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NDLERF

The policing implications of cannabis,  
amphetamine & other illicit drug use in  
Aboriginal & Torres Strait Islander communities

Monograph Series No. 15

Funded by the National Drug Law Enforcement Research Fund  
An Initiative of the National Drug Strategy

# **The policing implications of cannabis, amphetamine and other illicit drug use in Aboriginal and Torres Strait Islander communities**

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#### **Terms used in this report**

**Aboriginal:** refers to Aboriginal and Torres Strait Islander peoples.

**Illicit drugs:** refers to cannabis, amphetamines, heroin and other drugs prohibited under drug control legislation. Petrol and other inhalants, and illegally traded or consumed alcohol, are not included in this definition.

**Amphetamines:** a generic term referring to a range of amphetamine-type stimulants, including amphetamine and methamphetamine, but excluding amphetamine analogues such as MDMA (ecstasy).

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## Abbreviations

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community-Controlled Health Service; see also AMS
ACPR	Australasian Centre for Policing Research
ADCA	Alcohol and other Drugs Council of Australia
ADIN	Australian Drug Information Network
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIC	Australian Institute of Criminology
AIDS	Acquired Immunodeficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service; see also ACCHS
ANCD	Australian National Council on Drugs
AOD	alcohol and other drug
ATSIC	Aboriginal and Torres Strait Islander Commission
CDEP	Community Development Employment Program, a work for social security entitlements scheme
COAG	Council of Australian Governments
DUCO	Drug Use Careers of Offenders
DUMA	Drug Use Monitoring in Australia
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	human immunodeficiency virus
IDU	intravenous drug use/user
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
MCDS	Ministerial Council on Drug Strategy
NACCHO	National Aboriginal Community-Controlled Health Organisation
NAIDOC	National Aboriginal Islander Day Observance Committee
NATSIS (1994)	National Aboriginal and Torres Strait Islander Survey
NATSISS (2002)	National Aboriginal and Torres Strait Islander Social Survey
NCADA	National Campaign Against Drug Abuse (renamed the National Drug Strategy)
NCETA	National Centre for Education and Training on Addiction
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSF	National Drug Strategic Framework

NDSHS	National Drug Strategy Household Survey
NDSRGATSI	National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples
NHMRC	National Health and Medical Research Council
NIDAC	National Indigenous Drug and Alcohol Committee (ANCD)
NIDS	National Illicit Drug Strategy
NIDRF	National Illicit Drug Reporting Framework
NDS	National Drug Strategy (formerly the National Campaign Against Drug Abuse)
NIDS	National Illicit Drug Strategy
NMDS	National Minimum Data Set
NPDAC	National Police Drug and Alcohol Coordinating Committee
NSP	needle and syringe program
OATSIH	Office for Aboriginal and Torres Strait Islander Health
TAFE	Technical and Further Education (College)

## Drug Glossary

**Alcohol:** grog, charge, drink, tinnies, liquor, booze.

**Amphetamines (speed) and methamphetamines:** Speed, up, fast, louie, go-ey, whiz, pep pills, uppers, bennies, jollies, dexies, buzz, rev, crystal, meth, crystal meth, base, P, pure, shabu, ox blood, ice. See also *Ecstasy*.

**Benzodiazepines:** benzos, tranks, downers or sleepers. Rohypnol (brand name for flunitrazepam) is sometimes abbreviated to rohies (also rohys, rambo, rophies, roches, roofies, ruffies, ropes, rib); Serapax (oxazepam) to serries; Mogadon (nitrazepam) to mogos; Valium (diazepam) to Vs, vees, Aunty Val; Rivotril (clonazepam) to rivers; temazepam (brand name Restoril) to temazzies.

**Buprenorphine:** buprenorphine is available by prescription, under the name of Subutex, as a treatment for heroin dependence. See also *Methadone* and *Naltrexone*.

**Cannabis:** yarndi, yandi, ganja, marijuana, grass, pot, hash, hemp, weed, dope, reefer, joint, stick, mary-jane, hooch.

**Cocaine:** C, coke, flake, nose candy, snow, dust, white, white lady, toot, crack, rock, freebase, blow, charlie.

**Ecstasy:** E, XTC, eccy, 'the love drug', pills, eggs, doves, MDMA. Ecstasy is the street term for substances similar to **MDMA** (methylenedioxymethamphetamine), or **MDA** (methylenedioxyamphetamine), including **PMA** (para-methoxyamphetamine) and **PMMA** (para-methoxymethylamphetamine). See also *Amphetamines*.

**GHB (gamma-hydroxybutyrate):** fantasy, grievous bodily harm (GBH), liquid ecstasy and liquid E.

**Heroin:** hammer, gear, smack, horse, junk, harry, 'chasing the dragon', skag.

**Inhalants:** glue, gas, sniff, huff, chroming. Also amyl nitrite, amyl, rush, poppers, bulbs, satyr.

**Kava:** A drink or preparation obtained from the kava plant, *Piper methysticum*. The active principle is kawain, which, as kava is customarily used, produces mild euphoria and sedation. Heavy use can result in dependence and medical problems.

**Ketamine:** K, special K, vitamin K, kit-kat.

**Khat:** leaves and young shoots of *Catha edulis* (Calastrace). Khat (cat), qat (Yemen), chat, qaadka, miraa (Kenya), tohai, tschat (Ethiopia), Abyssinian tea, African tea, African salad.

**LSD:** acid, trips, tabs.

**Methadone:** methadone is used as a substitute for the treatment of people dependent on heroin and other opioids. See also *Buprenorphine* and *Naltrexone*.

**Naltrexone:** naltrexone is a drug prescribed to help people maintain abstinence after they have withdrawn (detoxified) from heroin, other opioids or alcohol. See also *Buprenorphine* and *Methadone*.

**PCP (Phencyclidine):** angel dust.

**Pituri:** *Duboisia hopwoodii*, a narcotic and stimulant when mixed with the ash of *Acacia* and other species and chewed (like tobacco) or applied to the skin (like a nicotine patch). Other native Australian species used in this way include *Nicotiana gossei* (ingulba, mingulba), *N.exelsior* (pulandu, balandu, pulanto, piturr), and *N.benthamiana* (muntju, tangungnu, tjuntiwari).

**Tobacco:** cigs, darts, durries, smokes, fags, rollies.

Source: Adapted from [www.kooridruginfo.adf.org.au](http://www.kooridruginfo.adf.org.au) and <http://ndarc.med.unsw.edu.au> fact sheets.

## Executive Summary

### *Illicit drug use*

- Increasing cannabis availability in rural and remote areas has extended a thriving illicit drug trade to Aboriginal and Torres Strait Islander settlements in some of Australia's most isolated regions. From little more than a trickle a decade ago, the flow of cannabis to outlying settlements is gathering momentum. Even very remote locations now have regular deliveries and apparently often high levels of use.
- Our research included a survey of 792 police in the Northern Territory, Queensland, South Australia and Western Australia. Most (81%) reported that cannabis was 'easily available' in their area, including many police (80%) in regional centres, rural towns and remote communities. Most police (87%) thought cannabis was 'very commonly used' or 'commonly used' among local Aboriginal and Torres Strait Islander people, and many (36%) said this use had 'increased' or 'greatly increased' in the past three years; less than 2% reported decreases in use.
- Cannabis use affects isolated Aboriginal and Torres Strait Islander settlements in particular ways. Our work supports earlier research by Clough and others showing that up to two-thirds of males and one in five females in some remote areas regularly use the drug, including a number who smoke the equivalent of up to 20 'joints' in a single session. Some of the poorest and youngest users spend a third to two-thirds of their weekly incomes on cannabis. 'Bucket bonges' are widely used to binge on cannabis and the age of first-time use is falling, with children as young as 10 or 11 years old smoking the drug.
- This new wave of cannabis use is in addition to, not instead of, alcohol and other substances. There is no evidence that users in rural and remote settlements are substituting one drug for another. Heavy combinations of cannabis and alcohol are common, even in communities with liquor controls. Most non-urban police respondents (80%) in the survey assessed alcohol as a serious problem among local Aboriginal and Torres Strait Islander people, compared with cannabis (44%), inhalants (33%), petrol (18%) and amphetamines (11%).
- 85% of police said amphetamines were 'available' or 'easily available' in their local area, and 34% said it was 'very commonly used' or 'commonly used' among local Aboriginal and Torres Strait Islander people. Significantly, 56% of all police (48% of police in non-urban areas) said local amphetamine use among Aboriginal and Torres Strait Islander people had 'increased' or 'greatly increased' in the past three years; fewer than 2% (<2% in non-urban areas) reported decreases in use.

### *Individual and community harms*

- Long-standing community divisions, conflicts and disorder also persist, especially in areas where community leaders and others with influence are involved in using or selling illicit drugs. Police said heavy cannabis use exacerbated many existing problems among local Indigenous residents, especially family violence (73% of urban; 76% in non-urban areas) and mental health problems (73%, 74%).
- Although amphetamine use is still comparatively rare outside of urban and regional centres, the new drug networks currently supplying cannabis to outlying areas could pave the way for a rapid expansion in amphetamine and other injecting drug use in the near future. The potential health consequences of intravenous use are well known, with unsafe practices carrying very high risks of being infected by Hepatitis C and other blood-borne diseases.



- The impacts of illicit drug use on individuals' health range from physical and psychological damage wrought by the drugs themselves, to the adverse consequences of intoxication, with increased risk of injury and accident. The use of illicit drugs compounds harms associated with excessive drinking, and kava or inhalant abuse, especially as a factor in triggering violence and disputes over resources.
- Poverty and isolation provide few impediments to the illicit drug trade. Drug networks are being founded on what one study calls the 'extreme profit' to be made in the remote areas, where a \$4,000 purchase of cannabis can be expected to return \$16,000 to \$21,000 in profits – often within a couple of hours of arriving in the community.
- The social, economic and cultural impacts of illicit drug use include the direct costs of money being diverted into payment for drugs, and indirect costs associated with the friction and disputes stemming from users wanting money for drug use. There were reports of young people making constant demands for money to buy cannabis or alcohol, resorting to threats and violence if money is withheld, or occasionally threatening suicide – a tactic that causes extraordinary distress. Heavy and widespread use of cannabis also impacts on participation in work, school, sport, cultural activities and other aspects of community life.

#### *Policing drugs in rural and remote locations*

- There is strong anecdotal evidence, supported by police survey responses, that local and non-local Aboriginal people are heavily implicated in the cannabis trade in regional and remote Australia, but less so in dealing and distribution of amphetamines.
- Conventional drug policing strategies are rarely suited to rural and remote areas, especially in Aboriginal and Torres Strait Islander communities where police officers are highly visible. Even sophisticated police attempts to infiltrate drug networks, cultivate informants or conduct surveillance can be easy to identify.
- There is a high degree of variance in drug law enforcement results, as indicated by differences in recorded provider and consumer offences from one region to the next, and within regions. Effective strategies and initiatives are those that have the close cooperation and support of community leaders, high quality intelligence and logistical support from police organisations. Other measures with the potential to sustain and extend these successes include special legislative provisions and operational strategies.
- Legislative and operational responses must be sensitive to the socio-cultural milieu and the probable impact of disruption. The priority that is given to the reduction of illicit supply and the means by which it is tackled will be influenced by the local context, including perceived levels of individual and community harms.
- In rural and remote locations there is no reliable data to indicate how many people apprehended by police are affected by illicit drugs or motivated to commit crime because of their illicit drug use. The police survey results indicated that in non-urban areas a significant proportion of police time is taken up with alcohol-related incidents, in contrast to a much smaller proportion of time dealing with illicit drug-related incidents.
- There is a range of organisational, legislative and situational factors that influence police decision making after encountering an intoxicated person or where an alcohol or drug-related offence has been committed. With illicit drugs in rural and remote locations, these factors include limited alternatives to safe custody and registered or suitable diversion programs.

### *Working with communities*

- Crime and the reporting of crime varies across rural and regional settings, related to the size of the town, main economic activity and population heterogeneity. However, there are also some common influences – such as the levels and types of crime, police practice and resources, and community relations – that all influence police work in rural and remote contexts.
- Many police in rural and remote areas value the opportunities these locations provide to have closer relationships within the local community and to make a difference. Based on the survey results, police in remote communities appreciate the financial benefits of these postings and having more autonomy. Drawbacks for police in regional, rural and remote centres included personal factors such as isolation from family and friends and work-related factors such as fewer staff, limited community resources, and community politics.
- Most non-urban police in the survey acquire knowledge of community concerns and expectations of what the police should do through learning on the job. When working with Aboriginal and Torres Strait Islander communities, especially in more remote locations, police stress the importance of learning about local socio-cultural practices and beliefs, and knowing local family networks and politics.
- More than half of police in regional, rural and remote areas believe their station has either a good or very good relationship with local Aboriginal and Torres Strait Islander people. Importantly, a third of non-urban police in the police survey believe that there had been an improvement in relations between police and Aboriginal and Torres Strait Islander people in the local area in the past year, in contrast to 12% who believed relations had got worse. Overall, non-urban police were more positive than their urban colleagues about local Aboriginal attitudes to police.
- The most common and therefore most crucial form of liaison between police and Aboriginal and Torres Strait Islander people involves liaison officers, with 70% of non-urban police in the survey indicating they had such an officer for their local area. There seems to be some confusion and debate, both at the local and organisational level, as to the role these officers should play, and there are considerable differences across jurisdictions in terms and conditions of employment.
- Other strategies to build relationships include formal consultations, positive informal interactions, interagency co-operation and the selection and training of police personnel. Good practice community policing in rural and remote Aboriginal and Torres Strait Islander communities involves effective partnerships, including collaboration, communication and liaison, and cultural competence. The development of local and regional community policing plans should embrace these good practice principles, based on an appreciation of local cultural conditions and capacity, with specific targets and measures built in that address problematic illicit drug use and supply.

### *Community-based initiatives*

- Police report they are involved in many local activities, mainly sport and youth activities, but also local educational initiatives and counselling, designed to prevent or reduce drug use. According to the survey, involvement in such preventive measures was higher among police in non-urban areas.
- Police can play a significant role in reducing drug-related harm through managing drug-affected people in public and in custody. Factors impacting on police effectiveness in rural and remote areas include long-distance custody transfers, outdated or unsafe police facilities, inadequate staffing, a lack of sobering-up shelters and other facilities. Promising local community and police initiatives include night patrols, involvement of leaders in determining

responses to drug-affected behaviour, focusing police resources on offences of greatest concern to the community, a permanent police presence in more remote locations and capital works to improve amenities.

- In rural and remote areas, treatment and diversion options for illicit drug use remain extremely limited. Police will have increased opportunities to contribute to demand reduction strategies if there are more flexible outreach services; more integrated alcohol, illicit drug and mental health services; and brief interventions that are suited to rural and remote Aboriginal and Torres Strait Islander communities.
- Of those services that police identified as available in their local area, police in the survey believed that better-resourced crisis-oriented services – namely 'sobering-up shelters' and '24 hour health care' – were most effective in helping drug-affected people. Rehabilitation programs and counselling were not rated as highly. Regional or local area protocols with service providers are likely to improve both crisis prevention and intervention, and referrals to treatment and educational programs.
- Police involvement in small communities is expected and appreciated. Although police participation in activities to engage young people considered at risk works best when done as part of a coordinated or structured program, most officers do this on a personal ad hoc basis. Positive contact outside of stressful conflict and/or arrest situations can help police build a rapport with young people.
- Promising initiatives include police using a combination of community policing and enforcement strategies to identify, target and remove local drug dealers and undermine their support base. Building support for policing initiatives involves working with local Aboriginal and Torres Strait Islander leaders to convene community forums and to elicit formal community recognition of the harms associated with illicit drug use.
- Senior police management support for community policing plans and activities, local drug prevention initiatives and the sharing of intelligence across regions and borders will encourage and reward local police efforts and enable better targeting of police resources.

### *Strategic policies and programs*

- Police are one of the few services found in most localities in Australia. However, the additional costs of a multi-faceted policing response to illicit drug use needs to be recognised in rural and remote settings where resources are often thinly spread. Organisational challenges include:
  - Identifying and rewarding the skills needed to police effectively in sparsely populated but high need locations;
  - Establishing remote area officer placements with proper training and induction for themselves and their families;
  - Recruiting, supporting and developing Aboriginal and Torres Strait Islander staff;
  - Using police information systems to broaden the evidence base needed for careful targeting and monitoring impact; and
  - Building partnerships with other government agencies, non-government organisations and communities.
- Examples of organisational strategies to improve police capacity to work with Aboriginal and Torres Strait Islander communities include:
  - Western Australia's multi-functional police facilities in remote areas, including specific training and selection of police; and
  - Queensland's integrated approach to community consultations.

- Examples of organisational strategies to address drug use and offending behaviour among Aboriginal and Torres Strait Islander communities include:
  - The Northern Territory's remote communities drug strategy; and
  - South Australia's Indigenous drug action teams.
- High level inquiries and state-wide government responses and initiatives can provide significant momentum for much needed changes at the local level. Recent examples include:
  - Western Australia's 'Gordon Inquiry' – Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities, 2002;
  - Northern Territory's 'O'Sullivan Report' – Assessment of Resource Requirements of the Northern Territory police, 2003;
  - Queensland's Cape York Justice Study, Fitzgerald 2001; and
  - Drug summits in various jurisdictions.

## Chapter one: Introduction

*There's at least 10 dealers at [name of remote settlement]. You know when the kids have been on the charge.*

Community leader, remote area settlement

This report focuses on the policing of cannabis, amphetamine and other illicit drug use in Aboriginal and Torres Strait Islander communities in rural and remote areas, including the role of police in efforts to reduce drug-related harms.

Recent shifts in drug supply and use appear to be exposing isolated Aboriginal communities to unexpected difficulties. Cannabis is now flowing into remote areas at an alarming rate, a trade fuelled by high demand and extreme profits but increasingly facilitated by profiteers from outside the community rather than resident user-dealers.

Despite a sharp rise in cannabis smoking, particularly among young people, there is no evidence of a corresponding fall in drinking. Alcohol and alcohol-related conflicts remain an urgent issue for most communities, while the illicit drug trade is adding fresh and dynamic impediments to an already complex policing environment.

Although cannabis has long been available in many affected areas, the scale of current availability and use is unprecedented. For smaller, more remote centres, already burdened with high unemployment, poor education, endemic violence and other dysfunction, the issues are complex and the harms significant. The problems associated with adding illicit drug use to the mix of existing issues is sharply illustrated by an account we were given of a suspected 'drug house' in one outback town:

*A non-Aboriginal barman at a hotel in an isolated town allegedly tells young Aboriginal girls at the pub that he has money and owns property 'down south'. He offers them drinks and invites them home. Over time, his housing department residence becomes known as a place to get free drinks and drugs. Girls as young as 12 years old are seen coming and going at all hours, and a number live there more or less permanently. There are rumours that young girls offer male visitors sex for money or drugs. Police say they are 'watching' the barman but don't seem to act. None of the girls complain. They say the man has everything they want – money, food, grog, drugs and a place to sleep. Nor do their mothers make a fuss. Some even say they trust the man because he 'looks after' their kids, providing food and a place to sleep.*

In the course of this project, we were told many such stories from communities affected by high levels of substance use. They highlight the fact that cannabis, alcohol and other substance use – although major issues in themselves – are also symptomatic of broader issues. The causes of substance abuse are complex, but the underlying frustration and dysfunction affecting many disadvantaged communities are clearly factors that predispose residents of those communities to higher rates of alcohol and other drug use. Yet while substance abuse is a symptom of underlying problems and disadvantage, it also contributes to and exacerbates those issues. For police and other services with responsibility to address the consequences of alcohol-and drug-related harms, the way forward is not always clear, especially if communities themselves are unsure of what should be done.

## The NDLERF research brief

Concerned about the likely impacts of heavy cannabis use in rural and remote communities and recognising the need to equip police with advice on ways to work more effectively with Aboriginal and Torres Strait Islander people, the National Drug Law Enforcement Fund (NDLERF) commissioned a 12-month national study. NDLERF tasked the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), in conjunction with the Australian Institute of Criminology (AIC), to examine issues associated with the policing of cannabis, amphetamine and other illicit drug use in Aboriginal and Torres Strait Islander communities in rural and remote areas. This report summarises the findings from that study.

The overall aims of the project were to:

- Enhance the law enforcement sector's understanding of the extent and nature of illicit drug use by Aboriginal and Torres Strait Islander people;
- Identify good policing practice to help prevent and to minimise the harms resulting from illicit drug use; and
- Produce guidelines on the implementation of good practice.

There has been only limited Australian research on Aboriginal illicit drug use, with studies of policing issues largely confined to alcohol abuse and intoxication. Policing and other services often have little hard data on rates of illicit drug use or other information to help plan a more coordinated response in rural and remote areas.

Although Australia is a leader in the monitoring of drug use to inform drug policy and practice, none of these collections – regular household surveys on drug use, illicit drug reporting, and the monitoring of drug use amongst police detainees – have recent or reliable data on rural and remote Aboriginal or Torres Strait Islander communities. As one in four Aboriginal and Torres Strait Islander Australians live in remote or very remote areas (compared with one in 50 non-Aboriginal Australians), this is a significant omission (ABS & AIHW 2003).

This study of issues related to the policing of illicit drugs does not include policing of petrol sniffing and other inhalant misuse. NDLERF commissioned a separate 12-month national study on those issues to be undertaken by a group of researchers, led by Associate Professor Dennis Gray of the National Drug Research Institute (NDRI). Information and observations gathered by both teams – the AIATSIS-AIC researchers and the NDRI project team – was shared at significant points during the two projects.

A Project Reference Group – comprising representatives from the Northern Territory, Queensland, South Australian and Western Australian police services and the Commonwealth Department of Health and Ageing – provided guidance during the project. In Western Australia and South Australia, police representatives were directly involved in the fieldwork research. Sergeant Mark Weaver accompanied a member of the research team to the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia, and in Western Australia Mr Glen Caton accompanied a member of the research team during a visit to the Goldfields region.

Police Commissioners from the Northern Territory, Queensland, South Australia and Western Australia provided written letters of support for the project and authorised the research team to access appropriate information. An additional jurisdiction, New South Wales, agreed to assist the research part way through the project, enabling the team to conduct consultations in Queanbeyan, a regional rural centre of New South Wales.

In planning and conducting the study the research team followed the ethical guidelines proposed by the National Health and Medical Research Council, *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (2003), and AIATSIS's *Guidelines for Ethical Research in Indigenous Studies* (2002). Details of the research plan were scrutinised by the AIC research and ethics committee, then subject to further review by the AIATSIS research and ethics committee before approval was given to begin. These ethics approval reviews provided the basis for several additional ethics approval processes encountered during the course of the research work.

The project formally commenced in April 2004, with key elements of the research involving:

- Fieldwork in a range of agreed sites, involving community consultations through meetings, forums and interviews, and access to local data or program or review documents on relevant subjects;
- Consultations with representatives of key stakeholder groups in government and non-government organisations;
- A review of literature and legislation; and
- A survey of police.

### **Fieldwork in a range of agreed locations**

Although time-consuming and resource-intensive, the fieldwork visits were a critical part of the project, enabling the research team to directly consult with a wide range of community leaders and residents, and professionals and practitioners in the justice, community development and health sectors. Fieldwork visits typically involved up to 50 meetings, consultations and interviews in each location. It was important to gain a regional perspective about the policing implications of illicit drug use and its impact on local communities, towns and regional centres.

Fieldwork consultations, usually over several weeks, were conducted in:

- Kalgoorlie, Laverton and Warburton – Western Australia (April-May 2004; April 2005);
- Rockhampton, Woorabinda and Mount Morgan – Queensland (June 2004);
- Anangu Pitjantjatjara Yankunytjatjara (APY) Lands – South Australia (September 2004); and
- The Tiwi Islands – the Northern Territory (September 2004).

In written information about the project and during consultations it was emphasised that there would be no requirement for individuals to participate should they not wish to do so. Anyone participating in the project was not personally identified, to ensure that their privacy was protected. Where necessary, organisations were also not identified in project reports if the nature of the information provided had the potential to identify individuals or compromise their work.

Despite cultural and other sensitivities associated with talking to outsiders about drug issues, the fieldwork consultations were characterised by a marked willingness of Aboriginal and Torres Strait Islander communities to share their concerns. All recognised the harms associated with hazardous patterns of substance misuse, and were eager to explore possible solutions. This willingness to speak out about the issues was reinforced by a sense of crisis in many of the communities contacted through this research. Consequently, access to appropriate community sources was excellent.

Separate confidential reports on fieldwork visits were prepared and provided to the relevant police services, Aboriginal organisations and participants.

## Consultations with other key stakeholders

Meetings were held with key stakeholders in Canberra, Brisbane, Perth, Adelaide and Darwin. In addition, members of the research team attended two key conferences during 2004:

- The *Australasian Drug Strategy* law enforcement conference in May 2004, Alice Springs; and
- *Healing Our Spirit*, an international conference on alcohol and substance misuse by Indigenous peoples, September 2004, Cairns.

