178	3.7%	3.6%	3.4%	4.2%	2.6%	4.8%	22.3%
Blacktown	1270607	40	0	0	12	6	48	106	594	6.7%	0.0%	0.0%	2.0%	1.0%	8.1%	17.8%
Campbelltown	1301111	7	6	0	8	0	64	85	561	1.2%	1.1%	0.0%	1.4%	0.0%	11.4%	15.2%
Blacktown	1270503	32	4	6	14	0	51	107	804	4.0%	0.5%	0.7%	1.7%	0.0%	6.3%	13.3%
Blacktown	1270202	22	3	3	17	3	111	159	1038	2.1%	0.3%	0.3%	1.6%	0.3%	10.7%	15.3%
Campbelltown	1301410	17	0	3	31	3	56	110	812	2.1%	0.0%	0.4%	3.8%	0.4%	6.9%	13.5%
Campbelltown	1300408	31	0	0	7	0	84	122	871	.04	.00	.00	.01	.00	.10	14.0%
Blacktown	1270701	16	9	3	3	7	58	96	701	2.3%	1.3%	0.4%	0.4%	1.0%	8.3%	13.7%
Blacktown	1270501	9	0	6	31	3	51	100	802	1.1%	0.0%	0.7%	3.9%	0.4%	6.4%	12.5%
Blacktown	1270604	14	0	3	3	5	27	52	457	3.1%	0.0%	0.7%	0.7%	1.1%	5.9%	11.4%
Campbelltown	1301104	12	10	0	17	0	43	82	883	1.4%	1.1%	0.0%	1.9%	0.0%	4.9%	9.3%
Campbelltown	1301609	14	3	15	15	3	33	83	739	1.9%	0.4%	2.0%	2.0%	0.4%	4.5%	11.2%
Blacktown	1270603	25	3	6	10	0	46	90	810	3.1%	0.4%	0.7%	1.2%	0.0%	5.7%	11.1%
Blacktown	1270809	16	0	3	10	0	20	49	666	.02	.00	.00	.02	.00	.03	7.4%

Penrith	1281306	7	12	20	0	0	21	60	592	.01	.02	.03	.00	.00	.04	10.1%
Blacktown	1270710	36	14	10	4	6	39	109	990	3.6%	1.4%	1.0%	0.4%	0.6%	3.9%	11.0%
Blacktown	1270915	7	6	0	14	0	27	54	548	1.3%	1.1%	0.0%	2.6%	0.0%	4.9%	9.9%
Blacktown	1270609	13	0	0	6	0	32	51	677	1.9%	0.0%	0.0%	0.9%	0.0%	4.7%	7.5%
Blacktown	1270207	17	0	0	6	0	31	54	651	2.6%	0.0%	0.0%	0.9%	0.0%	4.8%	8.3%
Blacktown	1270403	0	0	0	5	6	30	41	503	0.0%	0.0%	0.0%	1.0%	1.2%	6.0%	8.2%
Blacktown	1270703	3	3	3	5	0	76	90	1017	0.3%	0.3%	0.3%	0.5%	0.0%	7.5%	8.8%
Blacktown	1270808	19	3	10	5	7	19	63	589	3.2%	0.5%	1.7%	0.8%	1.2%	3.2%	10.7%
Blacktown	1270508	7	0	3	6	3	33	52	894	0.8%	0.0%	0.3%	0.7%	0.3%	3.7%	5.8%
Blacktown	1270601	9	19	0	22	4	114	168	682	1.3%	2.8%	0.0%	3.2%	0.6%	16.7%	24.6%
Blacktown	1270305	18	6	3	6	13	83	129	631	2.9%	1.0%	0.5%	1.0%	2.1%	13.2%	20.4%
Campbelltown	1301406	9	7	7	16	14	58	111	700	1.3%	1.0%	1.0%	2.3%	2.0%	8.3%	15.9%
Marrickville	1420312	16	12	0	13	7	24	72	398	4.0%	3.0%	0.0%	3.3%	1.8%	6.0%	18.1%
Blacktown	1270702	29	9	10	16	0	82	146	914	3.2%	1.0%	1.1%	1.8%	0.0%	9.0%	16.0%
Blacktown	1271506	4	3	0	8	0	17	32	212	1.9%	1.4%	0.0%	3.8%	0.0%	8.0%	15.1%
Blacktown	1270502	11	6	0	21	15	61	114	844	1.3%	0.7%	0.0%	2.5%	1.8%	7.2%	13.5%

7.5 NUMBER OF CCDS VISITED PER GROUP

TOTAL = 261 CCDs visited	Complete surveys		Proportion
Arabic - 29 CCDs	Vietnamese	23	8.6%
	Chinese	31	11.5%
	Arabic	190	70.6%
	Spanish	4	1.5%
	Italian	8	3.0%
	Pacific Island	13	4.8%
		269	
Chinese - 50 CCDs	Vietnamese	84	17.8%
	Chinese	300	63.6%
	Arabic	52	11.0%
	Spanish	8	1.7%
	Italian	12	2.5%
	Pacific Island	16	3.4%
		472	
Italian - 34 CCDs	Vietnamese	14	4.9%
	Chinese	21	7.3%
	Arabic	29	10.1%
	Spanish	21	7.3%
	Italian	185	64.7%
	Pacific Island	16	5.6%
		286	
Spanish - 71 CCDs	Vietnamese	60	8.9%
	Chinese	74	11.0%
	Arabic	128	19.1%
	Spanish	220	32.8%
	Italian	99	14.8%
	Pacific Island	90	13.4%
		671	
Vietnamese - 44 CCDs	Vietnamese	238	63.6%
	Chinese	57	15.2%
	Arabic	35	9.4%
	Spanish	15	4.0%
	Italian	22	5.9%
	Pacific Island	7	1.9%
	TOTAL	**374**	
Pacifika - 33 CCDs	Vietnamese	6	2.9%
	Chinese	9	4.4%
	Arabic	42	20.6%
	Spanish	17	8.3%
	Italian	8	3.9%
	Pacific Island	122	59.8%
		204	

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