The project team had several meetings with the researchers investigating the policing implications of inhalant misuse in rural and remote Aboriginal and Torres Strait Islander communities. There are distinct challenges of inhalant misuse as a long-standing issue for a number of Aboriginal and Torres Strait Islander communities, and policing responses needed to address inhalant misuse can differ from those needed to deal with cannabis, amphetamines and other illicit drug use. However, both projects included the APY Lands as a fieldwork site, and this provided an opportunity to discuss and identify areas of commonality and difference in policing responses to petrol sniffing and illicit drug use in a remote Aboriginal region.

## Literature and legislative reviews

Literature searches were undertaken on a range of topics related to illicit drug use, Aboriginal and Torres Strait Islander substance abuse, drug law enforcement, and policing in rural and remote communities. National and large scale surveys and other government funded data collection provided an invaluable picture of overall Aboriginal health status and trends. These data, along with government reports and coronial inquiries, were vital sources of information on types of drugs used and associated individual harms, the differences between Aboriginal and non-Aboriginal patterns of use, the use of treatment services and other drug programs, and government responses to drug use.

A more detailed and informed picture of illegal drug use, and its impact on local communities in particular regions or centres, emerged from smaller scale studies. As there is only limited published Australian material on drug law enforcement and policing in rural and remote communities, presentations at the drug law enforcement conference in Alice Springs, the survey results, and the consultations with police were important sources of additional information on these topics.

With the assistance of Larissa Behrendt and Norman Laing from the Jumbunna Indigenous House of Learning in Sydney, the project team undertook a comprehensive review of legislation related to the policing of drug use in rural and remote Aboriginal communities. This was a national review, but had a particular focus on the Northern Territory, Queensland, South Australia and Western Australia – the jurisdictions with the largest number of remote and very remote communities.

## Survey of police

A web-based survey was undertaken of police in the Northern Territory, South Australia, Queensland and Western Australia. Using an intranet link, police were invited via email to participate in the survey. The survey instrument was piloted in Western Australia, with 35 police.

The main survey ran in Western Australia, South Australia and the Northern Territory in January and February 2005, and in Queensland in April 2005. A copy of the questionnaire used in Western Australia and the Northern Territory is set out in Appendix A. A modified questionnaire, with several questions deleted, was used in Queensland and South Australia.



Where relevant, the survey results are presented throughout the report in terms of urban and non-urban police responses. Table 1.1 shows the number of respondents from each jurisdiction, by location type.

**Table 1.1:** Survey responses: jurisdiction by location.

	Urban	Non-urban	Location not stated	Total
NT	15	29	1	45
Qld	27	222	61	310
SA	103	61	4	168
WA	87	181	1	269
Total	232	493	67	792

Source: AIC police survey 2005 – computer file.

In total, there were 792 responses that could be used. Non-urban responses includes police who said they were working in regional towns, small towns and remote Aboriginal and Torres Strait Islander communities. A relatively small number of respondents (58) indicated they worked in remote Aboriginal and Torres Strait Islander communities.

## Structure of the report

The initial chapters of this report summarise available evidence on the extent of Aboriginal and Torres Strait Islander drug use in rural and remote areas, and the harms associated with that use. This includes an examination of users' increased involvement with the criminal justice system, the risks to their health, police and community perceptions about the impact of drug use, and its links with violence, financial hardship and other harms.

Chapters 4 and 5 examine at some length drug law enforcement and the nature of policing in rural and remote locations. These highlight distinct practices and strategies related to police work in smaller communities, particularly when dealing with Aboriginal and Torres Strait Islander residents in more isolated settlements.

Chapter 6 considers the practical efforts of individuals and communities to head off the most immediate and damaging impacts of substance abuse, and the police role in fostering a more effective community response. This is followed by a discussion in Chapter 7 about the scope for strategic interventions to address the factors that put Aboriginal and Torres Strait Islander people at higher risk of drug-related harms in the first place. Examples of strategic programs involving police in Queensland, the Northern Territory, South Australia and Western Australia show the potential for high level logistical support to improve and extend interventions at the community level.

Throughout the report there are scenarios illustrating practical situations frequently encountered by police working with Aboriginal and Torres Strait Islander people in rural and remote areas. All are based on numerous accounts provided to the project team through the community consultations, and underline the complexity of police work in high-need but sparsely populated locations where police are often the only government service on hand to respond to crisis situations. These practice scenarios are discussed further in the *Good practice framework, policing illicit drugs in rural and remote Aboriginal and Torres Strait Islander communities* (NDLERF Monograph 15a).

## Chapter two: Illicit drug use

Although there is some evidence indicating higher rates of illicit substance use among Aboriginal and Torres Strait Islander Australians (MCDS 2003b), much of the published data on substance use relates to urban-based surveys, research into alcohol abuse and intoxication, and sporadic media reports. There is little reliable information on Aboriginal people's use of cannabis, amphetamines and other illicit drugs in rural and remote communities, and even less on the implications of policing that use.

Only recently have detailed studies in a small number of rural and remote locations begun to throw light on how Aboriginal illicit substance use in those communities might differ from drug use in urban contexts. The picture emerging from this research is alarming. It supports reports from police, health and other sources highlighting a recent sharp rise in the availability and use of cannabis among young people in some of Australia's most remote settlements.

In some areas, 60% to 70% of young men smoke cannabis regularly. Young women have been slower to take up the drug, but that is changing as the rates of female uptake is rising at exponential rate. Binge use is common, often through the widespread use of 'bucket bongs' and other problematic patterns of use. Of particular concern are the cannabis smokers, both male and female, who regularly smoke the equivalent of 20 'joints' in a single session and the many others who use the drug to intensify the effects of other substances, especially alcohol (Clough et al. 2002b, Clough et al. 2004b, O'Reilly et al. 2005).

Figure 2.1 shows police responses to our survey indicating the drugs that are available in their local area. Almost all respondents (98%) said cannabis is available in their area and most (85% of urban and 80% of non-urban police) said the drug is 'easily available'. Most reported that amphetamines are also widely available in both urban (92%) and non-urban (82%) locations, but are less easy to obtain in non-urban areas: 64% of urban police said the drug is 'easily available' locally whereas just 38% of non-urban respondents reported easy availability of amphetamines.

### Policing scenario:

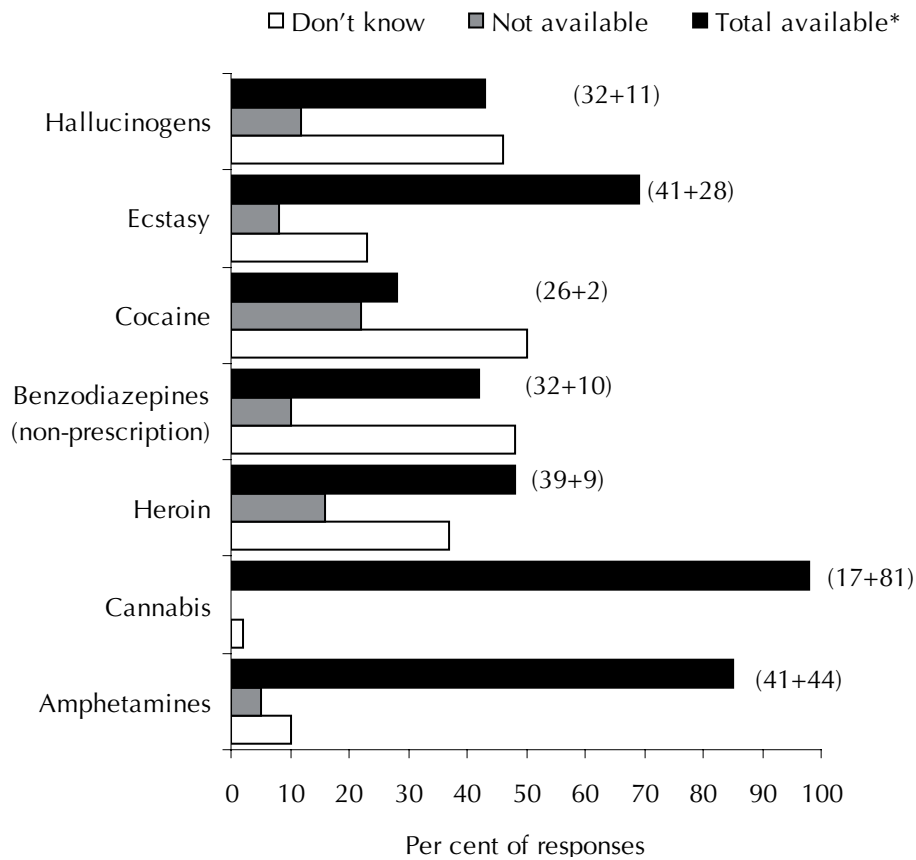
#### *Small towns, big problems*

You are the Officer in Charge of a rural police district. There is a small country town in the district (approx. 200 residents) with a two-officer police station. Nearby is a former mission settlement which is now a self-determining Aboriginal community (200 residents). There is a history of race-based clashes in and around the town. Relations are generally poor between the police and Aboriginal residents. You receive information that a large quantity of cannabis has been brought in to the Aboriginal community for sale to local users.

How do you approach this situation?

Practical policing scenarios are presented throughout the report to illustrate common challenges facing police working in different types of community situations. Potential responses are discussed in the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

**Figure 2.1: Availability of illicit drugs in local area**



\* 'Total available' is all respondents stating drugs are 'available' or 'easily available' in their local area. The first number in brackets =% 'available' and the second number =% 'easily available'.

Source: AIC police survey 2005. n=792

It is important to note that burgeoning cannabis use is in addition to – rather than instead of – excessive use of alcohol, even in communities with strict liquor controls. In many communities it is also set against a background of endemic violence, abuse and child neglect, poor health, poverty and high unemployment.

In some remote communities the situation might very well get worse before it gets better. Data from the Ngaanyatjarra Lands in the Goldfields-Western Desert region of Western Australia shows that although national weekly incomes have risen strongly on the back of jobs growth, average weekly incomes in the Ngaanyatjarra Lands actually fell from \$148 in 1996 to \$140 in 2001. The rate of employment in the region remained constant at 44%, but only if Community Development Employment Program (CDEP – a work for social security entitlements scheme) participants are included. If CDEP is excluded, the rate of effective employment was 11.7% in 1996. This fell to just 2.1% in 2001 (excluding CDEP). Education outcomes also appears to be faltering, with 78.6% of Ngaanyantjarra students leaving school at 14 years or younger in 2001, compared with 35% in 1996. An estimated 5% of Ngaanyantjarra residents aged 15-24 years were in school or training programs in 2001, whereas 13% were in prison. Efforts to halt or at least slow the harms from illicit drug use must take account of these and other related factors.

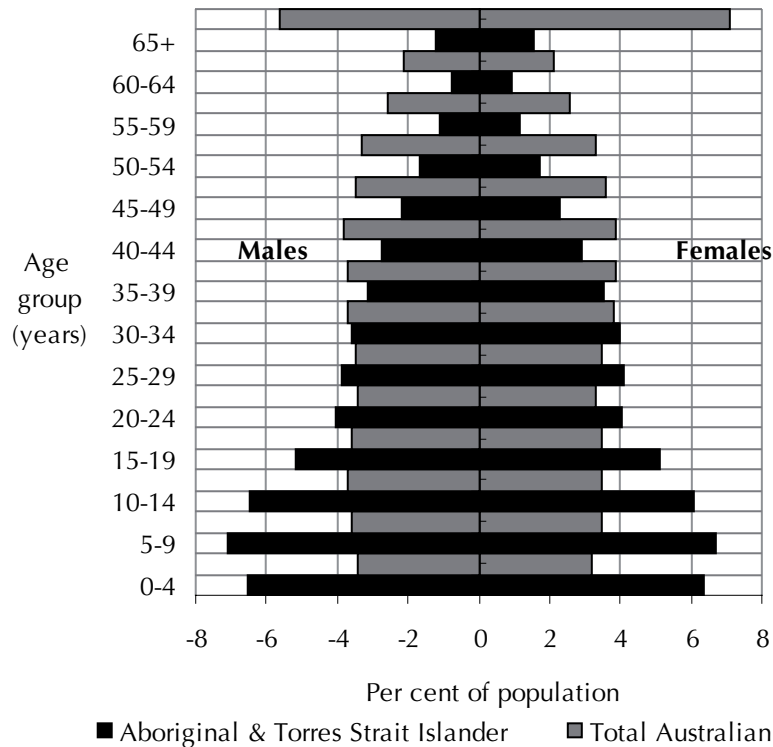
### Aboriginal and Torres Strait Islander health and welfare

Demographic and other contextual factors are critical to understanding differences in what substances are used and the way substances are used.

Aboriginal and Torres Strait Islander Australians are markedly younger (more than half are under 20 years, whereas the median age for non-Aboriginal Australians is 36 years); more likely to live in remote or very remote areas (one in four, compared with one in 50 non-Aboriginal Australians); and have significantly higher rates of mortality and morbidity. Health, education, income, employment and other indicators of disadvantage show markedly poorer outcomes for Aboriginal Australians. Housing is generally poor and overcrowded, infrastructure tends to be substandard, and access to services is limited (ABS & AIHW 2003).

Life expectancy at birth for Aboriginal and Torres Strait Islander men is 56 years, and 63 years for women, 20 years less than for other Australians. Half of Aboriginal males and four out of 10 females die before age 50. Figure 2.2 shows that people aged 65 years or older represented just 2.8% of the Aboriginal and Torres Strait Islander population in 2001 compared with 12.5% of the non-Aboriginal population. Aboriginal 35-44 year olds in the Northern Territory, South Australia and Western Australia, where the data on Aboriginal status is more reliable, are 8 to 11 times more likely to die prematurely than non-Aboriginal people (ABS 2003).

**Figure 2.2: The Aboriginal and Torres Strait Islander and total Australian population in 2001, by age and sex**



The youthfulness of Australia's Aboriginal and Torres Strait Islander population is particularly evident in small rural and remote settlements with high needs and few services. For an Aboriginal community such as Woorabinda in Central Queensland – where older residents can play a key role in addressing widespread substance use, truancy, crime and other issues – just 17 of the 945 residents (896 of them Aboriginal or Torres Strait Islander) are 65 years or older; fewer than one in 50. By comparison, one in 35 of Rockhampton's Aboriginal residents and one in seven of Rockhampton's non-Aboriginal residents, are aged 65 or older (see Table 2.1 below). The apparent success of emerging interventions such as Rockhampton's 'Murri Court' – which involves local elders volunteering to advise local magistrates in the sentencing of young Aboriginal offenders and following through to assist offenders with frequent mentoring, parenting and other support – are all the more remarkable considering the pressures imposed by this youthful age distribution.

**Table 2.1:** Estimated age distribution of Woorabinda and Rockhampton, Central Queensland 2004.

	Woorabina		Rockhampton	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
Total population	945		55,839	
Residents aged <15 yrs	397 (42%)	3	1234 (41%)	10,630 (20%)
Residents aged 15-24 yrs	162 (18%)	13	522 (17%)	8,812 (17%)
Residents aged >65 yrs	17 (2%)	0	85 (3%)	7,342 (14%)
Total	896	49	3,006	52,833

Source: ATSI Central Queensland, 2004: 61-65. *Central Queensland Regional Council Plan 2003 & Beyond*. Based on ABS 2001 Census data amended 11 February 2004.

A third (33%) of Aboriginal and Torres Strait Islander children complete school compared to the national average of 77% (Wilson 2004). At the time of the 2001 Census, the proportion of Aboriginal people attending Technical and Further Education was on a par with the non-Aboriginal population (both 3%), but fewer than 2% of the Aboriginal population were attending a university or other tertiary institution compared with 4% of non-Aboriginal people (ABS 2002, Thomson et al. 2004). Overall far fewer Aboriginal people have any form of post-secondary qualification: 15% of the adult Aboriginal population compared with 36% of non-Aboriginal adults (ABS 2002).

One in five Aboriginal people (22% males, 18% females) have no job. Aboriginal unemployment would be much higher without CDEP. Excluding CDEP, the national Aboriginal unemployment rate is 34% – almost five times the rate of 7.2% for non-Aboriginal people (Thomson et al. 2004: 6). In Cape York, CDEP projects employ 49.6% of working age residents, 11.1% have other jobs, 2.1% are unemployed and 37.2% are not in the labour force (Fitzgerald 2001: 9). Well paid jobs in remote areas in sectors such as construction, mining, teaching, health, administration and policing, tend to be filled by non-Aboriginal staff. Nationally the median family income for Aboriginal people was \$630 per week in 2001, about half of that for non-Aboriginal people (\$1,188 per week) (Thomson et al. 2004).

Aboriginal disadvantage is compounded by frequent contact with the criminal justice system. Aboriginal Australians account for 29% of all arrests and 19% of the total prison population. They are imprisoned at 14.7 times the rate of the non-Aboriginal population and are 16.6 times more likely to die in custody. Almost half (49%) of juveniles in detention are Aboriginal (Wilson 2004).

The data indicate that Aboriginal and Torres Strait Islander communities in rural and remote areas are particularly prone to factors that predispose all disadvantaged communities to higher levels of hazardous substance use. Poverty, poor employment prospects, limited education, poor infrastructure, fractured family life, inadequate services, violence and abuse, disputes over resources, and other such problems put their residents at higher risk of hazardous substance use. This is true for both Aboriginal and non-Aboriginal communities (Rowland & Toubourou 2004; Gray et al. 2004). The data also indicates that 'protective' factors such as regular employment, quality education and a cohesive family environment – that is, the kinds of factors that encourage users to regulate their own use and foster positive life choices – can be in short supply in poorer, more isolated Aboriginal communities.

## Historical factors

Historical factors can also influence current patterns of substance use. The British brought a culture of heavy drinking to Australia, and the colonial frontier mentality perpetuated a binge drinking culture, with bush pubs full of fighting, swearing and heavily intoxicated Europeans. Aborigines were encouraged to drink for the entertainment of whites. Leftovers and washing of rum casks were called 'blackfellows rum' or 'bull' and Aboriginal labourers were often 'paid' with tobacco, liquor and sometimes the remnants of opium (Brady 1991).

A British parliamentary inquiry into the convict transportation system in the 1830s damned the "inefficiency of the police, and the general want of principle" for failing to stem the drinking, gaming and crime overwhelming colonial Australia, but concluded that colonies awash with grog, inequity and crime needed much more than better policing to achieve lasting changes (Clark 1957: 218).

Later laws prohibiting the supply of alcohol to Aborigines were subverted through whites buying alcohol on the sly or publicans selling illegally out the back door. There is some evidence that these discriminatory rules fostered an unhealthy drinking culture that encouraged people to drink quickly to avoid detection and binge when they had the chance (Brady 1991).

By the late 1960s many of these discriminatory rules had been removed. The end of 'prohibition' also coincided with many other changes.

In the Kimberley, unrestricted Aboriginal access to alcohol coincided with dislocation from traditional and transitional lands and roles, Aborigines being precipitated into a cash economy and welfare reliance in the often indifferent or threatening environment of town camps. As the focus of economic activity and social life shifted to the domestic arena, social roles, particularly for males, were profoundly altered; their traditional sources of esteem were compromised and there were immense social pressures to drink. Perhaps the most appealing and enduring white role-model in remote Australia was the stockman, whose ability to drink was an affirmation of male frontier values. Alcohol was also frequently used to reward station Aborigines, being highly valued as a source of status and esteem...

(Hunter 1993: 91)

The legacy of strong mission culture also has an influence in some areas, encouraging strict abstinence from alcohol use. Some communities have little practical experience of moderate substance use whereby users might enjoy a couple of drinks or smokes with their mates at the end of a hard day. Compared with the general population, significantly more Aboriginal and Torres Strait Islander people now abstain from alcohol and other drugs. Yet those who do drink or use other drugs are also more likely to swing between the two extremes of abstinence and indulgence (ABS & AIHW 2003; AIHW 2005).

While the underlying factors are complex, there is consensus in the literature that current rates of ill-health and substance misuse by Aboriginal Australians, including illicit substance use, are socially patterned. The problems are similar to those facing Aboriginal minorities in the United States, Canada and New Zealand. Social and historical factors such as the forced removal of children from families have left a legacy of problems that are strongly linked with current levels of higher substance use (Gray et al. 2004; Rowland & Toubourou 2004).

## Urban substance use

The first and most comprehensive national study of Aboriginal substance use was the *National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994* (AIHW 1995), although it was unlikely to have included as respondents the most marginalised people. This survey of 2,943 respondents shows that urban Aboriginal people are:

1. Less likely to drink alcohol (62%) than other urban residents (73%) but, among those who do drink, more likely to consume in ways that placed their health at higher risk (51% of Aboriginal drinkers, compared to 22% of non-Aboriginal drinkers).
2. More likely to smoke tobacco – 54% are current regular or occasional smokers, double the rate of non-Aboriginal people (25%). The majority of smokers (88%) smoke regularly, at least one cigarette per day.
3. More likely to have used cannabis – nearly half (48%) had tried cannabis (compared with 36%), and 22% were current users (compared with 13%).
4. Slightly more likely to have tried other drugs, with 19% having tried at least one illicit drug other than cannabis (compared with 16%), and 6% being current users of at least one other illicit drug (compared with 5%).
5. Marginally more likely to have tried non-medical use of tranquillisers and analgesics, inhalants, heroin, and the injecting of illicit drugs.
6. Marginally less likely to have used cocaine and designer drugs.

The 1994 survey data showed cannabis use is more widespread among the Aboriginal and Torres Strait Islander community, with nearly double the proportion of current users than in the general urban population, and nearly triple the proportion of those using it at least weekly (11%, compared to 4%). Much of this extra current usage came from use by older persons. For those aged between 14 and 25, there were few differences between the Aboriginal community and the general population. Males were also more likely to have tried the drug (54%, compared to 43%), and much more likely to be current users (30% males, 15% females) (AIHW 1995).

The data showed there is also more widespread experimentation with, and use of, illicit drugs other than cannabis – 19% had tried at least one illicit drug other than marijuana (including non-medical use of tranquillisers, non-medical use of analgesics, petrol sniffing, glue or other inhalant misuse) and 6% were current users. Of the 12% who had tried at least one 'hard' drug (amphetamines, cocaine, heroin, hallucinogens, designer drugs, and injecting of any illegal drug), 4% were current users (AIHW 1995).

In summary, the 1994 survey showed:

- the incidence of tobacco smoking among urban Aboriginal and Torres Strait Islander peoples is almost twice that of the general population;
- there are fewer current drinkers than in the general population, but those who do drink are more likely to consume at hazardous levels;
- there is more widespread experimentation with illegal drugs; and
- marijuana in particular is more widely used.

A national household survey in 2001 featured a smaller sample of Aboriginal respondents (n=415), but it too indicates comparatively high levels of illicit drug use. It shows that:

- almost 6 in 10 Aboriginal and Torres Strait Islander respondents (57%) had ever used any illicit drug (compared to 27% of non-Aboriginal people);
- 32% had used an illicit drug in the previous 12 months (compared to 17%);

- much of this recent drug use consisted of cannabis use – 27% reported using cannabis in the previous 12 months (compared to 13%); and
- 13% had used drugs other than cannabis in the previous 12 months (compared to 8%) (AIHW 2002a).

Table 2.3 shows that when comparing the 1994 and 2001 national household survey results, illicit drug use grew in both the Aboriginal and non-Aboriginal communities, but that Aboriginal use appeared to grow at a higher rate.<sup>1</sup>

**Table 2.2:** Use of illicit drugs in the previous 12 months by Aboriginal status.

	Any illicit drug use			Cannabis			Any illicit (not cannabis)		
	1993-94	2001	% change	1993-94	2001	% change	1993-94	2001	% change
Aboriginal	24	32	+33	22	27	+23	6	13	+117
Non-Aboriginal	15	17	+13	13	13	0	5	8	+60

Sources: AIHW 1995, AIHW 2002.

Initial results from the 2004 national household survey (AIHW 2005) show overall illicit drug use in the general population is declining. The proportion of the general population who had used any illicit drug in the previous 12 months fell to 15% in 2004 and recent cannabis use dropped to 11%. There is no separate figure on the use of illicit drugs other than cannabis; however, ecstasy use increased (2.9% in 2001 to 3.4% in 2004), while the use of steroids, cocaine and hallucinogens fell. The initial 2004 results do not include data on Aboriginal use.

Despite limited data on the prevalence of injecting drug use in Australia, it appears rates of injecting drug use have risen in the past decade, a trend reflected in the Aboriginal population. Western Australian research for 1994-2001 showed the percentage of Aboriginal people who had ever injected was probably between 4.5% and 6% in 2001, with the percentage of current injectors between 3% and 4% (Gray et al. 2001).

Recent surveys of male police detainees showed that 90% of those who used heroin or amphetamines in the previous 12 months had injected the drug. There was no difference in injection rates of heroin among Aboriginal and non-Aboriginal detainees, but Aboriginal detainees were significantly more likely to have injected amphetamines than non-Aboriginal detainees (Putt et al. 2005).

Although Aboriginal people who inject drugs can be quite proficient at getting injecting equipment, there are serious concerns about the young age at which injecting commences and about the safety of injecting practices (Larson 1996; Gray & Saggars 2003). Larson (1996) reported that 50-60% of Aboriginal injectors had shared syringes in the previous 12 months and Shoobridge et al. (2000) reported that 48% of Aboriginal injectors interviewed had shared syringes at least once. Studies into Aboriginal injecting drug use show high frequencies of polydrug use (Gray & Saggars 2003; Shoobridge et al. 2000). A national review of needle and syringe program (NSP) use showed 18% of Aboriginal participants reported polydrug use compared to 8% for non-Aboriginal participants (Correll et al. 2000).

<sup>1</sup> Data from the 1995 and 1998 National Household Surveys show that use of illicit drugs in the general population grew in 1995 and peaked in 1998 (22% any illicit in previous 12 months in 1998; 18% cannabis). There is no reliable data on Aboriginal use between 1994 and 2001.



One factor affecting the reliability of data on injecting drug use is the willingness of users to talk about their use. Correll et al. (2000) note that if Aboriginal and Torres Strait Islander people who inject drugs are less likely to attend needle and syringe programs, or are less likely to participate in the NSP surveys, then the rate of Aboriginal injecting drug use could be even higher relative to non-Aboriginal people. Similarly, national surveys could underestimate both Aboriginal and non-Aboriginal injecting drug use either through under-reporting or poor coverage of groups who may be more likely to inject drugs.

Surveys of treatment agencies in 1990, 1992, 1995 and 2001 showed that Aboriginal clients were more likely than non-Aboriginal clients to be receiving treatment for problems relating to alcohol, cannabis or inhalant use, but less likely to be receiving treatment for opiates, amphetamines or benzodiazepines. Aboriginal clients were also much less likely to report having injected drugs in the previous 12 months. The percentage of Aboriginal and Torres Strait Islander clients has increased, from 8.8% in 1990 to 10.3% in 1992, 11.8% in 1995 and 11.0% in 2001.

Self-reported drug use by male police detainees and prison inmates indicates a possible causal relationship between offending and dependency on alcohol and other drugs (Putt et al. 2005). Both Aboriginal and non-Aboriginal male offenders had extensive histories and recent use of a wide range of drugs, with the most common (in order of prevalence) being alcohol, cannabis and amphetamines. The evidence suggests that higher rates of substance abuse play a role in precipitating offences and offending, and contribute to higher victimisation. On the other hand there were important differences between the Aboriginal and non-Aboriginal data, including evidence indicating that alcohol abuse is a prominent factor in Aboriginal offending.

## Substance use in rural and remote areas

Although the 1994 *Urban Aboriginal and Torres Strait Islander Peoples Supplement* survey (AIHW 1995) remains a key source for informing policy in relation to Aboriginal substance use, it has an urban focus and pre-dates recent important developments in the drug market. For instance, there were no questions on kava use which has since been recognised as a significant issue in the East Arnhem region and some Cape York locations. Other changes since 1994 include the much wider availability and use of cannabis, a rise in injecting drug use and a national 'flood' of amphetamine availability and use (coinciding with a heroin 'drought') (Fuller 2004; Weatherburn et al. 2001; Bush et al. 2004). The 2001 household survey's urban focus and smaller sample size limits its value as a source of information on Aboriginal substance use outside of urban areas.

Much of the information on Aboriginal and Torres Strait Islander illicit substance use outside of urban areas comes from site-specific and targeted studies of remote areas. There is very little published data on substance use in rural and regional areas generally. Information on *Aboriginal* use in those areas is even more rare.

Table 2.3 shows urban and non-urban police responses to our survey questions about the kinds of drugs currently used among Aboriginal and Torres Strait Islander people in their local area. Police indicated that cannabis was by far the most widely used illicit drug. Most (87% of all respondents) stated that it was either 'very commonly used' or 'commonly used'.

**Table 2.3:** Use of illicit drugs among local Aboriginal and Torres Strait Islander people, % of police respondents.

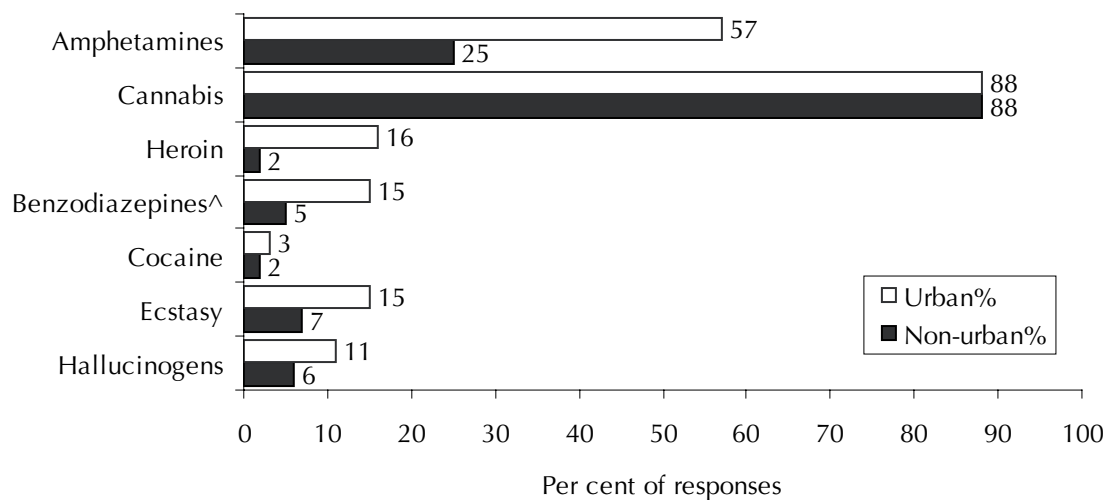
	Urban % (n=232)						Non-urban % (n=493)					
	Very commonly used	Commonly used	Used sometimes	Used rarely	Not available	Don't know	Very commonly used	Commonly used	Used sometimes	Used rarely	Not available	Don't know
Amphetamines	23	34	22	6	0	16	8	17	33	18	5	19
Cannabis	53	35	6	<1	0	6	61	27	6	1	0	5
Heroin	7	9	27	21	2	35	1	1	10	25	15	47
Benzodiazepines^	3	12	20	12	1	53	1	4	11	16	11	57
Cocaine	1	2	9	21	4	64	1	1	5	18	16	59
Ecstasy	4	11	16	18	<1	51	3	4	18	20	9	46
Hallucinogens	1	10	11	16	0	62	3	3	11	16	11	57

^Non-prescription only.

Source: AIC police survey 2005 – computer file.

Police reported significant differences in urban and non-urban patterns of drug use. With respect to cannabis, non-urban police were more likely to say that the drug was 'very commonly used' among local Aboriginal people: 61% compared to 53%. Figure 2.3 highlights other differences. Both urban and non-urban police reported significant levels of amphetamine use, but its use appears to be much more common in urban areas. Urban police were also more likely to note the use of all other drugs listed in the survey.

**Figure 2.3: Illicit drugs very commonly or commonly used among local Aboriginal and Torres Strait Islander people, % of police respondents**



^Non-prescription only. Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

Table 2.4 compares urban and non-urban police responses to questions about problematic use of substances among Aboriginal and Torres Strait Islander people in their area.

**Table 2.4:** How much of a problem is the use of illicit drugs among local Aboriginal and Torres Strait Islander people, % of police respondents.

	Urban % (n=232)						Non-urban % (n=493)					
	Serious problem	Moderate problem	Slight problem	Not a problem	Not available	Don't know	Serious problem	Moderate problem	Slight problem	Not a problem	Not available	Don't know
Alcohol	81	12	1	0	0	6	80	13	2	2	0	4
Petrol	10	12	24	28	0	26	18	13	23	34	1	11
Inhalants	34	23	21	7	0	15	30	17	22	22	<1	9
Kava	1	2	2	25	3	68	1	2	4	36	10	48
Amphetamines	29	24	19	3	0	25	11	18	30	12	4	25
Cannabis	47	30	11	<1	0	12	44	33	12	2	<1	9
Heroin	8	10	19	14	1	48	1	2	13	26	11	47
Benzodiazepines <sup>^</sup>	5	9	15	10	0	62	1	3	11	22	8	56
Cocaine	1	2	9	19	2	68	1	1	6	27	12	54
Ecstasy	7	11	15	14	0	53	3	7	17	22	7	45
Hallucinogens	2	6	13	12	0	68	2	3	12	23	8	52

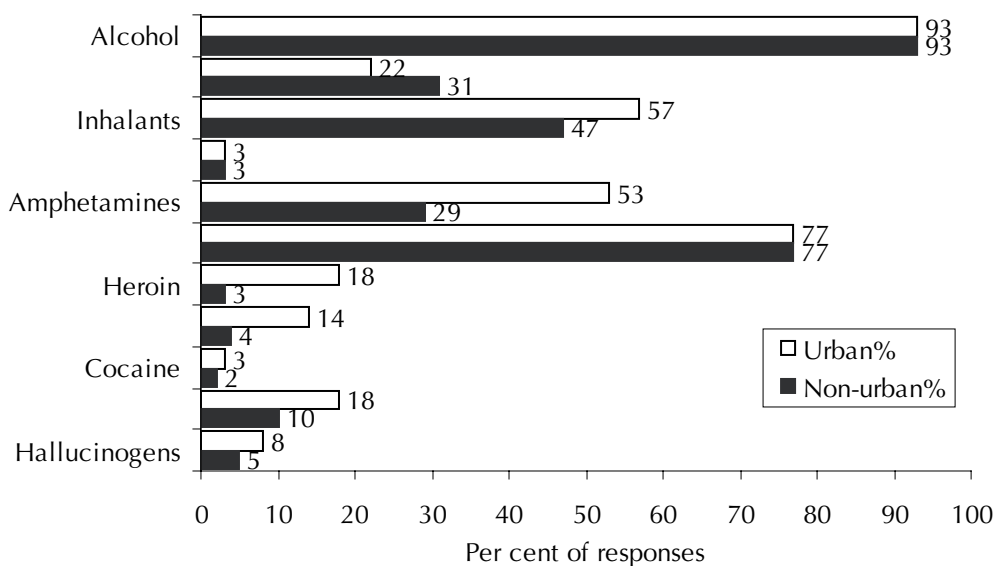
<sup>^</sup>Non-prescription only.

Source: AIC police survey 2005 – computer file.

Alcohol dominated police concerns with 80% of all police ranking alcohol as a 'serious problem' for local Aboriginal communities. Virtually no-one thought alcohol was not a problem. Many police (77%) also thought cannabis use was a 'serious problem' or 'moderate problem' for Aboriginal and Torres Strait Islander communities in their local areas, followed by petrol and other inhalants, and amphetamine use.

Figure 2.4 highlights similarities and differences between urban and non-urban police perceptions of problem drug use. Both groups were equally concerned about the problem use of alcohol and cannabis among local Aboriginal people. Non-urban police were much more likely to nominate petrol sniffing as a 'serious' or 'moderate' problem in their local area, whereas urban police were more concerned about the hazardous use of other inhalants such as paint or glue, and the use of amphetamines, heroin, non-prescription benzodiazepines and ecstasy.

**Figure 2.4: Substances regarded as a serious or moderate problem among local Aboriginal and Torres Strait Islander people, % of police respondents**



^Non-prescription only.

Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

A police submission to a parliamentary inquiry on community drug use in the Northern Territory stated that alcohol was the main substance 'used and abused' by Aboriginal people in the Territory, but cannabis, kava and inhalant (mostly petrol) abuse was also common. The submission described a precipitous rise in the use of cannabis in remote communities, from negligible levels in the early 1990s to very high levels in 2002. It cited research by Clough and others in East Arnhem Land showing broad prevalence had been achieved quickly by local trafficking to those communities (Northern Territory Police 2002).

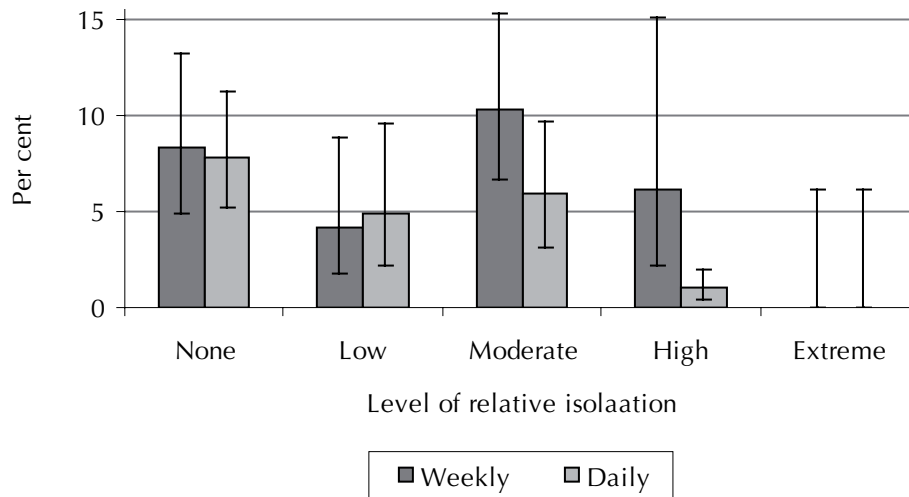
A recent East Arnhem Land study, based on an analysis involving 336 Aboriginal residents (169 males, 167 females) aged 13-36 years in two Arnhem Land communities, has found "extremely high" rates of cannabis use among males: 69% had ever used cannabis and 67% of males were current users. This is almost double the general rate of use reported by Northern Territory males of similar age, and the general Northern Territory rate is, in turn, almost 1.7 times higher than in males of similar age in other Australian jurisdictions. The proportion of current female cannabis users (26% had ever used, 22% are current users) is lower than the rest of the Northern Territory but comparable to Australian rates (Clough et al. 2004b). News reports in March 2005 note that Clough's more recent surveys show a 10% fall in cannabis use in certain areas of East Arnhem Land, the first indication of a decline in use since the surveys began.<sup>2</sup>

A Western Australian study involving a survey of 3,993 Aboriginal children over two years found that 30% of 12-17 year olds have used cannabis at some time in their lives (Zubrick et al. 2005). As shown in Figure 2.5, cannabis was used at least weekly by 45 per cent of 17 year-old males and 21 per cent of 17 year-old females. The rates of use varied depending on the level of relative isolation, perhaps as a result of availability. In areas of extreme isolation, approximately one in eight young people (12%) had ever used the drug compared with one in three young people (34%) in the Perth metropolitan area. Perth had the highest rate of daily use (7.8%) whereas weekly use

<sup>2</sup> ABC News Online, 8 March 2005.

was highest in areas of moderate isolation (10.3%). In areas of extreme isolation there were no reports of daily or weekly cannabis use among young people. However, these results should be treated with caution because of the high margins for error indicated in this category and because daily and weekly patterns may not pick up intermittent binge use.

**Figure 2.5: Young people aged 12-17 years – proportion who have used marijuana weekly or daily, by level of relative isolation**



Source: Zubrick et al. 2005: 224 – copy of Figure 4.13 from the Western Australian Aboriginal Child Health Survey, Volume 2.

The overall proportions of Aboriginal young people using cannabis in Western Australia are similar to other young people. Western Australian responses to a survey of 12-17 year-old school students in the 2002 Australian School Students Alcohol and Drug Survey found that 31% of students had used cannabis at some point in their life (compared with 30% in of Aboriginal respondents to the child health survey), and 9% of students had used cannabis in the previous week (compared with 12%). However the Australian schools survey also shows usage can change quickly over time. The proportion of young people who had used ever cannabis declined from 40% in 1996 to 31% in 2002 (WA Aboriginal Child Health Survey, 2005).

Another concern highlighted by Clough’s Arnhem Land research is the use of cannabis in combination with other substances, especially tobacco and heavy, episodic use of alcohol. Also, half or more of current users (male and female) aged over 20 also had a history of petrol sniffing. Of the small number of respondents who continued to sniff petrol or use 'speed' (probably methamphetamine), all were cannabis smokers (Clough et al. 2004b). The Western Australian survey showed that 75% of young people who drank alcohol and smoked cigarettes also used cannabis, compared with only 8% of young people who neither drank alcohol nor smoked cigarettes (WA Aboriginal Child Health Survey, 2005).

Generally Aboriginal illicit drug use involves many more males than females, and tends to start at an earlier age than non-Aboriginal users. Table 2.5 illustrates results from the National Drug Strategy’s 1994 survey that showed the average age when drugs (including cannabis) were first tried was around 18 years of age for Aboriginal and Torres Strait Islander people, about a year younger than among the general population. Two notable exceptions were petrol and glue sniffing, where the average starting age among those Aboriginal and Torres Strait Islanders who used it was only 14 years, compared with nearly 17 years for inhalant use in the general population (AIHW 1995).

**Table 2.5:** Illicit drugs: average age first tried.

<b>Drug/behaviour</b>	<b>Average age (in years) when first tried, Aboriginal and Torres Strait Islander peoples*</b>	<b>Average age (in years) when first tried, general population survey, 1993**</b>
Marijuana	18.2	19.4
Sleeping tablets	19.3	21.0
Pain killers	17.4	17.7
Petrol sniffing	14.4	Not collected in 1993
Glue, other sniffing	14.1	Not collected in 1993
Inhalants generally	See petrol, glue	16.9
Speed	19.5	19.0
Cocaine	18.5	21.6
Heroin	17.5	20.2
Hallucinogens	17.8	19.2
Designer drugs	18.0	22.3

\*Base = all 1994 Aboriginal and Torres Strait Islander respondents (n=2, 943; weighted total = 47,724).

\*\*Base = all 1993 respondents living in urban areas (n=3,000; weighted total = 11,647,000).

Source: AIHW 1995: 36 – copy of Table 24 from the *National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994*.

Cultural factors might play a role in the younger age of first-time use. In some areas young Aboriginal people often follow older kin around and learn about the world from peers rather than parents. They are often introduced to cannabis, tobacco and alcohol use through their kin network. With cigarettes, older close kin might put a lit cigarette in the mouths of younger kin who follow them around. Traditionally, young men after their first round of 'business' may have considered themselves too big to listen to their mothers. Our researchers were told that something of this attitude continues today when young boys drop out of school at 14 years old and go around with their peers, smoking cigarettes and acting tough.

A survey of secondary school students in NSW (which included many rural respondents) found that, after adjusting for age, gender, spending money, family type, and missing school days for illness, Aboriginal students were significantly more likely to drink alcohol at hazardous levels, to smoke cigarettes and to have tried cannabis and some other illicit drugs (ecstasy, cocaine, narcotics) (Forero et al. 1999). Other studies confirm the Aboriginal starting age can be younger for some substances. Research involving 105 of the 110 Aboriginal residents aged 8-17 years in the Albany region of WA found high rates of inhalant or solvent use and polydrug use, rising sharply from age 15. The frequency of alcohol consumption was lower for younger students, compared with non-Aboriginal students of a similar age, but about the same for those aged 15-17 years (Gray et al. 1996).

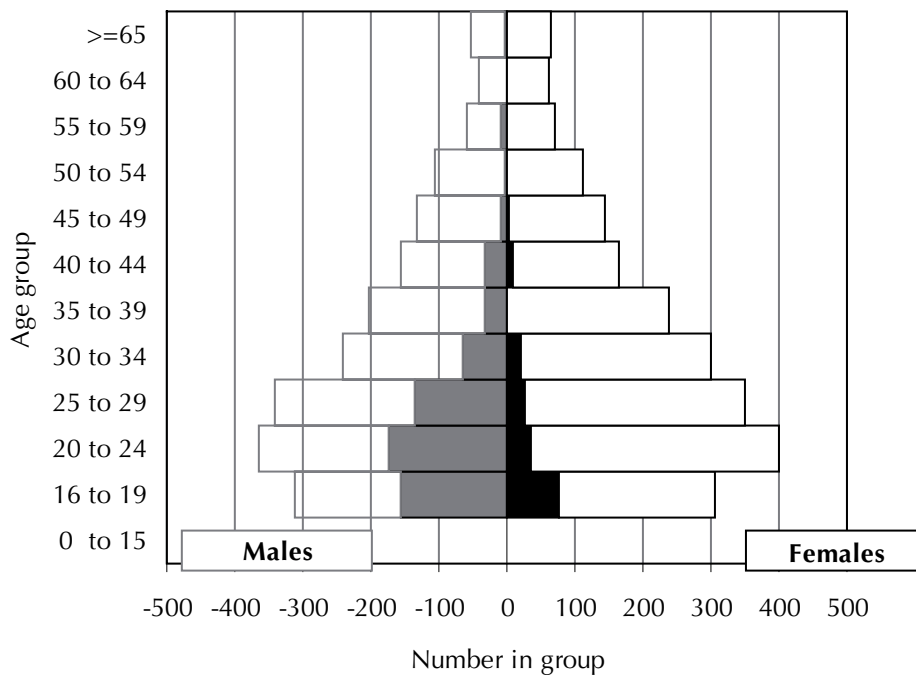
A Northern Territory Department of Health and Community Services survey in 1999 (O'Reilly et al. 2005) involving 635 individuals in 12 Arnhem Land communities<sup>3</sup> found that significantly more males (27.8%) than females (11.5%) reported using cannabis at the time of the survey. Cannabis

<sup>3</sup> The estimated adult population of the 12 settlements was 4,751 in 1999.

use was also significantly associated with age. More than a quarter of 15-20 and 21-30 year olds reported using the drug (26.3% and 25.9% respectively). There were far fewer cannabis smokers among older age groups (O'Reilly et al. 2005).

Figure 2.6 shows data from another regional survey of 689 respondents in the Miwatj region of Arnhem Land (Clough et al. 2002b), which found similar distributions in terms of age and gender. That is, more males (26%-36%) than females (5%-11%) were current cannabis users at the time of the survey in 1999, and the age distribution of users was also similar to the earlier unpublished research. The solid shading shows the number of current cannabis users at the time of the survey in each age and sex stratum. The data on the high number of young cannabis users in at least some remote areas supports repeated concerns raised elsewhere by community representatives and service providers in our own fieldwork interviews and consultations. All perceived that the average age of first-time users was falling, extending the period of risky substance use to a younger cohort of users. The concerns were strongest in the remote area settlements<sup>4</sup> where efforts to combat issues such as youth drinking or petrol sniffing and other inhalant abuse had been subverted by relatively easy access to cannabis.

**Figure 2.6: Current use of cannabis in the Miwatj region of East Arnhem Land by sex and age (1999)**



Source: Clough et al. 2002b: 352 – copy of Figure 2 from *Diversity of substance use in eastern Arnhem Land (Australia): Patterns and recent changes*.

Many Woorabinda and Rockhampton participants expressed frustration that their efforts to reduce paint sniffing often ended with sniffers graduating to cannabis use as soon as they had the financial means to do so. In some cases this included young users trading sex for access to spray paint (for chroming), cannabis or alcohol, making them vulnerable to sexual assault and other abuse.

<sup>4</sup> Our remote area fieldwork sites were Woorabinda (Queensland), the Tiwi Islands (Northern Territory), the Goldfields-Western Desert region (Western Australia), the AP Lands (South Australia).

Similarly, service providers and community leaders at settlements in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands expressed similar frustration at the high number of users graduating from petrol sniffing to cannabis smoking.

Other issues raised in evaluations of Aboriginal illicit substance use include concerns about patterns of binge use, higher levels of consumption, and claims that cannabis is becoming more potent and the supply more plentiful. The perceived higher potency of the active ingredient in cannabis, THC (delta-9-tetrahydrocannabinol), is often attributed to hydroponic methods of cultivation and new cultivars (Select Committee on Substance Abuse in the Community 2003). Other sources agree that cannabis is becoming more potent, but attribute this to the selective use of parts of the plant where THC is concentrated, and the mode of use. The National Drug and Alcohol Research Centre's 2004 *IDRS Drug Trends Bulletin* found that potency of 'hydroponic cannabis' was high but stable across all jurisdictions and 'bush cannabis' had medium but stable potency (Hall & Swift 1999).

Concerns about the mode of use tend to focus on the widespread use of 'bucket bong' in Aboriginal communities. Bucket bong – sometimes called 'gravity bong' – are typically home-made devices, and can be:

... fashioned from plastic soft-drink containers (usually 600 ml for the receptacle and a 1-litre container for the bucket). 'Cones' are fashioned from strips of aluminium cans and seated with moistened playing cards or gum in a hole in the receptacle lid. Smoke from material burning in the cone is first drawn into the receptacle by the vacuum created when the receptacle is slowly raised in the water in the bucket. Then with the receptacle lid removed, the smoke is forced up and inhaled as the receptacle is pushed down into the water. This gives the smoker a sudden dose with little smoke lost, rather than the varying amounts drawn from, for instance, a conventional 'joint' (Clough et al. 2004b).

Although the use of bucket bong is not confined to Aboriginal communities, numerous sources said it was by far the preferred method among younger smokers in remote areas. Service providers and community leaders at Woorabinda said it was common for young people to seek equipment to make their own bucket bong. An unpublished study involving 63 Tiwi young people aged 16-24 years found bucket bong were the only reported method for smoking cannabis, with users often smoking three to four 'foils' of 'heavy hydro' a day (Brian Riley 2004 pers. comm. 27 Sept.). Concurrent alcohol use was also common.

The use of bucket bong efficiently facilitates binge use, concentrating and cooling the cannabis smoke and providing an instant hit and intense high:

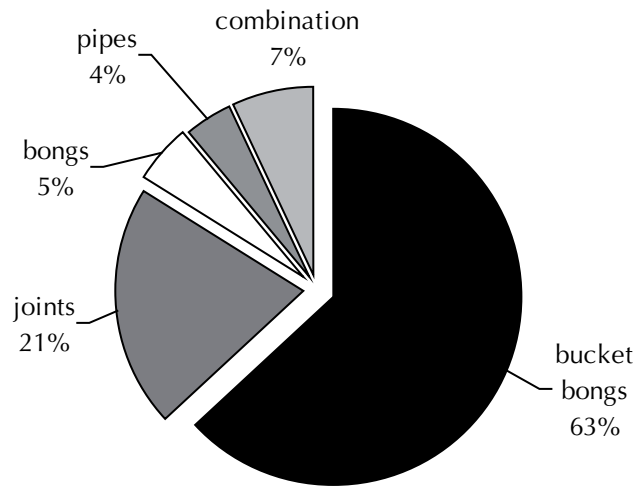
*People tend more often to use substances to binge and get totally blotto. I mean it is the case with the 'bucket bong' of marijuana ... your average person in Darwin might have a couple of cones a day or whatever. You go out in the communities and you get a great heap of this stuff, put it under a bucket and just take a couple of good whiffs of it. I mean that is an intense inhalation of marijuana compared to [smoking it], and it seems to be reasonably prevalent in the communities. And, not surprisingly, people possibly become psychotic. It is the potency of the material as well as the way you use it.*

Dr Rob Parker, Acting Director of Psychology for Top End Mental Health Services,  
Select Committee on Substance Abuse in the Community 2003.

Other sources confirm the popularity of the method. As Figure 2.7 shows, O'Reilly et al. (2005) found that participants identified bucket bong (63%) and joints (21%) as the usual methods of smoking cannabis. Smaller percentages usually used bong (5%), pipes (4%) or a combination of methods (7%).



**Figure 2.7: Usual method of smoking cannabis in Arnhem Land communities in 1999**



Source: O'Reilly et al. 2005.

Gender was not significantly associated with the usual method of smoking cannabis, but age was. Younger users were more likely to use bucket bongs, with 77.5% of 15-20 year old respondents using bucket bongs and only 10% using joints. Among 21-30 year olds, 68.2% used bucket bongs and 18.2% joints. Bucket bong use fell to 36.0% among the 31-40 year olds, whereas about half (48%) used joints (O'Reilly et al. 2005).

Ongoing research in East Arnhem Land notes that males in those communities commence drug use earlier in life and use substances for longer. For many, the starting age for alcohol is 12 years, and 14 for kava. It also highlights the dynamic and peculiarly local combinations of substance use issues surrounding alcohol, petrol sniffing, kava and, more recently, cannabis in remote Northern Territory communities. In one group, 74% of males aged 20-34 years were current cannabis users and, of these, 60% were former petrol sniffers (Clough et al. 2002b).

### Recent rapid uptake in use and availability of cannabis

Although cannabis has been present in rural and remote communities for some years, much of the increased cannabis use noted in remote areas appears to be very recent, to involve large numbers of first-time users and to involve binge use of other substances (Clough et al. 2004b).

A survey in the mid-1980s found little or no cannabis use in the Northern Territory's 'Top End' communities. Police sources confirmed that cannabis use was rare in remote Northern Territory communities before 1991 (Select Committee on Substance Abuse in the Community 2003), but began to notice and warn of an emerging market in remote areas in the mid-1990s (ABCI 1999).

Surveys across the East Arnhem Land region showed that cannabis use by males aged over 15 years quickly increased to 31% by the late 1990s, then to 55% in 1999. Female cannabis use jumped from 8% to 13% in 1999. By 2001-02 regular cannabis usage had surged to 62-76% of males and 9-35% of females aged 13-34 years (Clough et al. 2004b).

The accelerating use was most noticeable at individual community level. Between 1999 and 2000 the proportion of males using cannabis in one East Arnhem Land locality almost doubled, from 21% to 39%, while cannabis use among females emerged for the first time, with up to 20% trying the drug that year (Clough et al. 2004b). Expert evidence and public meetings in Lajamanu,

Tiwi Islands, Jabiru and Katherine noted that remote communities across the Northern Territory all recently experienced similar rapid increases in cannabis use, plentiful supply from external sources, and community cooperation in distribution (Select Committee on Substance Abuse in the Community 2003).

Although others have noted that cannabis use is becoming more prevalent among Aborigines and Torres Strait Islanders elsewhere in Australia (ANCD 2002), there is little published information detailing changing patterns or rates of use. Most studies are neither current nor pertinent to remote area populations. Consequently, relevant information exists for just a few localities in the Northern Territory and rural communities elsewhere.

Police respondents to our survey were asked whether the frequency of cannabis use among Aboriginal and Torres Strait Islander people in their local area had changed in the past three years. Table 2.6 shows that most thought local usage had not changed (47%) or had increased (35%). Some (11%) thought that cannabis use had 'greatly increased'. Virtually no respondents thought that local Aboriginal and Torres Strait Islander cannabis use had decreased in the past three years.

**Table 2.6:** Changes in the use of cannabis among Aboriginal and Torres Strait Islander people in the local area of police respondents, past three years.

	Urban % (n=167)	Non-urban % (n=359)	All % (n=563)*
Greatly decreased	0	1	<1
Decreased	1	1	<1
No change	53	51	47
Increased	39	34	35
Greatly increased	8	13	11

\*Includes 37 responses where location not known.

Source: AIC police survey 2005 – computer file. 'Urban' excludes 65 'don't knows'. 'Non-urban' excludes 134 'don't knows'. 'All' responses excludes 229 'don't knows'.

When asked whether the frequency of local Aboriginal amphetamine use had changed in the past three years, almost none of the police respondents to our survey thought that usage had decreased. Table 2.7 shows that most thought local usage had not changed (43%) or had increased (47%). As with cannabis use, a number of police (9%) thought amphetamine use had 'greatly increased'.

**Table 2.7:** Changes in the use of amphetamines among Aboriginal and Torres Strait Islander people in the local area of police respondents, past three years.

	Urban % (n=142)	Non-urban % (n=262)	All % (n=432)*
Greatly decreased	1	<1	1
Decreased	0	1	1
No change	27	50	43
Increased	60	40	47
Greatly increased	13	8	9

\*Includes 28 responses where location not known.

Source: AIC police survey 2005 – computer file. 'Urban' excludes 90 'don't knows'. 'Non-urban' excludes 231 'don't knows'. 'All' responses excludes 360 'don't knows'.

Community and agency sources in all of the remote area communities that participated directly in our study noted that all experienced steep rises in cannabis availability and use in the past 5 to 10 years. One long-term resident at Woorabinda estimated there were perhaps five or six regular marijuana users in the town in 1984, and 30 to 40 regular smokers by 1994. But by 2004 he estimated that as many as 60% or more of the town's 945 residents smoked heavily. Some start as young as 10 years old, but regular smoking was more common from the ages of 12 to 16 years. Although better organised cannabis deliveries and distribution appeared to have underpinned the growth in use, several sources argued that the trend was accelerated by factors such as Woorabinda's expulsion from the district football competition and a slump in employment following the collapse of a local CDEP scheme and closure of abattoirs in Rockhampton.

Leaders from several other Queensland and Northern Territory communities also contacted our researchers to express concern about similar escalations in the rates of use and the falling age of first-time users in their communities.

National, state and territory drug reporting systems have generally not detected these patterns in remote Aboriginal communities. The dearth of relevant information limits the ability to develop strategies to act against substance abuse, despite its importance to Aboriginal health in general (Clough et al. 2004a).

Perceptions that cannabis smoking is relatively harmless appear to be fuelling the growth in use in remote Aboriginal communities (ANCD 2002). In many cases, young people take their lead from adults' apparent lack of concern, including old people who do not use the drug but do not object to young people making that choice. An Aboriginal worker at Woorabinda described how his discussion with a parent was interrupted by children in their early teens looking for a bucket and other equipment to make a bucket bong. He said it was obvious they were planning to smoke cannabis, yet this attracted no obvious censure or apparent concern from the adult. Commenting on the recent growth in cannabis use in the Tiwi Islands, one Darwin source with family on the islands said *"the older generation kind of encourage it"*. He said there was strong pressure on young people not to drink until they are 18 years old but no such pressure in relation to cannabis smoking. Another worker agreed:

*Old people say [to young people] 'stop humbugging me for money – go sell some ganja to get your own [money]'.*

Surveys of Aboriginal community attitudes to drug use indicate that more immediate concerns, about excessive alcohol consumption and associated violence and disorder, can overshadow community concerns about substances such as cannabis even if the longer-term harms associated with cannabis smoking are understood (AIHW 1995). Since the late 1990s there has also been wider availability and use of cannabis nationally, a trend Rey & Tennant (2002) link to broader social changes: "The ready availability of the drug, the increasing social disapproval of cigarette smoking, stern drink driving laws, and perceptions that cannabis is safe or less harmful than cigarettes or alcohol may explain these changes".

## **Profiteers targeting the remote area drug trade**

A related development is that the sharp growth in demand for drugs in remote areas appears to have attracted the interest of profiteers. Whereas the initial surge in cannabis use in remote communities tended to be supplied by remote area residents returning from trips to cities and other centres with cannabis to share and sell, the lure of easy profits has apparently attracted a second wave of more entrepreneurial drug suppliers from outside the community.

A Northern Territory Police submission to a recent parliamentary inquiry into substance misuse summarised the cannabis supply arrangements typical of many remote areas in the Top End:

*Given the isolation of most of these communities, the cannabis can be transported by road in the 'Dry Season' (June to September) only. Transportation of the drug in the 'Wet Season' (Monsoon Season – October to May) by light aircraft (both commercial and charter) and by barge, is the only option. The cannabis was initially transported in hand luggage resulting in easy detection of the drug. However, many suppliers/couriers have now resorted to novel or more sophisticated concealment methods (e.g. hiding the drug inside frozen meats, babies' nappies, appliances, general foodstuffs etc). Offenders are now commonly breaking down bulk quantities into several smaller amounts that are distributed to other individuals from the community to carry. This method ensures that those apprehended only incur small pecuniary penalties.*

(Northern Territory Police 2002)

Despite the strong demand and high prices for cannabis in remote areas, it appears that very little is grown on site – even in coastal areas with good soil and reliable rainfall which would be well-suited to cannabis production. Reasons included the need to constantly tend to the crop, difficulty in keeping it a secret from users, the likelihood of friends and relatives harassing growers for drugs or money, the risk of prosecution, and the risk of community disputes associated with the production and distribution of the drug. In some locations, growers might also risk being blamed for ill-effects, such as a user's bad reaction to the drug or an accident or assault that occurs while the user is intoxicated, whereas a dealer bringing in drugs from outside the community could simply blame an unknown source of supply.

### **Future trends: The expanding market for amphetamines and other illicit drugs**

While the extent of amphetamine, heroin and other injecting drug use in urban Aboriginal communities in 1994 was comparable to non-Aboriginal urban communities (AIHW 1995), current use and the picture in rural and remote communities is less clear. Proximity to the source of these drugs appears to impact on availability and use. A Victorian study comparing city and country drug injecting, which included a significant proportion of Aboriginal drug users, found significant differences between the two locations. Most of the regional injecting drug users used amphetamines, whereas the urban users injected a variety of drugs, including heroin. The researchers found that the rural preference for amphetamines was influenced by their distance from urban sources of heroin; travelling long distances made purchasing more difficult, dangerous and expensive. Amphetamines, on the other hand, were cheaper, more likely to be produced locally and thus more easily obtainable (Aitken et al. 1999).

Isolation, poverty, cultural factors and small population are sometimes cited as factors likely to shield remote communities from illicit drug trafficking and use. Northern Territory Police warn that this view is misconceived.

*It would be naïve to think that the importation or local manufacturing of illicit drugs here in the NT is confined to a smaller scale or that, due to our small population and remoteness, large drug importations or manufacture are unlikely. In fact, up until several years ago the largest heroin seizure made by an Australian law enforcement agency was in fact in Darwin harbour where 123.4 kg of heroin, valued at \$259 million (1995), was*

*found followed by 21.5 kg in 1996. Cannabis plantations have been valued well in excess of \$10 million, similarly: for example the King River plantation operation netted over \$1 million in cash.*

(Northern Territory Police 2002)

At community level, the recent emergence of sophisticated trafficking networks to supply expanding demand for cannabis in remote areas shows that physical isolation and small markets present few barriers to amphetamine and other illicit drug use taking hold in those locations.

Nor does poverty provide significant impediments to amphetamine and other drug use. As the 'extreme profits' associated with illegal cannabis, kava and alcohol trading shows (see Chapter 3), remote area users with limited means can still pay dearly for substances. Although established cannabis distribution networks could be used to supply remote area demand for amphetamines and other illicit drugs, it appears that demand for those drugs is currently limited. Yet the recent rapid rise in cannabis use in remote areas shows that demand can change very quickly.

One of the more persistent myths about Aboriginal drug use is that amphetamines are 'not their kind of drug'. Yet in a detailed survey of 665 amphetamine users across Queensland, 8.5% of respondents identified as being Aboriginal or Torres Strait Islander, including many rural and regional respondents living in northern and western Queensland (Lynch et al. 2003).

One current impediment to the growth in amphetamine and other injecting drug use in Aboriginal communities is the stigma associated with the trade in 'powders' and use of injecting equipment:

*If you don't mind the rest of the community thinking you are a low-life, powder is the way to go if you want to make a quick buck and/or sustain your own habit. I reckon you'd have to be a powder user to be able to stomach other powder users – they come at all hours ... if your money clicks over at midnight, you'll go shopping at midnight ... they are real scungy looking, prone to violence and got no shame, i.e. leave their needles laying round parks [and other] public places.*

Former youth worker, remote NSW community (2004 pers. comm.)

Yet Aboriginal amphetamine, heroin and other injecting drug use appears to be on the rise in many areas (AIHW 2002a; AIHW 2003; OATSIH 2000) and sources such as reviews of national needle and syringe program data and the surveys of police detainees and prison inmates (Correll et al. 2000; Putt et al. 2005) show there are numerous past and current Aboriginal injecting drug users. Targeted studies of Aboriginal drug use in South Australia (Shoobridge et al. 2000), the Australian Capital Territory (Dance et al. 2004), Queensland (Eldridge 1997; Larson 1996; Larson & Currie 1995; Larson et al. 1997) and elsewhere also feature substantial numbers of injecting drug users. If there is a cultural reluctance to use injecting equipment and use 'harder' drugs, it appears this can be – and is being – overcome.

## Chapter three: Individual and community harms

Aboriginal and Torres Strait Islander Australians suffer higher burdens of illness and die at younger ages than non-Aboriginal Australians. This is true for almost every type of disease or condition for which information is available (ABS & AIHW 2003). This chapter considers the impacts of illicit drug use on Aboriginal health and wellbeing, together with the broader harms arising from illicit drug use.

### Involvement in the criminal justice system

The most obvious and immediate harms in relation to illicit drug use are the increased risks of involvement in the criminal justice system. Australian police arrested 79,000 drug offenders in 2003-04, mostly (80%) for possession and other lesser 'consumption' offences (ACC 2005). Regular surveys of police detainees show that many use illicit drugs. The 2004 Drug Use Monitoring in Australia report found that 37% of police detainees attributed some of their criminal activity to illicit drug use and 10% were looking for drugs at the time of their arrest (Schulte et al. 2005).

Most states and territories have reduced the penalties and improved diversions for very minor cannabis offences. The Australian Capital Territory, Northern Territory, South Australia and Western Australia have civil penalty schemes for minor possession of illegal drugs – in Western Australia this includes possession of very small amounts of some drugs other than cannabis. Yet strict penalties are in place for failing to comply with the rules of civil penalty or diversion schemes, repeat offending or possession of larger amounts. For drugs other than cannabis, carrying just a few pills or small amount of powder can result in users being charged with 'supply' offences. For some users, getting caught in possession of illegal drugs can change their lives forever.

Aboriginal and Torres Strait Islander people are already over-represented in all stages of the criminal justice system. The daily average number of Australian prisoners (excluding periodic detainees) was 23,014 in 2003-04. Of these, 4,960 (21.6%) were Aboriginal (SCRCSP 2005). The current growth in Aboriginal drug use in rural and remote areas risks further compounding that over-representation.

#### Policing scenario:

##### *Suspects and critics*

Surveillance of a suspected drug house indicates various people use the house as a place to stay, fence stolen goods, purchase drugs or use drugs. Friends of teenagers living at the house often drop by to watch TV. Visitors' vehicle registration details are noted, and at various times over the following weeks the drivers are stopped and their vehicles searched. Those using the house include a number of Aboriginal people. Local Indigenous leaders air claims in the local press that police 'constantly harass our kids'. One woman says she is often stopped by police when she drives her grandson's car and was recently stopped three times in one day. A senior officer raises these concerns at a regular Aboriginal community forum convened by the local council, but is assured that the critics in the press do not represent 'the majority' of Aboriginal people in the town. In fact, the forum leaders know of places where children as young as 14 years old buy and use drugs, and want to know why police won't act. The high school's Aboriginal liaison officer at the forum confirms that cannabis smoking is common among older students at the school.

As the local commander, what can you do?

See the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

## Health and other harms associated with illicit drug use

Illegal drug use is an emerging and significant cause of health-related harms in Aboriginal communities, yet the major killers of Aboriginal and Torres Strait Islander Australians are licit rather than illicit substances. High rates of tobacco use among Aboriginal people are reflected in high rates of hospitalisation and/or death from coronary heart disease, stroke, peripheral vascular disease, numerous cancers and other diseases and conditions (AIHW 2003). Aboriginal women are eight times more likely to die of smoking-related diseases than non-Aboriginal women (Wilson 2004), and smoking during pregnancy is also a risk factor for low birth-weight – an issue affecting babies born to Aboriginal mothers at twice the rate of non-Aboriginal babies (AIHW 2003).

Alcohol consumption is another significant cause of preventable disease and death, with alcohol linked to high rates of liver disease, pancreatitis, diabetes, some cancers and epilepsy (AIHW 2003). The death rate for cirrhosis of the liver among Aboriginal women is 11 times greater than for non-Aboriginal women, and for men it is five times greater (Wilson 2004). Alcohol is also a contributor in injuries from motor vehicle accidents, falls, burns, and suicide, and is a factor in high rates of family violence, family breakdown and anti-social behaviour (Rowland & Toubourou 2004; AIHW 2003; Memmott et al. 2001).

Cannabis is the most widely used illicit drug in both Aboriginal and non-Aboriginal communities. Like other drugs, the major health risks from excessive cannabis use are likely to be experienced by regular users (daily or near daily) over several years or more (Lenton 2004). Experimental or occasional use presents fewer immediate health risks, except (as with alcohol) as a contributor in injuries from accidents, suicide and other incidents while intoxicated. Compared to alcohol and tobacco use, far fewer illnesses, hospital admissions and deaths are attributable to cannabis use. However, the risk of cannabis-related harms could rise as the prevalence of *heavy* cannabis use increases and as the age of first-time users becomes younger (Lenton 2004). Using cannabis in combination with other substances, and the residual effects of previous inhalant abuse, may also pose significantly increased risks to Aboriginal health.

Although illicit drug use is not directly linked to a significant number of deaths in the overall population, it is responsible for many deaths in Australians aged 15-34 years; accounting for 42% of the 1,544 substance-related deaths in that age group annually. This includes deaths attributed to drug dependence (59.8%), poisoning (21.5%) and suicide (15.8%) (AIHW 2003). No other age group is affected to the same degree: those aged 35-64 years experience half the number of illicit drug-related deaths. The reported data on illicit drug deaths does not include Aboriginal status, but factors such as the younger age profile of Aboriginal and Torres Strait Islander populations and their higher rates of lifetime and past year drug use put them at higher risk (AIHW 1995).

Aboriginal Australians are marginally more likely to inject drugs than other Australians (AIHW 1995; Fox 1999) and injecting appears to be more common in urban Aboriginal communities (AIHW 1995; Brady 1992; Lynch et al. 2003), but the information on rural and remote area use is far from complete. A recent assessment of amphetamine use in western Queensland centres indicates that amphetamines are "easy to obtain" in those areas, injecting is common and there is an urgent need to improve users' awareness of the risks associated with sharing injecting equipment (Conroy 2002).

Larger regional and better-connected rural centres have substantial numbers of regular injecting drug users, providing a conduit for remote area users to access urban-based supply networks (Aitken et al. 1999; Shoobridge et al. 2000). Another factor in Aboriginal patterns of use is the high level of mobility between remote, rural and urban Aboriginal communities. There is evidence that urban patterns of use eventually spread to other areas (Williams 1999), putting rural and remote injectors at risk of blood-borne viruses and other harms.

Other common harms associated with illicit drug use include:

- *Diminished social and emotional wellbeing:* This is much broader than (but includes) mental health issues. Social and emotional wellbeing can be diminished by factors including grief, loss, trauma, abuse, violence and substance abuse – including illicit drugs. Social and emotional wellbeing can be distinguished from mental health in that the health problems are distinct and can occur independently, but they do interact and influence each other. For example, depression, post-traumatic stress, psychosis, self-harm, anxiety states and crisis reactions are mental health problems for which social and emotional wellbeing may provide positive and stabilising influences and promote self-care and self-defined recovery (Henderson et al. 2004; CDHA 2004);
- *Diminished physical health:* Weight loss, poor nutrition, problems related to neglect and poor personal hygiene, and, in the case of injecting drug use, an increase in the risks of vein damage and blood-borne viruses. Incapacitation through intoxication, and involvement in crime or prostitution to access drugs, can also put users at greater risk of abuse or victimisation (WA Community Drug Summit Office 2001: 4);
- *Financial and social hardships:* Spending on drugs can exacerbate existing financial and social hardships, adding to personal or household stress. Subsequent conflicts can put users at greater risk of contact with the criminal justice system, as can using or dealing drugs, or using crime and/or prostitution to pay for drugs (WA Community Drug Summit Office 2001: 4).

While all illicit drug users are at risk of these kinds of harms, the growth in illicit drug use among young Aboriginal and Torres Strait Islander people unquestionably compounds the social and economic problems already affecting Aboriginal communities at disproportionate levels. That is, substance abuse can undermine the prospects for better health, employment, education, a safe and cohesive family environment and other such factors – the very factors needed to protect users and enable them to better regulate their own substance use (Rowland & Toubourou 2004; Gray et al. 2004).

## Community perceptions of drug-related harms

The *National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994* asked respondents about their perceptions of drug-related harms, inviting them to nominate 'which drug or behaviour caused the most serious concern or worry to Aboriginal and Torres Strait Islander peoples generally'. More than half (55%) nominated excessive alcohol consumption as the substance of greatest concern (compared with 34% of the general community in the main 1993 household survey) (AIHW 1995). Petrol sniffing, cannabis and tobacco smoking aroused much less concern (see Table 3.1 below).

**Table 3.1:** Drugs of most concern to community.

Drug/behaviour	Proportion nominating as the most concern to Aboriginal and Torres Strait Islander peoples generally*	Proportion in the 1993 survey nominating as the most concern to the general community**
Excessive drinking of alcohol	55	34
Sniffing petrol	8	not included on list in 1993
Marijuana	8	4
Sharing needles or syringes	8	19



Table 3.1 continued.

Drug/behaviour	Proportion nominating as the most concern to Aboriginal and Torres Strait Islander peoples generally*	Proportion in the 1993 survey nominating as the most concern to the general community**
Speed, cocaine, or any other illegal drugs	7	5
Sniffing glue or anything else	5	1
Tobacco smoking	4	22
Heroin use	1	10
None of these/don't know/all equal	3	5

\*Base = all urban Aboriginal and Torres Strait Islander 1994 respondents (n=2,943; weighted total = 47,724).

\*\*Base = all 1993 respondents living in urban areas (n=3,000; weighted total = 11,647,000).

Source: AIHW 1995: 21 – copy of Table 12 in the *Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994*.

One view is the data suggests comparatively low levels of concern about illicit drug use among Aboriginal people. A more likely explanation is that the immediate social and health impacts of alcohol demand urgent attention, but that harms from other substance use are still of concern.

Our fieldwork and key stakeholder consultations for this project relied largely on the informed views of Aboriginal community leaders and workers linking with Aboriginal people affected by illegal drug use. In all the fieldwork sites – Woorabinda and Cairns (Queensland), the Tiwi Islands (Northern Territory), the Goldfields-Western Desert region (Western Australia), the AP Lands (South Australia) and Queanbeyan (New South Wales) – there was marked disquiet about the harms linked with illicit drug use and considerable community and local police interest in exploring ways to minimise those harms. Although the focus was on illegal drugs (and there were deep concerns about these issues), all participants emphasised that illicit drug use was just one facet of a range of substance abuse issues affecting Aboriginal and Torres Strait Islander communities.

The substance-related harms identified by community sources and service providers living and working in rural and remote communities included:

- *Alcohol* – excessive alcohol consumption, alcohol-related violence and youth drinking were nominated as principal concerns by almost all sources, especially community leaders, women’s organisations, justice groups, local police and health services.
- *Cannabis* – concerns about cannabis included the precipitous rise in use, the very high rates of use, modes of use (especially the use of bucket bong) and the falling age of first-time use. There were perceptions that these factors were impacting adversely on school attendance, family cohesion and community life.
- *Cannabis in combination with other substances* – cannabis use was frequently blamed for compounding harms associated with excessive drinking, kava or inhalant abuse, especially as a factor in triggering violence, disputes over resources, and harms such as psychosis. Health workers and police in remote communities reported frequent episodes of alcohol and drug-induced psychosis; however, most interventions involved a small number of users in need of repeated assistance.
- *Family violence* – high levels of family violence and assaults affecting many rural and remote settlements were frequently linked with excessive consumption of alcohol, cannabis, kava and other substance use. Inhalant abuse was also linked with violence in youth refuges, shelters and households affected by those issues.

- *Suicide and self harm* – suicides and suicide attempts were alarmingly high in communities such as the Tiwi Islands, which reported 32 suicide deaths and many more attempts in a population of 2,200 residents in the past six years, despite community vigilance aimed at prevention. While the underlying causes are complex, alcohol and cannabis were identified as factors in many suicides.
- *Accidents* – another common cause of injury and death stems from vehicle accidents and capsizing dinghies involving residents from coastal areas travelling between communities to source alcohol. Alcohol and cannabis were reported as factors in many of these accidents.
- *Tensions from sourcing money for substance use* – in many areas it was common for children to harass older members of the household for money to buy cannabis or alcohol, sometimes extending to threats of violence or actual assaults. Users sometimes threatened to kill themselves if money was withheld, a tactic that caused considerable distress in areas with high suicide rates. Residents at settlements with licensed clubs also complained that 'humbugging'<sup>5</sup> or 'bludging'<sup>1</sup> by visiting drinkers was a cause of considerable tension between communities.
- *Declining participation in community life* – widespread alcohol and cannabis use were blamed for declining participation in work, school, sport and cultural activities, undermining the cultural and social wellbeing of rural and remote communities.
- *Prostitution* – there were widespread concerns about young people exchanging sex for access to substances, particularly homeless young people in the larger towns and better-connected settlements.
- *Child neglect* – hunger and child neglect are recurring issues in households where one or more of the occupants divert money for binge drinking, cannabis or gambling. Women especially commented on the stress of having a hungry cannabis user in the house, exacerbating the problem of food scarcity. Substance misuse can also reduce participation in hunting and fishing, an important source of fresh food and social bonding for many remote area residents.
- *Inhalant misuse* – in locations with active petrol sniffing, chroming or other volatile substance misuse, inhalant misuse caused alarm even where the number of actual users was small. Factors contributing to these anxieties included the young age of users, the impact on health and schooling, the violence and disassociation related to sniffing, and fears that blatant use of inhalants in public places would encourage others to take up sniffing.
- *Injecting drug use* – like inhalant abuse, there were strong concerns about amphetamine, heroin and other injecting drug use in settlements with injecting users, despite the comparatively small numbers of users involved. Unlike inhalant abuse, most injecting was covert and involved adult users. Its likely impact on the health of users and the risk of incarceration were cited as key concerns.

Many of the harms identified through our consultations were associated with binge use of substances and/or sustained and heavy use over time. Experimental or casual use was generally seen as being much less problematic.

Both the volume and combinations of heavy substance use present challenges. In addition to the ease with which users can find alternative sources or substitute one substance for another, policing and other strategies to regulate use must also anticipate the risk of inadvertent harms. A common strategy to help reduce the risk of alcohol-related violence in remote communities with licensed

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<sup>5</sup> Humbugging usually involves constant demands on older people in the community for money for alcohol, cannabis or gambling.

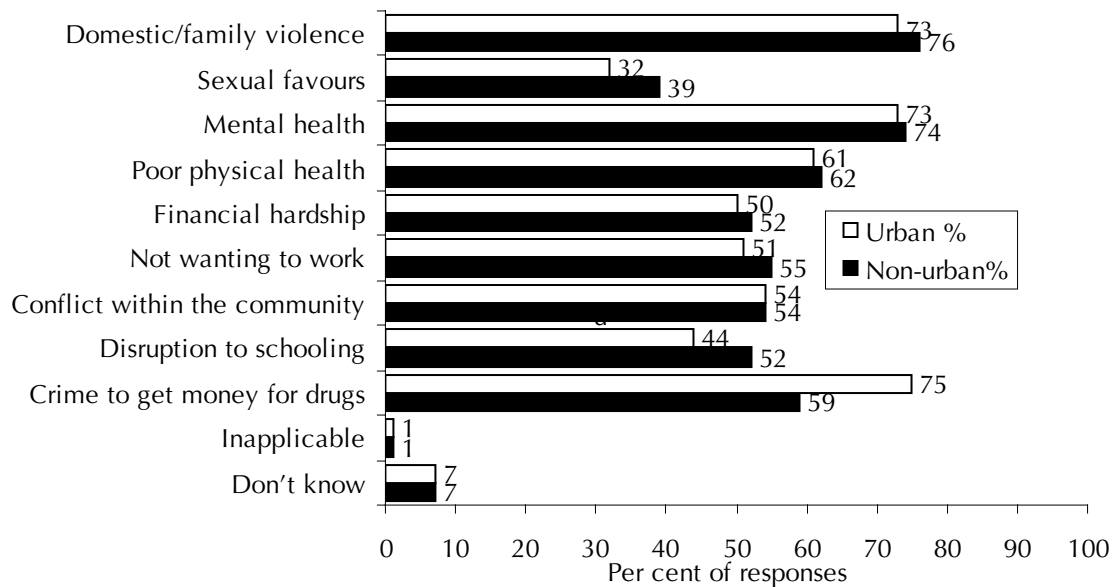
clubs is to suspend or restrict liquor trading after a sudden death or funeral, yet this can sometimes lead to drinkers driving or boating long distances in hazardous conditions to source alcohol from neighbouring settlements. Similarly, success in reducing community spending on alcohol or gambling may leave more cash for food and other essentials, but the extra cash might also create new opportunities for the illegal cannabis or kava trades. Community support is a critical factor in the ability of police to quickly identify serious flaws and implement contingencies to prevent efforts to reduce one harm inadvertently leading to other harms.

Aboriginal community concerns about substance use were often expressed in terms of immediate and longer-term issues, as well as individual and community harms. The strongest concerns generally featured all of these factors, as was the case in relation to substance-related violence. In addition to impacting on the individuals and families directly involved, prevalent violence threatens broader community safety and amenity and undermines the social and cultural wellbeing of communities generally.

### Police perceptions of drug-related harms

Police respondents to our survey were asked *what problems are occurring amongst Aboriginal and Torres Strait Islander people in your local area that are being exacerbated by the use of cannabis*. As Figure 3.1 shows, *domestic or other family violence*, and *mental health issues (e.g. psychosis, suicide)* were the harms that police most strongly linked with Aboriginal cannabis use. Urban police were much more likely to associate *crime to get money for drugs* with cannabis use, whereas non-urban police were more likely to cite *sexual favours being traded for money or drugs* and *disruption to children’s schooling* as problems exacerbated by cannabis use.

**Figure 3.1: Contribution of cannabis to problems among Aboriginal and Torres Strait Islander people in local area of police respondents**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

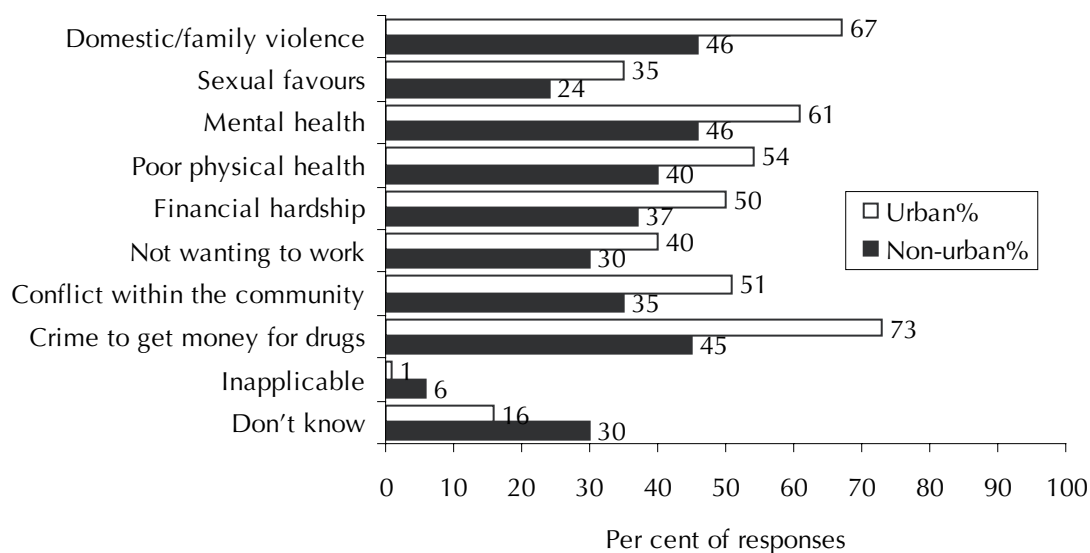
Police respondents could also specify any 'other' problems that were exacerbated by Aboriginal cannabis use. Their comments included:

- *The link to child exploitation is undeniable and the ties to the drug trade are strong.*

- Unfortunately the girls/boys enticed into prostitution become recruiters.
- Sexual favours traded for petrol. Unknown if traded for cannabis.
- Increase in the number of Aboriginal and Torres Strait Islander people dealing in drugs.

Police were also invited to nominate problems among local Aboriginal and Torres Strait Islander people that are being exacerbated by the use of amphetamines. As the data in Figure 3.2 shows, urban police were much more likely to nominate amphetamines as a factor contributing to problems in their area, especially in relation to crime to get money for drugs, domestic or family violence and mental health issues. Concerns about harms exacerbated by amphetamine use were lower among non-urban police, a result perhaps influenced by police perceptions of lower levels of use of the drug in those areas (refer Table 2.3 and Table 2.4 in Chapter 2). Unlike issues associated with cannabis use, large proportions of non-urban police (30%) and urban police (16%) indicated that they did not know whether problems were being exacerbated by amphetamine use.

**Figure 3.2: Contribution of amphetamines to problems among Aboriginal and Torres Strait Islander people in local area of police respondents.**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493. There was no question on contribution of amphetamines to 'disruption to schooling'.

Additional comments about harms exacerbated by Aboriginal amphetamine use included:

- *The links to bikies has seen Aboriginal crime become more organised but the wealth is not shared.*

## Substance-related violence

There is a wealth of literature on violence in Aboriginal and Torres Strait Islander communities demonstrating that:

1. violence is a major problem for some communities;
2. the incidence of violence is disproportionately high compared with the same types of violence in non-Aboriginal communities;
3. rates of violence are increasing in some locations despite a range of interventions aimed at preventing and reducing violence; and
4. alcohol and other substance use is a factor in much of the violence.

The recent report on *Violence in Indigenous Communities* features a comprehensive summary of this literature (Memmott et al. 2001).

The literature shows that excessive substance use (notably alcohol, but also other substances) does not necessarily *cause* violence in Aboriginal and Torres Strait Islander communities, but it is deeply implicated in the frequency and distribution of violent incidents. Memmott et al. (2001) argue that the causes of violence are better understood in terms of 1. *precipitating causes* (individual or cumulative events that trigger violent episodes), 2. *situational factors* (including substance misuse, incitement to act, social conflict and other factors in the social environment), and 3. *underlying factors* (such as the historical circumstances that put Aboriginal and Torres Strait Islander people at higher risk of perpetrating violence or becoming a victim of violence).

Distinguishing between substance abuse and the causes of violence helps explain the continuing incidence of violence in 'dry' communities and why some people who drink to excess are not violent. More importantly a 'context driven' approach is needed to help understand cycles of inter-generation violence, and why some types of violence are prevalent in some communities and not in others.

While the research into substance abuse and violence centres on the role of alcohol, there is increasing recognition of the links between excessive use of other substances – including cannabis or cannabis in combination with alcohol – and high rates of family violence, self-harm and suicide, and community discord (Memmott et al. 2001; Clough et al. 2002a). A workshop involving Aboriginal participants from remote communities in the Northern Territory acknowledged that cannabis abuse was a significant catalyst in crime and health issues in most of these communities, including domestic violence, aggravated assaults, mental illness and higher than normal suicide rates (Fuller 2004).

### 'Extreme profit'

A feature of the cannabis trade in remote communities is what one police source describes as the 'extreme profit' associated with that trade. A workshop involving Aboriginal participants from 14 communities across the Northern Territory found that 'one-ounce' (28g) or 'two-ounce' (56g) bags of cannabis bought in Darwin for \$300 can sell for \$50 per gram in Groote Eylandt and other remote communities, netting a profit of \$1,100 to \$2,200. A 'pound' (400-500g) of cannabis bought in Darwin for \$4,000<sup>6</sup> can net a \$16,000 to \$21,000 profit, easily justifying the cost of a charter flight or other transport costs (Fuller 2004). Anyone caught with less than a 'commercial quantity' (500 grams) could argue that the drug was for personal use, reducing the likelihood of a custodial sentence.

Police respondents to our survey were asked to provide approximate prices for various quantities of cannabis 'head' in their local area.<sup>7</sup> As with police in other areas, more than half of the 58 respondents based in remote Aboriginal and Torres Strait Islander settlements did not know the local prices, but, of the 22 respondents who did nominate a price, almost two-thirds (14) said cannabis head cost \$50 per gram. The rest indicated that amount costs between \$15 and \$50 in their areas.

<sup>6</sup> Estimates by Fuller (2004) of the street price for cannabis in Darwin are supported by Australian Crime Commission's *Illicit Drug Data Report 2003-04* which shows the going price for 'head' cannabis in the Northern Territory in 2003-04 was \$250-\$300 per ounce, or \$3,000-\$3,500 for a pound, while a pound of 'hydroponic' cannabis could sell for \$3,000-\$4,800 (ACC 2005).

<sup>7</sup> 'Head' refers to deals containing parts of the cannabis plant with higher concentrations of THC, the Psychoactive ingredient in cannabis.

Although \$50 a packet was the 'standard' price for cannabis in East Arnhem Land communities in late 2003, the amounts in each packet can vary enormously. Reducing the quantity enables dealers to manipulate the profit. The weight in a 'one gram' packet can be as little as 160mg in remote communities, making the minimum price of cannabis the equivalent of \$300 per gram (Clough et al. 2004b). Compared with cannabis bought for \$25 per gram in Darwin (Illicit Drug Reporting System, National Drug and Alcohol Research Centre), this is 12 times the going price. On the other hand, cannabis users can at least see what they are getting, whereas the purity of amphetamines and other 'powders' can vary enormously:

*Powder is a good money spinner. You can cut it till it's pretty much just Epsom salts and still find a buyer for it. Yandi [cannabis] is harder to rip people off with as buyers can see what they're buying, and if you have a number of suppliers in an area – the tiniest places can sustain a number of dealers – those known to have the biggest 'bags' will get the higher turnover of business, generate more money and keep it coming ...*

Former youth worker, remote NSW community

Research indicates that many individuals on weekly incomes of just \$160 (the median income for young users in the area surveyed) might regularly spend \$50 to \$100 a week on cannabis (Clough et al. 2004b). This study showed that total weekly expenditure on cannabis in two East Arnhem Land communities – estimated at \$19,000 to \$32,000 a week – may represent 6% to 10% of the \$316,000 in weekly income available to the two communities but:

This does not, however, imply an immediate financial drain on the communities because, as described in a previous study, part of cannabis profits may be concentrated in the hands of just a few locally resident agents. It nonetheless creates pressure on the financial resources of cannabis users which, in turn, leads to pressure on family members, occasionally with violence and intimidation, to make good the shortfalls (Clough et al. 2004b).

The illicit drug trade parallels a thriving black market for illegally imported alcohol in communities with liquor controls, and an active trade in expensive black market kava. These sometimes directly intersect with the cannabis trade. The 'Groote Eyelandt and Milyakburra Liquor Management Plan' notes reports of drinkers paying up to \$100 for a six pack of beer and others exchanging legally purchased beer for cannabis (Northern Territory Treasury, Racing Gaming and Licensing Division 2004: 6). Similarly, participants in our community consultations claimed a six-pack of full-strength stubbies of beer could sell for \$60 to \$80 when supplies are short at Milikapiti, Melville Island. There were reports of similarly inflated prices at Woorabinda soon after the community club was closed and liquor controls imposed.

## Financial hardship and community tolerance of the cannabis trade

The degree of financial hardship that households and communities experience as a result of cannabis and other substance use is influenced by the proportion of drug profits remaining in local hands. Cultural pressures to share with family members and other kin ensure that at least some of the profits are available for redistribution:

Cash from kava or cannabis is different from alcohol and tobacco, in that it is redistributed partially into the hands of local sellers. There is no such involvement in the trade in tobacco and alcohol. Both are an immediate drain on cash resources with no local selling-on or accumulation of cash (Clough et al. 2002b: 355).

The study by Clough et al. (2002b) of spending in two remote communities found that much of the estimated \$21,000 a month spent on alcohol and tobacco left the local economy immediately, whereas as much as half of the \$22,000 a month spent on illegal cannabis and kava remained in local hands and could be redistributed for local community or family purposes. This might go some way to explaining wider community tolerance of the cannabis trade in many areas and the persistence of highly inflated black market kava trading in settlements with licensed availability of cheaper, better quality kava.

In settlements where the cannabis trade is dominated by informal groups of users who club together to fund bulk purchases to share and sell, a greater share of the profits remain in the local economy. If, as police suggest, this ad hoc trade is giving way to organised traffickers who target settlements to sell and distribute a greater share of the cannabis directly to remote area users, then less profit remains in local pockets, reducing the amount available for redistribution and increasing the financial hardship experienced by communities and households.

The shift in profits to outside interests has the potential to undermine community tolerance of cannabis trading. Much of the anger expressed by participants in our community consultations was directed at outsiders 'ripping off' young cannabis users. Links between the level of profits retained locally and community tolerance towards harmful activity can be seen in differing attitudes towards various forms of gaming. Illegal gambling is a common feature of life in many remote settlements (Martin 1995; Altman 1987). Community leaders at Woorabinda and the Tiwi Islands attributed a number of problems to gambling or 'card schools', including disputes over money, the prevalence of property offences, and a lack of money for food and other necessities. As elsewhere, these communities have strategies in place to reduce the amounts gambled and maximise spending on food and other essentials.

Despite these concerns, all accepted that illegal gambling was widely tolerated and far less harmful than the legal alternatives. All felt that legal forms of gaming such as totalizator betting (TABs) and electronic gaming (poker machines) would have 'disastrous' impacts if they were to be introduced to remote Aboriginal settlements, as any money lost by gamblers would also be lost to the community (Brady 2004). The benefits of illegal gambling would also be lost, especially where it is used to as a way of pooling cash to buy major items such as vehicles which are then used for community purposes (Altman 1987).

The fact that cultural pressures oblige gamblers and local cannabis or kava dealers to redistribute at least part of their dividends goes some way to explaining community ambivalence about the harms associated with each of these activities, especially in more traditionally-oriented communities. In many areas, redistributing profits are part of broader reciprocal responsibilities to offer hospitality, share with kin and defend them where necessary. Reciprocity is a defining feature of Aboriginal life in many small towns and settlements where "money is fluid, moving between families and within them as it becomes available" (Sercombe 2002).

The movement of illicit drug profits from accessible local dealers to more entrepreneurial outsiders means less is available for redistribution and financial hardship grows. This can provide cultural incentives for communities to work with police, strengthening the hand of community leaders and others concerned about cannabis dealing and related harms.

The independence of police and their responsibilities to enforce the law mean they are well-placed to work with Aboriginal and Torres Strait Islander communities to devise strategies that build the capacity of community leaders to tackle drug-related harms. This might include formal or informal meetings and workshops to get communities themselves to spell out their concerns, talking through the different kinds of strategies needed to reduce different kinds of drug dealing and use, and seeking the support of other agencies and senior police management to implement those strategies.

## The influence of dealers and involvement of elders

From a community perspective, concentrating cannabis profits in the hands of locally resident agents may be less harmful than the alternatives, but it still puts the power to redistribute profits into the pockets of drug dealers and thus inflates their influence. Those in need may be able to call on funds needed to feed their children, but the debts incurred might affect their social dealings long into the future.

The inclusion of money, alcohol or other drugs in social exchanges differs from when money changes hands in conventional business dealings. As Sercombe (2002) observed in relation to both Aboriginal and non-Aboriginal residents in the remote township of Laverton, Western Australia:

... the practice of reciprocity needs to be managed to avoid imposition, to avoid these obligations eroding the relationships on which they are based, and to reproduce the relationships over time. Drugs, specifically alcohol, play a significant role (Sercombe 2002).

The use of alcohol in these contexts might extend to police inviting local government officers over for 'a few beers', a tradesman being given 'a carton' of beer to repay a favour, Aboriginal drinkers chipping in for a collective purchase, or buying 'a shout' for others at the pub. All involve a degree of reciprocal exchange and social obligation.

Similarly, sharing cannabis or the profits from cannabis can play an important role in shaping relationships. One of the more sensitive issues in relation to cannabis and kava trading in Aboriginal and Torres Strait Islander communities is the involvement of elders and other leaders in the trade, either as dealers or users. As with exchanges involving money or alcohol, these ostensibly commercial exchanges can be loaded with significant social and cultural obligations. Even if debtors can repay the money or cannabis owed, other social and cultural obligations may persist.

Feedback from a variety of sources indicated this issue can have serious consequences for Aboriginal communities, especially self-governing communities in remote areas. At best, leaders' involvement in the drug trade can complicate police and other efforts to reduce drug use in a community; at worst, it can (in combination with other factors) distort and corrupt existing governance arrangements and cripple civic decision making, especially in high-need communities affected by substance use.

Situations vary enormously from one community to the next, depending on whether community leaders are involved in the cannabis trade, the nature and degree of their involvement, their standing in the community, the prevailing community attitudes towards cannabis use, and a multitude of other variables. Influence gained or augmented through drug dealing can affect recognition of elders' or traditional owners' status, and the social standing of residents running for elected positions. The resilience of a community's existing governance and cultural institutions also play a critical role.

For police, the presence of an elder, traditional owner or elected leader selling or using cannabis (or any other illicit drugs) can severely compromise police efforts to garner community support for policing initiatives. Community support is essential if relatively small numbers of police are to have any impact on high rates of unreported crime in isolated communities, especially if those communities are scattered over vast areas. As one senior police officer with many years' experience working in remote Aboriginal and Torres Strait Islander communities explained, the challenge for police in remote communities is to get residents talking to one another about what is needed before police can have any hope of putting together a strategy that can attract community support. If one or some of those key people are using or dealing, the challenge of policing drug



use and reducing drug-related harms becomes exponentially harder. If police are not living and working in the affected communities, but only servicing their needs through visiting patrols, the task of galvanising community support becomes nigh on impossible.

Despite these difficulties, there may be some scope to persuade leaders who use or deal drugs to put the best interests of their community first, especially where drug-related harms are becoming obvious to all. In addition to interviewing residents and agencies from communities directly involved in our study, the current study team were contacted by elders and traditional owners from rural and remote centres elsewhere. Many cited instances of elders, traditional owners and/or elected leaders using or selling drugs in their communities. This immediately raised issues about community authority structures.

We interviewed an elected leader of one remote community who was very candid about his own history of drug use and conceded that he was responsible for at least part of the precipitous growth in local cannabis availability and use. He emphasised that he was no longer involved in the drug trade and had been elected to press for jobs, involve young people in sport, improve the quality of the school infrastructure and school attendance, and other positive changes. Yet many other leaders in that community argued that his leadership was compromised by his past, irrespective of whether he was still dealing or using drugs. On the one hand, it appeared this leader would have to work doubly hard to overcome scepticism about his integrity and to harness any kind of consensus for initiatives involving the elected council. The police especially were reluctant to work with a 'known dealer'. On the other hand, supporting a former user-dealer trying to make amends for past mistakes could provide a powerful voice in efforts to persuade young people to moderate their cannabis use. If this leader is genuine about reducing substance-related harms, his influence could have an impact.

## Accidental injury and death

An immediate harm arising from illicit drug use is the risk of accidental injury and death, especially through vehicle and boating accidents involving intoxicated drivers, passengers or pedestrians. Alcohol, cannabis or a combination of the two is a common factor. Long distances and hazardous conditions also significantly raise the risks of serious injuries or fatalities in rural and remote regions.

A Western Australian study of Aboriginal young people found that almost one in five young people (18.9 %) had travelled in a car driven by a person who was drunk in the six months prior to the survey. This was lowest in the Perth metropolitan area (12.1%) and highest in areas of high (27.1%) or moderate (26.8%) isolation. The proportion of young people who had been a car when the driver was drunk was also higher among young people from households with alcohol problems (Zubrick et al. 2005).

Although a Victorian study of the prevalence of drugs in 1,045 fatally injured drivers found that 22% had drugs other than alcohol in their system at the time of their deaths, including 11% who appeared to have been using cannabis, the extent to which these substances might have contributed to the fatalities is not clear (Drummer 1995). What is clear from Australian and United States studies is that alcohol impairment is a significant factor in road fatalities. Drugs such as cannabis appear to affect drivers less than alcohol, but there is still some impairment (Drummer 1995).

The consequences of incidents related to alcohol-or drug-affected driving usually extend beyond just the people immediately involved:

On 6 March 2003 a male from Umbakumba smuggled two 700 ml bottles of Bundaberg Rum into Groote Eylandt from Gove on a charter flight. This rum was then consumed by two brothers who tragically when driving whilst intoxicated at Umbakumba struck and killed a four year old boy. There was and still is an understandable amount of anger in the community as a result of this incident. Police in consultation with elders and the Anindilyakwa Land Council requested that both outlets not supply any takeaway liquor to any persons that evening. This was done and response to this request was generally positive.

The Anindilyakwa Land Council went a step further requesting that all Aboriginal GEMCO employees not be given takeaway liquor from the Golf Club until after the funeral of the boy. They also requested that for those not already on rations, a ration of 12 cans per day until after the funeral. This has raised some discrimination issues with police and the two liquor outlets, as there are some employees of GEMCO who whilst they class themselves as Aboriginal are not recognised as Aboriginals of this area by the traditional owners of this area.

(NT Treasury, Racing Gaming and Licensing Division 2004: 7)

Remote Aboriginal communities often restrict liquor supplies after a sudden death or around the time of a funeral, partly as a mark of respect for the person who died but also (as this example highlights) to reduce the risk of alcohol-related incidents further inflaming tensions and grief. Because cannabis use is illegal, there are few such mechanisms to reduce or regulate its use at critical times. Using drug detection dogs at airports, searching arriving mourners for drugs and other policing strategies risk being seen as a lack of respect, even if the strategies had the approval of local Aboriginal leaders.

### 'The lost generation'

*First there was the stolen generation when the people were taken away from their mothers. This one coming up is the lost generation.*

Makinti Minutjukur, Ernabella, AP Lands, South Australia (Debelle 2004)

Aboriginal and Torres Strait Islander participants in our community meetings and forums frequently described their fears that a generation of young people could be 'lost' to substance abuse. These fears were amplified by perceptions that:

- the age of first-time use was falling in many areas;
- too many young people dropped out of school early or completed basic schooling with minimal learning and few prospects for the future;
- participation in sport, cultural activities and other key aspects of community life was suffering as a result of drug abuse; and
- rates of Aboriginal incarceration were increasing, not declining.

Their concerns about the broader hazards of substance abuse are well supported by the available evidence (see Chapter 2).

The literature sometimes distinguishes between 'individual' and 'community' harms associated with substance abuse in Aboriginal and Torres Strait Islander communities. Yet the reality for many communities – but especially those in remote or isolated locations – is that the individual and social impacts are often intimately connected.

Changes to the social, cultural and spiritual wellbeing of communities (whether as a result of substance abuse and/or other factors) can be difficult to measure. A more readily quantifiable measure of the wider community ramifications of substance use is to consider its economic impacts. Hunter's study of Aboriginal society in the Kimberley region in the late 1980s found that, although drinking alcohol was seen an individual choice (albeit a choice influenced by many social factors), scarce resources meant excessive drinking affected more than just the drinkers:

Aborigines of the Kimberley are entrenched in that [welfare] system, and appear not to have benefited in terms of employment from the recent economic development of the region. In this economy of scarcity, alcohol is a substantial diversion of sustenance income, leaving many frequent drinkers without money for predictable periods. Providing food and shelter for these individuals, supporting their continuing drinking, and often looking after their children, adds to the burden of the community as a whole, most of whose members are striving to cope with scarce resources. The economic impact of alcohol, thus, spills out far beyond the drinking circle (Hunter 1993: 125).

Similarly, the economic and other impacts of illicit drug use spill out far beyond the immediate users. The National Aboriginal Community Controlled Health Organisation says substance misuse – including illicit substance misuse – affects almost all Aboriginal people "either directly or indirectly and is now the cause, as well as the symptom of, much grief and loss" (NACCHO 2003: 594). It describes substance misuse as one of the biggest challenges facing Aboriginal and Torres Strait Islander communities.

In locations where excessive illicit drug use is impacting on wider community life, this is often evident in declining participation in sporting and cultural activities, erratic school attendance, poor engagement while at school or high drop-out rates, poor work attendance or performance, evidence of hunger or child neglect, and other symptoms of communities in crisis.

Elders and traditional owners at one remote community participating in our study lamented the high number of children who report themselves as neglected so police and Aboriginal police staff will take them to an emergency shelter for food. The frequent misuse of inhalants was recognised as a way of suppressing hunger and cold. Despite high rates of youth substance use and acute child protection issues affecting young residents of this settlement, we were told welfare authorities often could not act until the young person is 'in the system' – usually as the result of committing a serious offence or being the victim of a serious offence.

Although a range of peculiarly local substance use issues mean the problems vary enormously from one context to the next, understanding the communal roots of many Aboriginal and Torres Strait Islander cultures is critical to combating the particular problems affecting each.<sup>8</sup> The communal values of Aboriginal and Torres Strait Islander cultures are sometimes expressed in terms of an individual's 'connectedness' with country and family, and can be fundamental to expressions of Aboriginal identity (Rowland & Toubourou 2004).

<sup>8</sup> See discussion on 'Understanding the case for community-driven programs' in Memmott et al. (2001).

This is sometimes recognised in drug education programs such as Western Australia's new diversion program for minor cannabis offenders. Its mandatory education sessions for Aboriginal cannabis users emphasise family and cultural connections and values such as 'respect' as part of its strategies to encourage offenders to reflect on their levels of use and its impact on themselves, their families and their communities.

## Impact on social and emotional wellbeing

The adverse effects of illicit drug use on the social and emotional wellbeing of users – particularly their mental health – can vary widely but can include depression, paranoia, hallucinations, increased aggression, anxiety, mood swings and drug-related psychosis. Much depends on the type and quality of the drug used, the characteristics of users, environmental factors, previous drug use, and a myriad of other variables that influence both the adverse and beneficial effects of illicit drugs.

Despite a steep rise in the prevalence of cannabis use in Australia over the past 30 years and a corresponding decrease in the age of first use, recent studies examining links between cannabis use and psychosis have found that cannabis use does not appear to be causally related to the incidence of schizophrenia. However, it appears that its use may precipitate disorders in those who are vulnerable to developing psychosis and worsen the course of the disorder among those who have already developed it (Degenhardt et al. 2003; Hall et al. 2004). This is an emerging and complex area of international research.<sup>9</sup>

A major study of Aboriginal young people in Western Australia found that among the young people who used marijuana daily, 29% were at high risk of clinically significant emotional or behavioural difficulties, compared with 9% of young people who had never used marijuana (Zubrick et al. 2005).

In interviews for our study, community participants and service providers at Woorabinda and Rockhampton, Queensland, expressed concerns about the persistence of inhalant use in those centres and queried whether a history of inhalant abuse might put heavy cannabis users at added risk of psychosis and other mental health harms. All noted the relatively young age of sniffers in their areas and the tendency to graduate from inhaling volatile substances to smoking cannabis as soon as they could afford to. Many felt that there was a link between inhalant abuse, persistent cannabis smoking and psychosis, but were unsure if the substance use triggered the psychosis or whether those pre-disposed to psychosis were more inclined to use drugs. Participants in our Tiwi Islands consultations were also concerned about the frequency of apparent psychosis among heavy cannabis users.

The Clough et al. (2002a) study of cannabis users in the Miwatj region of Arnhem Land found that 74% of the males aged 20-34 years were current cannabis users. Of these, 60% were former petrol sniffers. Concerns that persistent cannabis use might compound any residual cognitive impairment from petrol sniffing and raise the risks of psychosis were based on epidemiological data showing high hospital admission rates for treatment of drug and alcohol psychosis.

In evidence to a coronial inquiry in 1999, the Director of Psychiatry at Darwin Hospital, Dr Tricia Nagel, commented on a noticeable increase in Aboriginal admissions to the hospital's psychiatric ward:

<sup>9</sup> Relevant publications and current Australian projects are listed at <http://ndarc.med.unsw.edu.au>. For a recent summary of the international literature in this area see the 'Drug Abuse and Suicidal Behaviour' edition of *Drug and Alcohol Dependence* (2004) Vol. 76, Issue 1001.

... cannabis can precipitate a psychotic state. It's not shown to actually cause schizophrenia, so a chronic psychosis no, but certainly a brief psychotic episode yes ... in a random sample [from 1997-98] out of 27 Aboriginal admissions, nine of these were specifically for drug-induced psychosis ... and the other causes, when you gathered them up, about three-quarters were to do with substance use in some way. The commonest used drug was alcohol; alcohol and marijuana came second; marijuana alone then; and then petrol and kava.

(NT Coroner 1999: 27)

The Northern Territory data for 1993 to 1997 showed that Aboriginal males sought treatment for drug and alcohol psychosis at nearly four times the rate of non-Aboriginal males (NT Police 2002; Clough et al. 2002b). Increased family violence, self-harm and suicide, and community disruption has also been linked with this rise in cannabis use (Clough et al. 2002a).

## Suicide and self-harm

Suicide has emerged as a significant cause of mortality among Aboriginal and Torres Strait Islander people only in recent decades, particularly since the 1980s (Hunter et al. 1999). Rising rates of suicide and hospital admissions for attempted suicide by Aboriginal young people has made the prevention, early intervention and clinical management of suicidal behaviour an issue of particular concern to Aboriginal people, communities and health professionals. A recent study in Western Australia found that 20% of Aboriginal girls and 12% of Aboriginal boys aged 12 to 17 years had seriously thought about ending their own life in the 12 months before being surveyed. Among those who had seriously thought about ending their own life in the 12 months prior to the survey, 39% had attempted suicide in that period. This finding is similar to the rate of suicide attempts in the general population (Zubrick et al. 2005).

There is an association between substance misuse and suicide (Harris & Barraclough 1997). This includes evidence to suggest that drug use might play a role in reducing inhibitions to some types of suicide attempts, that suicide is more strongly associated with mood disorders than with mental or substance use disorders, and that the pathways to substance dependence and suicidal behaviour are similar and overlapping. However, the extent to which excessive or chronic drug use might cause suicidal behaviour is far less clear (Erinoff et al. 2004).

The nature of the relationship between suicide and cannabis and other substance use in Aboriginal communities is even less direct. One of the few reports to have looked at Aboriginal injecting in a rural area found that 52% of the Lower Murray participants had attempted suicide at least twice, and 92% of those reported being intoxicated for at least one of the attempts (Shoobridge et al. 2000). Research involving 307 Aboriginal injectors in metropolitan Adelaide found that more than a third (37%) of those who had overdosed had done so deliberately – i.e. attempted suicide (Holly & Shoobridge 2003).

Despite only emerging recently, suicide now affects some Aboriginal and Torres Strait Islander communities in epidemic proportions (Hunter 1993). Numerous coronial and other inquiries have highlighted the association between substance use and epidemics of suicide in Aboriginal communities, but most acknowledge that the 'causes' of suicide are less clear (Select Committee on Substance Abuse in the Community 2003; SA State Coroner 2002; NT Coroner 1999). Substance use is undoubtedly a factor, but legacies of colonisation and dispossession, and factors such as unemployment, limited education and stresses on community life can also play a part.

Suicide hits some communities much harder than others. Some experience 'waves' of suicide deaths, with numbers of deaths in short, episodic periods interspersed by periods free of suicide. The Tiwi Islands, which have a total population of 2,200 residents, were long regarded as being at 'low risk' of suicide (NT Coroner 1999: 28). Yet in the six years before our fieldwork visits in September 2004 there were reports of 32 suicide deaths. The figures might be even higher if not for the success of prevention strategies based on community vigilance. One source estimated police were called out to more than 50 suicide attempts in a 12 month period in the late 1990s, and that the power station at the biggest settlement, Nguiu, had to be shut down more than 40 times in 1999 to stop harm to individuals who had climbed power poles threatening to suicide (NT Coroner 1999: 8).

Tatz (2005) cautions against relying too heavily on medicalised views that link high rates of suicides in Aboriginal and Torres Strait Islander communities with factors that point to a prevalence of depression or mental unwellness in those communities. He is critical of suicidology as a 'wholly white domain' which Aborigines must acknowledge and accept if they are to make any 'progress'. That is, he sees the mental health model as:

... a model created by, and for, essentially white, urban, middle-class societies, one which emphasises counselling, therapy, medication and, if need be, institutionalisation.

Instead, Tatz argues that the major factors in Aboriginal suicide are:

... social, political, economic, socio-historical, socio-political, and geographic: racism, legal and bureaucratic control, reservation life, deculturation, poor education, poor nutrition, together, I believe, with medical-physical (not medical-mental) ill-health. Deafness, due to chronic otitis media, is prevalent and pervasive among Maori and Aboriginal children. Illiteracy rates are high, even among children of literate parents. We need urgent investigation of correlations between suicides and these two conditions, especially since so many of the Maori at-risk suicides who have been in custody – some 20 percent – have been seriously deaf (Tatz 2005).

Elsewhere Tatz (2001) details differing forms of suicide, few of which embody either 'madness or illness', including one form he describes as the *chronic* suicide – the masking of an orientation towards death by an excessive use of alcohol and/or drugs. Tatz notes the comments of an Aboriginal elder in relation to a search for new pathways in Aboriginal mental health, who declared that:

... most Aborigines feel bad most of the time – that's why we drink and drug so much.

Tatz (2005: 22)

A recent study on factors affecting the health of Western Desert men in the north of Western Australia also emphasised the cultural domain of suicidal behaviour. It describes the 'intergenerational trauma' and 'extreme isolation' experienced by many young men, especially if they are marginalised or without the support provided by *kanyirninpa* or traditional *holding*, a traditional concept that encompasses notions of nurturing, social connectedness and cultural stability.

... This is not to argue that a lack of holding leads to suicide. However, when a young person experiences they are not being held – either as the result of highly autonomous behaviour or they discover there is no one to hold them – they can experience great vulnerability ... the oscillating between autonomy and relatedness can lead ... to a personal awareness of extreme isolation from others. Petrol, marijuana and alcohol can heighten and accentuate that awareness.

(McCoy 2004: 20)

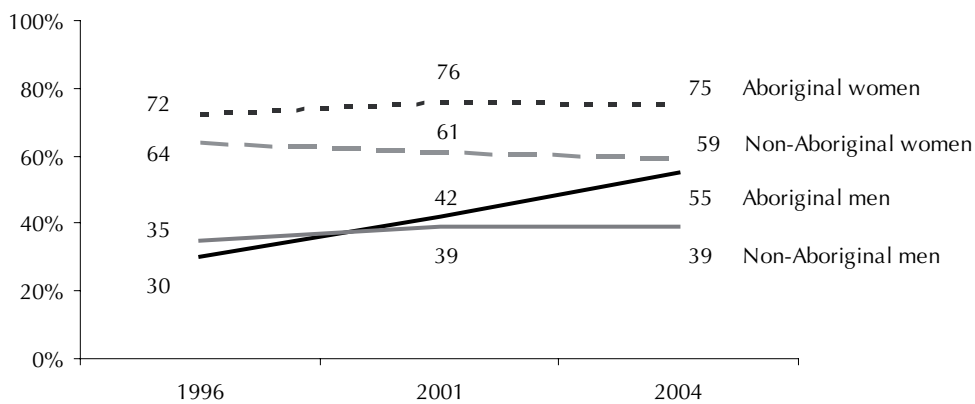
McCoy argues that the health and wellbeing of young people in Western Desert societies depends on the interpersonal structure, care and authority provided by *holding*.

In highlighting the importance of cultural wellbeing, it is important not to lose sight of the legacy of political, historical, economic and other factors that put Aboriginal people at higher risk of suicide. Unalleviated stressors – whatever their origin – can impact on the body’s stress response, creating stress hormones and the potential for a neuroendocrine disturbance that leads to depression and other symptoms. As in mainstream society, substance use can be a form of self-medication that helps people cope with stress and depression, especially when those symptoms are not recognised or acknowledged by those around the person affected.<sup>10</sup>

### The rising prevalence of Hepatitis C virus

One indication of the rising levels of risk to Aboriginal and Torres Strait Islander people as a result of illicit drug use is data showing a sharp rise in the incidence of hepatitis C virus (HCV) among Aboriginal male offenders entering the prison system. As Figure 3.3 shows, HCV prevalence among New South Wales prison entrants jumped from 30% of Aboriginal male inmates screened in 1996 to 42% in 2001; for Aboriginal females, prevalence rose from 72% to 76%. Sample data from a two-week period in 2004 indicates prevalence among Aboriginal men entering the prison system has continued to climb while other groups remain more or less the same, though the 2004 percentages should be treated with caution as the numbers are quite small.

**Figure 3.3: HCV prevalence among NSW prison entrants – by Aboriginal status**



\*2004 data is drawn from a national survey of prison entrants brought into custody in a two week period in May 2004, whereas the 1996 and 2001 figures are based on broader testing of prison entrants over an extended period. Of the 204 Aboriginal and non-Aboriginal NSW prison entrants tested in the 2004 survey, 87 (43%) tested positive for hepatitis C. Sources: Levy, M-2005 (1996 & 2001 data); Butler et al. 2005 (2004 data).

There is a strong association between HCV prevalence and injecting drug use. A national survey of prison entrants screened 612 (83%) of the 739 people imprisoned in four jurisdictions (New South Wales, Queensland, Tasmania and Western Australia) over two weeks in May 2004. Many of those tested provided information on whether they injected drugs, enabling the survey to distinguish between injectors and non-injectors. As Table 3.2 shows, more than half (55%) of Aboriginal male

<sup>10</sup> For discussions on the potential to combine Aboriginal and westernised models of service delivery see papers by Tracey Westerman and others at [www.indigenoussychservices.com.au](http://www.indigenoussychservices.com.au).

injectors had hepatitis C antibodies – about the same proportion as non-Aboriginal male injectors (54%). Very few non-injectors had been exposed to the virus. Although the numbers of women brought into prison custody were considerably smaller, the data showed high rates of hepatitis C among both Aboriginal (71%) and non-Aboriginal (87%) women injectors. No female non-injectors had been infected (Butler et al. 2005).

**Table 3.2:** HCV prevalence among national prison entrants – by Aboriginal status, sex and injector status 2004.

	Male		Female	
	No. tested	No. with HCV (%)	No. tested	No. with HCV (%)
<b>Non-injector*</b>				
Aboriginal	25	1 (4%)	3	0
Non-Aboriginal	147	5 (3%)	9	0
<b>Injector*</b>				
Aboriginal	42	23 (55%)	7	5 (71%)
Non-Aboriginal	195	106 (54%)	15	13 (87%)

\*Note: 443 of the 612 prison entrants tested for hepatitis C provided information on whether they injected drugs.

Source: Butler et al. 2005: Table 38.

Hepatitis C prevalence was particularly noticeable among NSW prison entrants, where 65% (n=11) of Aboriginal male injectors and 67% (n=61) of non-Aboriginal male injectors tested positive in that two-week period. The figures for female injectors in NSW were very similar to the national figures in Table 3.2 (Butler et al. 2005).

Aboriginal inmates experience hepatitis C infection and many other illnesses at similar rates to non-Aboriginal inmates. However, the rates of Aboriginal hepatitis C infection are growing and the disproportionately high rates of Aboriginal incarceration mean that ill-health in prison can also be a broader community health issue for Aboriginal and Torres Strait Islander people. With 2001 data showing that one in 10 Aboriginal male residents aged 20-24 years received a custodial sentence in NSW that year (Weatherburn et al. 2003), the rising prevalence of hepatitis C in prisons presents a significant threat to Aboriginal health generally. With many Aboriginal inmates returning to rural and remote areas on their release from prison, there may be a need for specialist health and other expertise to support effective prevention and treatment in those areas.

## Discussion

The abuse of cannabis, although a major problem in itself, is symptomatic of related harms – but can also worsen those harms. This is especially the case in remote Aboriginal and Torres Strait Islander centres and disadvantaged settlements in or adjacent to rural and regional towns, largely because of:

1. The ways that cannabis is used (intermittent binge use, often in combination with alcohol and other substances, use from a very young age, etc); and
2. The conditions that make residents of those areas more susceptible to drug use and related harms (violence, dysfunction, neglect, frustration, unemployment, poor conditions, deficient infrastructure, high rates of suicide and related factors).



This means that even if it was practical to remove cannabis from these areas, many of the underlying problems will still persist. In this respect there are parallels with petrol sniffing and alcohol abuse, where success of policing strategies to reduce these problems depend on concurrent measures to improve conditions and address the *causes* of substance abuse.

The current national growth in the supply and use of amphetamine type stimulants threatens to complicate this picture even further. Amphetamines are already presenting serious challenges for frontline workers in law enforcement, health and related sectors because of the links with mental health problems, violence and aggression (Szirom et al. 2003: 3). Adding these harms to the problems already disproportionately affecting rural and remote Aboriginal and Torres Strait Islander settlements could have dire consequences for residents of those communities.

## Chapter four: Policing drugs in rural and remote locations

Drug law enforcement is a police duty, defined and circumscribed by state, territory and federal legislation. The purpose of this chapter is to provide an overview of policing duties and discretionary decision making in relation to drugs, by covering:

- the legislative framework that proscribes the possession and supply of certain drugs;
- drug law enforcement in rural and remote contexts, with a focus on supply reduction in Aboriginal communities;
- police contact with people who are under the influence or who may use illicit drugs, much of which is not reflected in official crime statistics; and
- police decision making, mainly in relation to dealing with people intoxicated by drugs or in possession of small quantities, through various diversionary options and through safe custody.

### Policing scenario

#### *Intoxicated and in custody*

You arrest a young man outside the public bar at the annual country show of a regional town. He had been shouting and threatening one of the bar staff, then turned on your colleague when she tried to speak with him. The man was very agitated and sweating heavily, and appeared to be intoxicated. He says he is from another region. Back at the station he insists on contacting the Aboriginal legal service. The request causes some surprise as he does not 'look' Aboriginal. There is no legal service in the town.

What are your options?

See the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

### Legislative framework

Drug laws provide a framework for the policing of drugs. Each jurisdiction has laws defining which drugs are illegal to supply and use, with penalty regimes linked to quantities and types of drug. Legislation to reduce cannabis, amphetamine and other illicit drug use therefore targets both the users of drugs and the sources of supply.

All jurisdictions have strict penalties for activities relating to growing, producing, trafficking or dealing illicit drugs. Some also have additional legislation creating specific police powers and criminal sanctions for activities associated with the drug trade, such as laws that enable police to target premises used for selling illegal drugs, creating additional police powers in and around properties declared to be 'drug premises' and prohibiting anyone from being on those premises without lawful excuse – e.g. the *Police Powers (Drug Premises) Act 2001* (NSW). Laws enabling the confiscation of assets obtained through drug dealing and other criminal activity are another way authorities can indirectly target activities associated with the drug trade.

In all jurisdictions the penalties for personal use of prohibited drugs are less than the penalties for selling, supplying and trafficking offences. Also, offences relating to higher quantities of prohibited drugs generally involve tougher penalties – although the amounts involved and penalties imposed vary considerably depending on the drug and from one jurisdiction to the next. Table 4.1 summarises the penalties set out in principal drug control legislation for trafficking and other supply offences involving cannabis, amphetamines and heroin.

**Table 4.1:** Penalties for sale, supply and trafficking offences under principal drug control legislation.

	Threshold Amounts	Maximum Penalties
<b>Cannabis</b>		
NT	<50g	2 years &/or \$5000
	≥50g	5-14 years &/or \$10,000
Cth, Qld, SA, Tas, WA & Vic	<100 – 500g <sup>^</sup>	2 years &/or \$5000
	≥100 – 500g	10 years – life &/or \$20,000
NSW	<300g – 1kg	2 years &/or \$10,000
	≥300g – 1kg	10-20 years &/or \$200,000 – \$500,000
ACT	<300g	3 years &/or \$30,000
	≥300g	10 years – life &/or \$100,000 – \$250,000
<b>Amphetamines &amp; Heroin</b>		
Cth, Qld, SA, Tas, WA & Vic	<1.5g – 2g	5 years &/or \$10,000
	≥2g – 2kg	15 years to life &/or \$100,000 – \$500,000
NT – amphetamines	<2g (dilute)	2 years &/or \$5000
	≥2g (dilute)	5-14 years &/or \$10,000
NT – heroin	<2g (dilute)	7 years
	≥2g (dilute)	14-25 years
NSW	<3 – 5g (dilute)	2 years &/or \$10,000
	≥(3-5)g – 1kg (dilute)	15 years to life &/or \$200,000 – \$500,000
ACT	<2g	5 years &/or \$50,000
	≥2g	10 years – life &/or \$100,000 – \$250,000

Note: Summary does not include penalties for consumer offences such as possession, use and administration of prohibited drugs.

<sup>^</sup>A range of threshold amounts indicates a range of potential charges. The exact amount and maximum penalty that apply depends on the charge preferred. Charges vary according to evidence of the offence – e.g. whether the person charged is involved directly or as an accessory to the offence.

The 'threshold amounts' set out in Table 4.1 refer to the minimum quantities that would normally distinguish supply and other provider offences from lesser offences relating to consumption or personal use of prohibited drugs. Most jurisdictions have 'deemed supply' or similar provisions that effectively deem anyone caught in possession of quantities of drugs above the specified amounts to be sellers, suppliers or traffickers unless they can prove otherwise.

Deemed supply means that although police may have no other evidence that the person found in possession of drugs was dealing or supplying drugs, the amount of drugs in the person's possession indicates that the drugs were not for personal use. The weight or quantity of drugs required for a deemed supply charge are prescribed in legislation and vary according to the drug type.

(NSW Ombudsman 2004: 55)

Generally these provisions put the onus on defendants to disprove that they are drug providers rather than just consumers. The greater the amounts found in their possession, the harder it is for defendants to prove the drug was intended for their own personal use.

Table 4.1 shows a broad range in the threshold amounts for less serious drug offences in a number of jurisdictions, indicating a range of provider offences might apply. The exact quantity and maximum penalty will depend on the charge preferred. Compared with other jurisdictions New South Wales has a more graduated system of offences that distinguish 'small' amounts of a prohibited drug from offences relating to indictable, trafficable, commercial and large commercial amounts, each with its own minimum quantity. There can also be some flexibility in the charges that might apply.

The Australian Capital Territory recently amended its *Criminal Code Act 2002*, introducing amendments based on the Model Criminal Code (Serious Drug Offences) Chapter 6.<sup>11</sup> As with the New South Wales legislation, it contains graduated thresholds and penalties for serious crimes such as trafficking, manufacture and cultivation.

In the Northern Territory the threshold amounts for cannabis offences are relatively low, meaning that a small amount of cannabis may be considered a serious offence. On the other hand, the Northern Territory has lower maximum penalties for more serious cannabis offences. For instance, it does not impose a penalty of life imprisonment for any drug offences.

Table 4.1 also refers to 'dilute' threshold amounts of amphetamines and heroin in New South Wales and the Northern Territory. This means the prescribed threshold refers to the total weight of the substance seized regardless of its purity. Other jurisdictions generally prosecute on the basis of the net amount of 'pure' drug found in a mixture of substances. There can be different thresholds for different forms of the same drug. New South Wales drug legislation deems possession of 300g or more of cannabis leaf to be a supply offence, but the threshold weight for deemed supply drops to just 30g if the drug is in the more concentrated form of cannabis resin.

Using Western Australian legislation as an example, Figure 4.1 highlights how key laws and regulations can affect drug law enforcement in that jurisdiction. Illicit drug control legislation applies throughout the state, but the figure shows how non-drug specific legislation can be employed to control drug use in remote Aboriginal and Torres Strait Islander communities. Sections of the *Police Act* and the *Aboriginal Communities Act* allow the criminal prosecution of the possession of certain drugs or 'substances' – in practice, alcohol and petrol. The potential to adapt this approach to issues of *illicit* drug use and supply is considered later in this chapter.

<sup>11</sup> Model Criminal Code Officers Committee of the Standing Committee of Attorneys-General 1998 *Model Criminal Code Chapter 6 Serious Drug Offences Report* October 1998 Commonwealth of Australia, Canberra.

**Figure 4.1 Western Australian illicit drug control laws**

***Misuse of Drugs Act 1981***

Laws relating to illicit drug control are generally found in the *Misuse of Drugs Act* and regulations. The Act includes police powers of search, creates offences relating to the possession, use, manufacture, supply and sale of prohibited drugs as well as possessing the implements for using or manufacturing drugs. It also allows for offences of conspiracy and prescribes levels which introduce the presumption of possession with intent to sell or supply. Section 5(1)(e) makes it an offence to be in a place being used for the administration of prohibited drugs other than cannabis. The offence does not require the person charged to be using the drug.

***Poisons Act 1964***

The *Poisons Act* generally controls poisons and prescription drugs. There are some offences which relate to the diversion and misuse of these types of substances.

***Police Act 1892***

Section 65(5) makes it an offence to possess any deleterious drug without a lawful excuse. This section is very rarely used but was once commonly applied to petrol sniffers and drinkers of methylated spirits. Review of the *Police Act* is expected to result in offences such as this being moved to the *Summary Offences Act*.

***Aboriginal Communities Act 1979***

This Act relates to specific and prescribed remote Aboriginal communities and provides for the formation of community councils and some element of self-government. Section 7(g) allows the council to make by-laws for "the prohibition, restriction or regulation of the possession, use or supply of alcoholic liquor or deleterious substances". Section 7(f) allows by-laws for "the prohibition of nuisances, or any offensive, indecent or improper act, or disorderly conduct, language or behaviour". The council can empower police to enforce by-laws and set penalties.

***Liquor Licensing Act 1988***

Although this Act does not control illicit drugs, its powers, especially those exercised by the director, can be used to address the context of drug use by regulating to reduce disorder and alcohol-related harm in Aboriginal communities or in the towns which service them. The Act also penalises licensees if they permit illicit drug dealing and use on their premises.

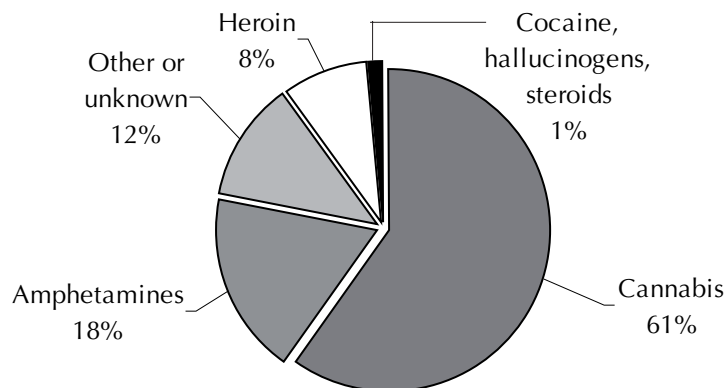
## **Drug law enforcement**

National data on drug offences shows that the number of arrests for 'consumption' offences are far greater than the number of arrests for supply. Of the 79,000 drug offenders arrested by Australian police in 2003-04, one in five arrests were for offences related to 'providing' illicit drugs (ACC 2005). Queensland had by far the highest number of drug arrests – 4,693 providers and 25,504 consumers. This was more than the combined totals for New South Wales and Victoria (ACC 2005).<sup>12</sup>

<sup>12</sup> New South Wales police reported arresting 2,141 providers and 13,092 consumers in 2003-04; Victoria – 4,375 providers, 8,804 consumers (ACC 2005).

As the police data in Figure 4.2 shows, most (79%) of the provider arrests in 2003-04 were for cannabis or amphetamine offences. Heroin and other opioids accounted for 8% of provider arrests. This is less than in previous years as the trade in heroin has fallen sharply since the late 1990s, whereas amphetamine availability and use appears to have increased steadily and stabilised in the past year (Schulte et al. 2005).

**Figure 4.2: All 'provider' arrests by drug type, 2003-04**



Source: ACC 2005: *Illicit Drug Data Report 2003-04* Table 25.

As well as variations between jurisdictions in the number and type of drug offence arrests, there is a great degree of variability in drug law enforcement within jurisdictions, both in terms of the differences between city and country, and of differences across regions. A report on rural crime and safety in Western Australia, based on 1996 official crime data, stresses the importance of distinguishing the crime rates for regional centres from the rates for surrounding regions. This same report showed that the Goldfields-Esperance region had the highest rates of drug offences for any region and was a substantially higher rate than the metropolitan rate – 11.6 per 1000 persons compared with 7.0 per 1000 persons for Perth. The report stresses that most drug offences across the state relate to the possession or use of cannabis (CRC 1998).

It was striking that local recorded crime data provided to our researchers during fieldwork visits to regions such as the Anangu Pitjantjarra Yankuntjatjara Lands and for the Ngaanyatjarra-Laverton area suggested that drug offences constituted a very small proportion of charges. For example, from 1995 to 2004, the yearly average for drug offence charges for the Ngaanyatjarra-Laverton area was 18 offences. Many more charges were laid for the breach of community by-laws. A similar picture is found with recorded crime statistics for the Anangu Pitjantjarra Yankuntjatjara Lands. In 2003 only 0.1% of recorded offences were for illicit drugs. During 2002 and 2003 there were large increases in the number of recorded miscellaneous offences (almost 2,000 in 2003), the majority of which were breaches of by-laws due to petrol possession and inhalation.

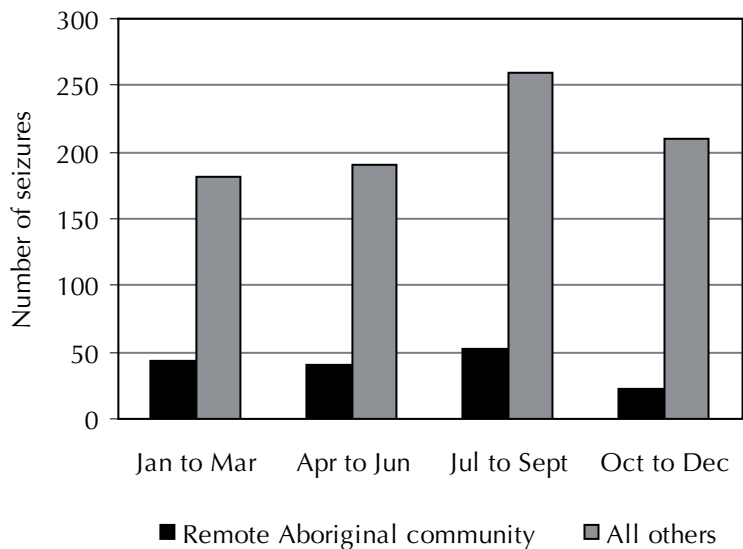
Urban and regional differences in drug policing are illustrated by Northern Territory police data on drug seizures. Unpublished Northern Territory Police data on drug offender arrests shows that, of the 977 offenders charged with drug offences in the Northern Territory in 2004, 432 (44%) were Aboriginal offenders. Of these, 134 (30%) were identified as coming from rural and remote Aboriginal communities or were linked with seizures in those communities.

The 2004 data on the number of seizures across the territory shows the busiest four stations/units accounted for almost three-quarters (73%) of all seizures. These took place at:

- Darwin police station (208 seizures, a total of 4,205g of all substances);
- Casuarina police station (171 seizures, total 5,004g);
- Drug Enforcement Unit – a specialist unit based in Darwin (142 seizures, total 25,559g); and
- Alice Springs police station (207 seizures, total 4,205g).

In addition to noting whether the offender is Aboriginal or a Torres Strait Islander, Northern Territory police also record whether the seizure took place in or near a remote Aboriginal community. Figure 4.3 shows the total number of drug seizures in the Northern Territory for each quarter in 2004, including the number of seizures in or near remote Aboriginal communities. It shows 160 (16%) of the 1,001 seizures in the territory took place in remote communities.

**Figure 4.3: Northern Territory illicit drug seizures by type of community, 2004**



Source: Northern Territory Police Drug and Alcohol Policy Unit.

Three stations accounted for nearly half (44%) of the remote area seizures. They were:

- Maningrida (40 seizures, a total of 1,280g of all substances);
- Wadeye (22 seizures, total 816g); and
- the Tiwi Islands (Nguiu, Pirlangimpi, Milikapiti) (17 seizures, total 385g).

It is important to note that the number of 'Aboriginal community' seizures generally does not include seizures involving Aboriginal offenders in larger centres, even if they are buying drugs to take to rural and remote communities. Nor do they generally include drugs intercepted in the main centres (for example by drug detection dog operations at airports and ports) that are bound for remote communities.

Cannabis is the main drug seized, followed to a much lesser extent by amphetamines. Amphetamine seizures are still relatively rare outside the main centres, though this might have something to do with the way amphetamines are detected and investigated. The specialist Drug Enforcement Unit based in Darwin accounted for the bulk of all amphetamine seizures in terms of the number of seizures (27 seizures) and the quantity seized (total of 8,029g), substantially more than the next two busiest units – Alice Springs (19 seizures, total 65g) and Darwin (12 seizures, total 35g).

## Aboriginal involvement in illicit drug supply

Consultations during the fieldwork indicated that many people in rural and remote Australia were concerned about increasing Aboriginal involvement in drug crime. In regional towns such as Kalgoorlie, Queanbeyan and Rockhampton, it was suggested that non-Aboriginal people mainly controlled supply networks, although there were separate drug distribution networks among Aboriginal people.

Our survey of police included questions that focused on Aboriginal people's involvement in drug crime. Table 4.2 shows the respondents' estimates of the proportion of criminal charges against local Aboriginal and Torres Strait Islander people over the past year that were for illicit drug offences. In non-urban areas 61% of respondents estimated that 20% or less of the charges were for illicit drug offences. The majority of these charges would be for possession or use.

**Table 4.2:** Police estimates of the proportion of criminal charges against local Aboriginals and Torres Strait Islanders that related to illicit drug offences, over past year.

	Urban % (n=102)	Non-urban % (n=210)	All % (n=314)*
Less than 10%	27	41	36
11-20%	17	20	19
21-30%	11	11	11
31-40%	6	2	4
41-50%	9	3	5
Greater than 50%	7	4	5
No ATSI people	0	4	3
Don't know	25	16	19

\*Includes 2 responses where location not known.

Source: AIC police survey 2005 – computer file. Northern Territory and Western Australia only.

Moreover, Table 4.3 shows that, of those non-urban police respondents who offered an opinion, 57% estimated that less than 10% of the drug charges against local Aboriginal and Torres Strait Islander people would have been for offences relating to the supply, distribution, manufacture or cultivation of drugs.

**Table 4.3:** Proportion of illicit drug charges against Aboriginal and Torres Strait Islander people in local area that were for supply, distribution, manufacture or cultivation.

	Urban % (n=102)	Non-urban % (n=210)	All % (n=314)*
Less than 10%	38	57	51
11-20%	8	6	7
21-30%	5	2	3
31-40%	3	<1	1
41-50%	1	<1	1
Greater than 50%	1	2	2
No ATSI people	1	6	5
Don't know	43	25	31

\*Includes 2 responses where location not known.

Source: AIC police survey 2005 – computer file. Northern Territory and Western Australia only.



A recurring theme during the fieldwork visits was the distinctive character of Aboriginal and Torres Strait Islander drug consumption and supply. In the Goldfields region, the differences between Aboriginal and non-Aboriginal cannabis distribution networks were identified as:

- stronger links in the Aboriginal networks, where there are 'codes of silence' – for example, people refusing to give evidence in court for fear of repercussions; and
- family linear networks forming the basis of Aboriginal distribution networks, with several families known to extend their operations to outer areas of the region.

The Aboriginal local drug supply was described by a Kalgoorlie resident thus:

*House where anyone can get a foil, house with big mob of kids, lots of people sitting around. Police do a raid, one person will put up his hand. Profits distributed around family. Kids – 13, 14 [years old] scrape bong and buckets onto silver paper. Same families now selling amphet in points, some [intravenous] use. Great move to hydroponic cannabis, almost impossible to get the bush grown stuff.*

Aboriginal justice worker, Kalgoorlie, April 2005

In the more remote desert areas the following issues were raised by police as contributing to the availability of cannabis, and as hindrances to police interception:

- enormous geographic areas, sparsely populated, with a myriad of back roads;
- improved 'real time' communication – mobiles and radios;
- proximity to Western Australian, Northern Territory and South Australian borders in a region where the police presence is limited;
- concealment of drugs in vehicles and in the bush outside of communities; and
- information received typically out of date, after offenders have moved on.

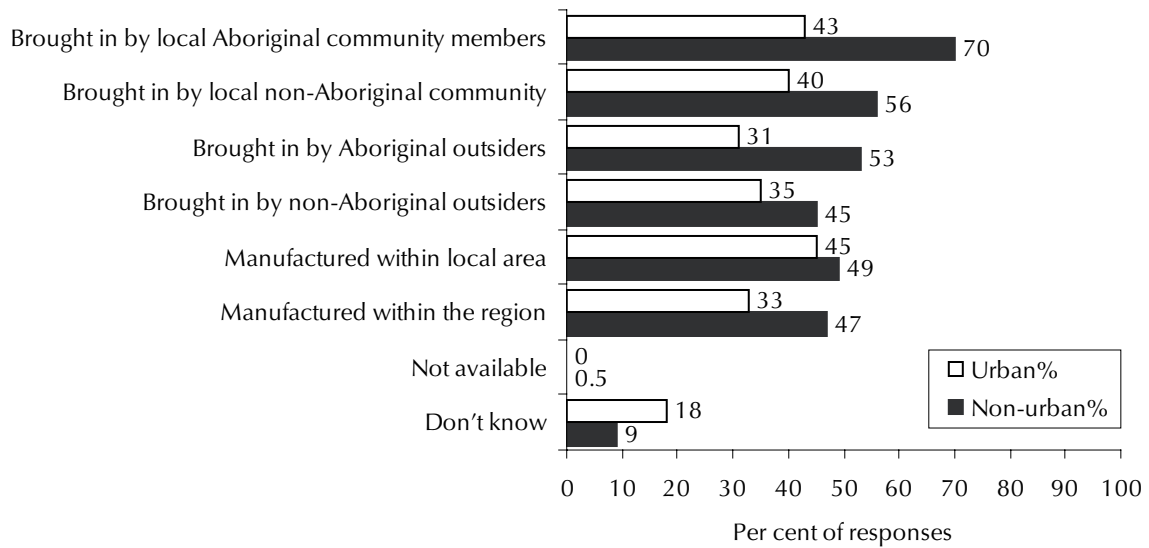
The report from a workshop held in 2003, involving Northern Territory police from remote stations and specialist drug units, included the following description of illicit drug supply to remote areas:

- traffickers often travelled from Darwin and were very mobile and adaptive in the methods that they use to smuggle their drugs into the districts;
- most traffickers were known to [police] as 'breakers' or 'breaker' associates;
- most traffickers were 'part-Aboriginal' although in some districts Aboriginal members of the community are now active traffickers;
- traffickers often change districts once they had been identified in a particular district;
- traffickers often use females to carry the drugs knowing that most stations do not have female officers [to search suspects];
- the profit margin was extreme with very little risk of significant penalties to the offenders if apprehended (an example was an ounce, costing \$300 in the city, could be sold for \$1,400);
- often elders in the communities were involved if not dealers themselves;
- cannabis seized was always of very good quality; and
- when the supply of cannabis went down, the use of petrol went up.

(Fuller 2004)

Figure 4.4 shows that although many routes are used to get cannabis into rural and remote areas, the majority of non-urban police who participated in our survey believed that local Aboriginal community members were responsible for bringing in much of the cannabis used by Aboriginal residents.

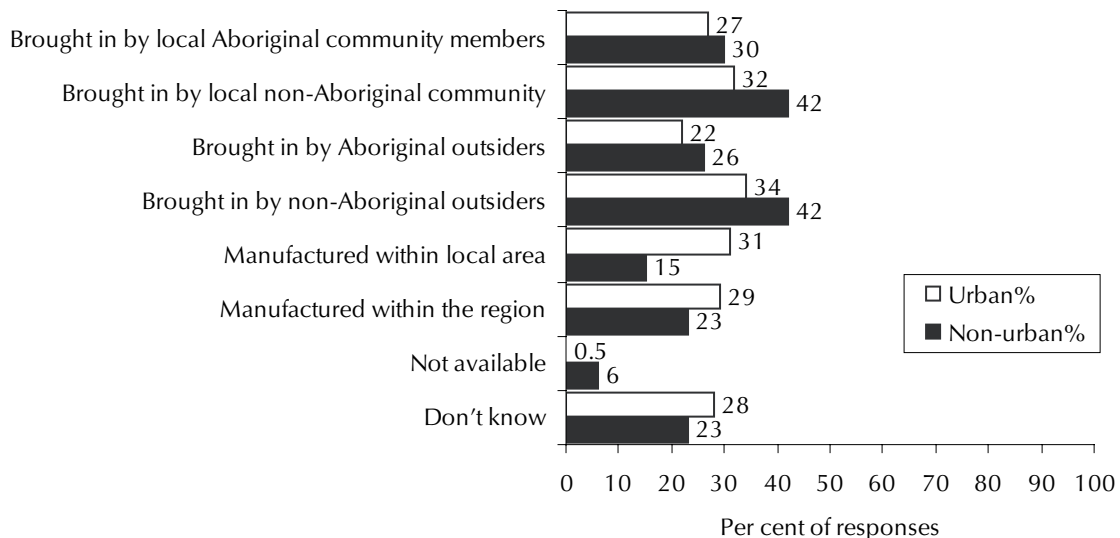
**Figure 4.4: The means of availability of cannabis to the Aboriginal and Torres Strait Islander people in the local area of police respondents**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

This was in marked contrast with amphetamines. Figure 4.5 shows that, when asked about how amphetamines were made available to local Aboriginal and Torres Strait Islander people, fewer police nominated local Aboriginal residents as the likely source. Police believed that non-Aboriginal outsiders and non-Aboriginal local community members were thought to be the main conduits.

**Figure 4.5: The means of availability of amphetamines to the Aboriginal and Torres Strait Islander people in the local area of police respondents**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

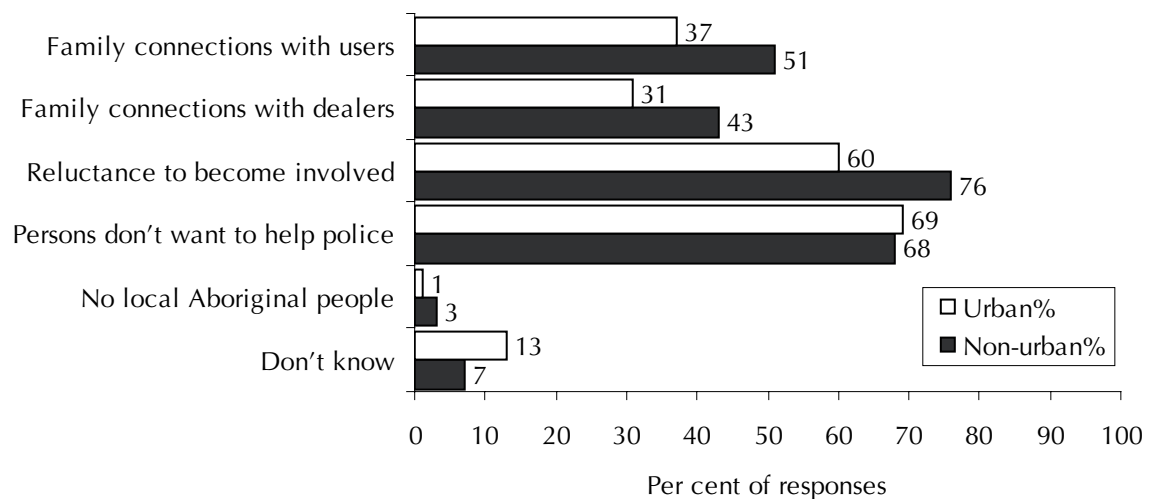
There was some evidence of local production, with 49% of non-urban police saying that cannabis was grown locally and 15% indicating that amphetamines were manufactured in the local area. Certainly there was little evidence of large scale cultivation or production in most fieldwork

sites. Even in the Goldfields, where large cannabis crops were reputedly grown in the past and where there was perceived to be a strong local demand for amphetamines among non-Aboriginal residents, it was reported that most drugs are imported from interstate or Perth.

During our fieldwork, police referred to difficulties that inhibited tackling the supply and distribution of illicit drugs amongst Aboriginal people. In the Goldfields, Aboriginal networks were described as 'immune to infiltration by undercover operatives' and in rural and remote contexts, typical police strategies such as surveillance or the monitoring of telecommunications were regarded as impossible or severely hampered.

There was a question in our police survey about the particular challenges for police in terms of disrupting supply to Aboriginal and Torres Strait Islander people in their local area. Figure 4.6 shows the main issue nominated by non-urban police was a reluctance by community members to become involved (76%). Other issues for non-urban police, in order of importance, included Aboriginal people not wanting to help police (68%), family connections to users (51%) and family connections to dealers (43%). The strongest impediment identified by urban police was persons not wanting to help police. These issues are discussed further in Chapter 5.

**Figure 4.6: Issues that arise for police in trying to get information from local Aboriginal and Torres Strait Islander people regarding illicit drug supply and distribution**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

The typical range of supply reduction strategies, in drug law enforcement, have been listed as:

- intercepting and seizing illicit drugs;
- detecting and destroying cannabis crops;
- detecting and destroying clandestine laboratories;
- preventing diversion of precursor chemicals;
- arresting and prosecuting drug dealers and importers;
- disrupting organised criminal networks, seizing criminal assets; and
- closing down drug premises.

(Willis and Gray 2005 unpublished)

Based on our fieldwork consultations with police stationed in regional, rural and remote centres, the type of location tends to have a powerful influence on the choices of law enforcement strategies used to reduce the supply of cannabis (and possibly other illicit drugs as they become more commonly used) to and among Aboriginal and Torres Strait Islander people. These can be summarised as follows:

- Regional centres – closing down drug premises, and arresting and prosecuting drug dealers and 'importers';
- Rural towns – arresting and prosecuting drug dealers and 'importers'; and
- Remote communities – intercepting and seizing illicit drugs.

### Legislative reform to address supply in remote communities

The general consensus that emerged from the workshop held in 2003 involving Northern Territory police was that a 'disruptive' approach was required for supply routes to remote communities. Having argued that there were unique characteristics associated with stopping and reducing the supply of cannabis to remote communities, the Northern Territory workshop participants recommended a range of legislative reforms to help improve their operational effectiveness. These included:

- The introduction of drug detection dog legislation.
- Amendments to the *Police Administration Act* to allow drug detection dogs to be used in random searches of any vehicle, vessel or aircraft used to convey persons or freight. Random searches were seen as having more deterrent value rather than relying on police having 'reasonable grounds to suspect' supply of drugs.
- Legislative changes to the *Misuse of Drugs Act* to allow for:
  - higher penalties for possessing cannabis on Aboriginal land; and
  - a mechanism allowing the immediate notification of the relevant Land Council of the details of any seizures and alleged offender details.
- Amendments to the sentencing legislation so that the fine for possession of a dangerous drug is proportionate to the potential street value of the drug seized or an actual jail term proposed.
- The *Aboriginal Land Act* be reviewed and that penalties and powers in relation to the expulsion of non-traditional owners be strengthened.

The principal rationale provided for increasing penalties was that the health and social impact cannabis was having on Aboriginal communities was more apparent than with the wider community. It was argued that a means to demonstrate this was to have an aggravation of the offence. The workshop participants also highlighted the difference between current fines (\$200) for possession of 50 grams or less, when a drug trafficker could transport up to 50 grams of cannabis into a remote community and expect to make about \$2,500 if the drug was sold in one-gram lots.

An overhaul of the *Aboriginal Land Act* was advocated to better enable traditional owners to expel drug and kava traffickers from their communities. The current penalties were regarded as an insufficient deterrent to traffickers and the procedure to prosecute was regarded as flawed. By paying off a traditional owner, it was argued that traffickers may be allowed to stay and continue with their business. Workshop participants also wanted to be able to advise Land Councils prior to an offender going to court that that person had been apprehended with drugs on Aboriginal land. Amendments to the Drug House legislation were considered as an option, as the landlord – or in this case the landowners – could be advised that offences were believed to have been committed.

There is a long history of special legislative provisions that forbid certain kinds of behaviour or activity in remote Aboriginal communities, some of which directly affect drug law enforcement. The Northern Territory workshop recommendations aiming to reduce the supply of cannabis to remote communities seek to build on this approach. In other rural and remote locations, policing has to rely on broader state-wide provisions to develop drug law enforcement operational strategies suited to the local environment.

Depending on the local and regional circumstances, it seems important to identify priorities in drug law enforcement and the most cost-effective interventions to address these priorities. The priority that is given to Aboriginal distribution networks will no doubt vary depending on the context, and the perceived community harm and competing priorities, such as organised outlaw motorcycle gang drug production and distribution. Whatever the context, there should be a clearly identified relationship between the illicit drug use in the community and crime and violence – for example where cannabis use is identified as contributing to levels of violent behaviour or to money generating crime in the local area – so that improved community safety and public amenity are the expected outcomes from drug law enforcement.

## Police contact with drug affected people

The Drug Use Monitoring in Australia data shows that a considerable proportion of police detainees in urban locations test positive to illicit drugs at the time of apprehension. For example, the 2004 annual report indicated that, averaged across all sites,<sup>13</sup> 60 per cent of males and 52 per cent of females tested positive to cannabis. Averaged across the seven sites, 41 per cent of females and 29 per cent of males tested positive to methylamphetamine. In addition, more than a third of all detainees (37%) attributed at least some of their offending to their illicit drug use (Schulte et al. 2005).

These results suggest that in cities many of the people that police take into custody might be under the influence of illicit drugs at the time of their arrests, or have at least had recent contact with drugs. Police might be regularly dealing with offenders whose crimes are linked to their illicit drug use.

In rural and remote locations there is no reliable data to indicate how many people apprehended by police are affected by illicit drugs or motivated to commit crime because of their illicit drug use. In the Goldfields region, our consultations with law enforcement and justice representatives suggested that the volume of property crime is greater and of a more serious nature in the regional centre, with a more explicit link to drugs. It was claimed that a substantial proportion of property crime against households and small businesses in the Kalgoorlie area by young people (predominantly 'white kids') was committed so that stolen goods could be swapped for drugs. In smaller towns, break-ins by Aboriginal young people were viewed as being motivated by a desire for cash and food and drinks.

A more general measure of police activity in relation to drugs is the amount of police time involved in attending to incidents or reports where drugs are identified as a contributing factor. As a result, our survey of police included a range of questions about the proportion of the respondent's time taken up with drug-related incidents.

Table 4.4 summarises the answers to the question about the proportion of time taken up in the past fortnight with alcohol-related matters. Forty percent of the non-urban respondents said that 60% or more of their time was taken up by alcohol-related matters.

<sup>13</sup> Adelaide, Bankstown, Brisbane, East Perth, Elizabeth, Parramatta and South Port.

**Table 4.4:** Proportion of police respondents' time taken up with alcohol-related incidents in past fortnight.

	Urban % (n=232)	Non-urban % (n= 493)	All % (n=792)*
None	17	8	10
Less than 20%	26	23	24
21-40%	21	15	16
41-60%	15	13	13
61-80%	13	21	18
81-100%	6	19	14
Don't know	3	1	5

\*Includes 67 responses where location not known.

Source: AIC police survey 2005 – computer file.

In contrast, Table 4.5 shows that only 5% of respondents said an equivalent amount of their time was taken up with illicit drug-related matters.

**Table 4.5:** Proportion of police respondents' time taken up with illicit drug-related incidents in past fortnight.

	Urban % (n= 232)	Non-urban % (n= 493)	All % (n=792)*
None	20	23	21
Less than 20%	38	50	44
21-40%	19	13	15
41-60%	9	6	6
61-80%	7	4	5
81-100%	4	1	2
Don't know	4	3	7

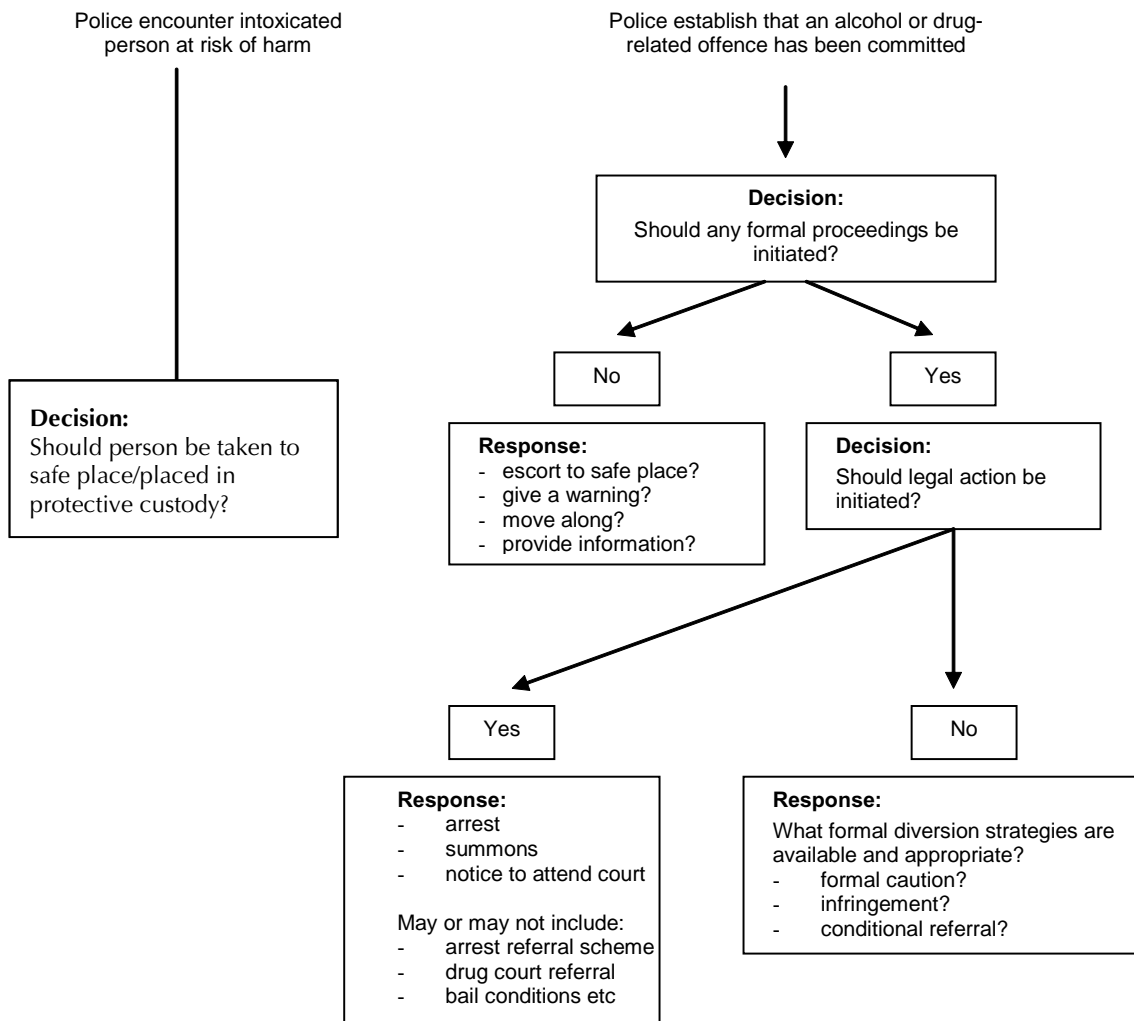
\*Includes 67 responses where location not known.

Source: AIC police survey 2005 – computer file.

The policing implications of alcohol use and intoxication in rural settings is a central theme in the literature on country policing. This will be discussed more fully in the next chapter. With everyday policing in rural areas it is more than likely that alcohol-related crime takes priority over and above other drug-related matters. Despite this, the distribution and use of illicit drugs appears to be an increasing concern.

A report on the role of police in the diversion of minor alcohol-and drug-related offenders included a flowchart that summarised police decision-making points following encounters with alcohol or drug-related offenders, as shown in Figure 4.7 (Morrison and Burdon 1999). Police have always had the option of diverting offenders away from the criminal justice process, but it is in the past few decades that formal diversion processes have been established to regulate and encourage diversions for certain categories of offenders and certain types of offending.

Figure 4.7: Police decision making with alcohol or drug-related matters



Source: Adapted from Morrison and Burdon 1999.

The survey conducted by Morrison and Burdon (1999) found that two to three drug or alcohol-related incidents on average might be expected during each police shift. However, they found that around half of all alcohol and drug-related incidents were dealt with informally, most commonly by taking the person home. Significantly, their findings suggested that informal responses may be much more prevalent in some rural areas.

Although many police often use discretion to deal with minor alcohol and drug offenders, the study identified a range of barriers to the use of discretion, loosely grouped under:

- legislative constraints;
- organisational factors; and
- situational factors.

With illicit drugs these barriers also included the potential logistical difficulties involved in disposing of illicit substances through the usual formal channels when the owner of the drugs has been 'let go'. Another factor was that the organisation did not necessarily sanction the diversion of illicit drug crime, with attendant fears of internal inquiry or investigation. Some extra-legal factors that also seemed to influence police response were the offenders' perceived level of intoxication and whether the person was already known to police.

The report emphasises that increases in diversion depend on legislative and administrative support, but – perhaps more importantly – also require strong encouragement and guidance by local police commanders and supervisors. The authors also make the point that a routine diversionary response rests on the creation or expansion of local services. They stress that 'genuine partnerships and innovative solutions at the local level' together with police organisation which encouraged localised discretion and decision-making, are central to the efficient operation of drug diversion (Morrison and Burdon 1999).

In 1999 the Council of Australian Governments (COAG) agreed that police diversion strategies should be introduced in every state and territory. Funding to support diversions is provided through the National Illicit Drug Diversion Initiative, and at a jurisdictional level some legislative and many administrative changes were introduced to formalise police drug diversion. Table 4.6 summarises current schemes for minor cannabis offences by jurisdiction.

There can be confusion about what 'decriminalisation' means, as some jurisdictions maintain criminality of drug use, but deal with minor offences in a summary fashion through the use of cautions, diverting to counselling and so on. Standard criminal procedures should generally only apply if there are repeated breaches or other such factors.

**Table 4.6:** Key features of current schemes for minor cannabis offences by jurisdiction.

<b>Prohibition with civil penalties (infringement notices) schemes</b>	
SA (1987)	<25g (\$50 fine) <100g (\$150 fine); <20g cannabis resin (\$150 fine); ≤1 non-hydro plant (\$150 fine); used bong (\$50 fine). 60 days to expiate. Adults only. Failure to expiate usually results in conviction.
ACT (1992)	Not >25g (\$100 fine) or 2 non-hydro plants <sup>(A)</sup> (\$100 fine), 60 days to expiate. Adults and juveniles. Failure to expiate does not usually lead to conviction.
NT (1996)	<50g (\$200 fine); <10g cannabis resin (\$200 fine); ≤2 plants (\$200 fine), 28 days to expiate. Adults only. Failure to expiate results in debt to state, not conviction.
WA (2003) <sup>(B)</sup>	Not >15g (\$100 fine) not >30g (\$150 fine) or 2 non-hydro plants (\$200 fine), may alternatively complete an education session, 28 days to expiate. Adults only. Failure to expiate results in debt to state.
<b>Prohibition with cautioning and diversion to treatment</b>	
Tas (July 1998)	<50g, plants excluded. Caution for first three offences. Requires admission of guilt and consent of offender. On police record, not criminal.
Vic (Sept 1998)	<50g, plants excluded. Up to two formal cautions, over 17 years. Voluntary education. Requires admission of guilt and consent of offender. On police record, not criminal.
NSW (Apr 2000)	<15g, plants excluded. Ongoing state-wide trial. Up to two formal cautions. Mandatory education session on 2 <sup>nd</sup> caution. Adults only. Requires admission of guilt and consent of offender. On police record, not criminal.
Qld (June 2001)	<50g, plants excluded. Mandatory assessment and brief intervention session. On police record, not criminal.

Source: Adapted from Figure 1 in Lenton, S. 2004.

(A) In March 2005 the Australian Capital Territory decreased the quantity allowed from 5 plants (including hydroponic) to 2 non-hydroponic plants (non-artificial cultivation) – s162 *Drugs of Dependence Act 1989* (ACT).

(B) *Cannabis Control Act 2003* (WA).



Although existing legislation may be clear regarding actual police powers when dealing with drug offenders, the options available to police when actually using their discretion are less clear. Procedural and good practice guidelines should recognise practical impediments to using discretion in relation to illicit drugs, such as the following disincentives:

- complicated and time-consuming procedures and paperwork;
- risk of integrity being questioned; and
- disposing of seized drugs (this also carries the risk of allegations of improper conduct).

There is evidence that fewer Aboriginal and Torres Strait Islander drug offenders participate in diversion schemes (compared with other drug offenders). There are practical impediments in rural and remote areas that further lower participation rates in these settings. This seems to hold true for both juvenile diversion schemes and drug diversion schemes. For example, South Australian research shows that Aboriginal young people are more likely to be arrested and referred to court, and less likely to be diverted to a police caution (Doherty 1999).

Overall, in a national review of the diversion of Aboriginal young people from juvenile detention, it was found that most diversionary programs operated in metropolitan areas, with very few services available for people in rural and remote areas (Siggins Miller Consultants 2003).

A common concern raised by informants during this research was the lack of familiarity with diversion options for Aboriginal juvenile offenders on the part of police, with some informants seeing a perceived failure to refer Aboriginal young people as due to poor relations between police and Aboriginal communities. However, during the course of this project's fieldwork consultations, two principal sources of frustration were raised by many police and other justice or health practitioners:

1. the limited number of registered or suitable programs in the local area; and
2. eligibility conditions that effectively exclude many Aboriginal young people or adults from diversion programs because of prior criminal history or other factors.

## Safe custody

All Australian jurisdictions have legislation that allows police to civilly apprehend persons who are publicly intoxicated to the extent that they are a risk to themselves or to other people. Figure 4.8 summarises Western Australian legislation and processes to illustrate the range of drug and juvenile diversionary options that can operate within a jurisdiction.

**Figure 4.8: Western Australian laws – protective custody and diversion**

### ***Protective Custody Act 2000***

The *Protective Custody Act* and regulations were introduced to provide a non-criminal approach to intoxication and to deal with the misuse of substances, not already controlled, to get 'high'. The Act is not about enforcement. Rather it enables police to remove intoxicants from juveniles before they are used and place those affected in safe custody. Section 27 allows the Commissioner of Police to appoint Community Officers to exercise some of the powers under the Act. While Aboriginal communities are not specifically mentioned in the section, it could apply to selected members of remote communities or those conducting patrols in inner urban areas such as Northbridge in Perth.

Figure 4.8 continued.

### Diversions

Ancillary to the *Misuse of Drugs Act 1981* is the *Cannabis Control Act 2003*, which provides for offenders found in possession of small amounts of cannabis (not more than 30g or 2 non-hydroponically grown cannabis plants) or a smoking implement, to be issued with a **Cannabis Infringement Notice** (CIN). The CIN penalties range from \$100-\$200 (set by the Cannabis Control Regulations) or attendance at a **Cannabis Education Session** (CES). CES are booked by the offender by phoning a 1800 number. Failure to attend a CES may either result in the matter proceeding to court or the person being considered a fine defaulter, which can eventually result in driver's licence suspension or a warrant to seize property.

The **All Drug Diversion** project currently run by Western Australian Police enables people apprehended with small amounts of any prohibited drug (other than cannabis) and no previous convictions for similar offences, to be provided with the opportunity of attending counselling sessions rather than being sent to court. This program has no legislative base, but rather relies on the application of police discretion.

A **Drug Court** is run in Perth. Defendants meeting the requirements can have their cases remanded while they undergo a range of counselling services. Successful completion of the treatment program results in the dismissal of the charges. Failure leads to normal sentencing. There are other similar programs available to courts in other areas, but the options in many locations are limited. In many cases participant must be charged and admit the offences in court prior to intervention.

CINs and other drug diversion programs do not apply to juveniles. The *Young Offenders Act 1994* requires police to consider court diversion, either by taking no action, caution or referral to a Juvenile Justice Team (JJT) for all offences. However, offences for possession of prohibited drugs with intent to sell or supply, actually supplying prohibited drugs, and conspiracy to supply, can not be dealt with by diversion.

One of the difficulties faced by police is a paucity of safe places to which they can take individuals affected by substances. It is very probable that detaining people for their own safety may be more frequently used in rural and remote areas. Based on police and community feedback during our fieldwork visits, this is a commonly held belief, especially in country towns and regional centres where alcohol-related violence and disorderly behaviour were seen by police as a major concern and where there were limited alternatives in the way of Aboriginal-run community night patrols, sobering-up shelters and other supports.

The only available national data on police custody shows that Aboriginal people are detained at higher rates – an analysis of rural-urban differences has not been undertaken. The most recent national survey of police custody in 2002 revealed that Aboriginal people continue to be detained at higher rates than non-Aboriginal people, with Aboriginal people 17 times more likely to be involved in a custody incident (per relevant population) than non-Aboriginal people. Moreover, it has shown that public drunkenness continues to be a major reason for being detained in custody, and that incidents of custody relating to public drunkenness were much more likely to involve Aboriginal than non-Aboriginal persons. However, it is noteworthy that both the Aboriginal custody rates and the proportion of all custody incidents attributable to alcohol are declining when compared with previous surveys (Taylor 2005). It is unclear whether there has been an increase in the number of people detained for incidents related to illicit drug use, as that information has only been collected for recent police custody surveys.

## Discussion

Legislation underpins drug law enforcement, with its attempts to distinguish between serious drug offences involving the supply of drugs, and less serious drug offences related to its possession and use. Although the less serious drug offences constitute a much higher proportion of drug offence charges, from an organisational perspective it is the detection and disruption of supply that is the overriding priority for drug law enforcement.

There are significant variations between jurisdictions in legislative definitions and penalties for serious drug offences and arrangements for minor drug diversionary schemes. There is also evidence of a high degree of variance in drug law enforcement, as indicated by the number of provider and consumer offences across regions, and across rural and remote localities.

It has been argued, at least in the Northern Territory, that legislative reforms are required to address the supply of illicit drugs into remote communities. It also seems that there are quite distinctive characteristics of Aboriginal distribution networks in rural and regional areas that pose particular challenges for drug law enforcement. There is strong anecdotal evidence, supported by our survey results, that many Aboriginal people are heavily implicated in the distribution of cannabis within their communities. However, it appears that many police feel ill-equipped to tackle this issue. Legislative and operational responses must be sensitive to the socio-cultural milieu and to the probable impact of disruption. Otherwise there is a risk that additional enforcement activity could lead to displacement of use towards other more dangerous substances, a shift to sourcing drugs from more organised criminal networks, increased community conflict and other unintended harms.

The main reason for prohibiting drugs is to reduce the availability and use of these substances. This, in turn, is expected to reduce the associated health, social and other adverse consequences from drug use – lower morbidity, mortality, participation in work and education, reduced social, cultural and other costs, less property crime and reductions in substance-related violence.

Personal use or consumption of illicit drugs is prohibited in all jurisdictions, yet there is vigorous and ongoing public debate regarding:

1. the threshold amounts that distinguish consumer offences (e.g. possession of small amounts of illicit drugs) from more serious provider offences; and
2. whether and how the personal use of small quantities of illicit drugs should be penalised.

Police have a key role to play in terms of supporting demand and harm reduction strategies by responding in certain ways to people they apprehend for minor drug offences and to people affected by illicit drug use. Decision making and the use of discretion is not always easy, and in rural and remote areas will be directly influenced by the availability of services, diversion programs and alternatives to safe custody.

Another facet to policing is community policing and engagement in community activities aimed at preventing crime. Crucial areas in which police contribute to drug use prevention are discussed in Chapter 6, with a focus on current and emerging community level interventions.

## Chapter five: Working with communities

The focus of this chapter is on policing in rural and remote locations. Despite limited research on the topic, it appears there are quite distinct practices and strategies related to police work in smaller communities and in remote locations. The latter parts of the chapter consider contact between Aboriginal and Torres Strait Islander people and police in rural and remote locations in more detail.

The following topics will be covered:

- Crime in rural and remote Australia
- Policing in rural and remote settings
- Aboriginal and Torres Strait Islander community/police relations
- Aboriginal and Torres Strait Islander community policing

### Crime in rural and remote Australia

To date, research on rural crime in Australia has been largely confined to studies in New South Wales. One of the few specific community studies of rural crime, focusing on the small town of Walcha in the New England region of New South Wales, found that the overall crime rates were on par with the national average but there was little evidence of serious crime (O'Connor and Gray 1989). The description of Walcha corresponds to typifications of rural settings as caring and cohesive communities with low crime (Hogg and Carrington 1997).

Analysis of state-wide data in South Australia and Western Australia shows some rural settings can have disproportionately high rates of certain kinds of reported offences (Gale et al. 1990; Ferrante et al. 1996). In the main it seems that these are linked to Aboriginal offending in these settings. Many areas in New South Wales with relatively high rates of recorded assault, break and enter and public order offences also have relatively high Aboriginal populations (Carrington et al. 1996). On the other hand, many country towns with relatively high Aboriginal populations have below average or average crime rates, which suggests more detailed analysis is required of specific towns and regions (Hogg and Carrington 1997).

Issues to consider in terms of the diversity of rural and remote towns and regions include the:

- size of the town, and regional patterns of residence (small isolated communities versus greater population density such as in rural Victoria);
- main economic activity (e.g. farming, mining, Aboriginal and Torres Strait Islander settlement); and

#### Policing scenario:

##### *Living and working in isolation*

A remote area police station has had a high number of stress-and fatigue-related absences. Officers at the station routinely conduct many long range, roving patrols. These often involve long hours of overtime dealing with violent substance-affected offenders. Officers are absent from home for up to a week at a time. One officer's partner is a nurse who initially moved with him to the settlement expecting to work at the local health clinic, but left after finding that she was unsuited to remote area work. Another officer has a partner and young children living in the police compound. Accommodation for school and health clinic staff are located elsewhere. Many of the teachers are newly qualified and most of the clinic staff are on short-term contracts. Concerns about isolation, safety and work conditions contribute to high staff turnover.

What can be done to address these issues?

See the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

- population heterogeneity, including proportion of population that is Aboriginal and Torres Strait Islander, and mobility.

A study that compared local government areas in New South Wales found the incidence of crime varied considerably across communities, from very low to very high (Jobes et al. 2004). Key findings included:

- local government areas with high inward and outward migration had higher crime;
- low levels of people living in their own home (suggesting 'less community affiliation and high mobility') were associated with higher crime;
- low family stability (as indicated by proportion of marriages and single parents) was associated with higher crime;
- no economic indicators were directly associated with crime but may be indirectly influencing levels of crime; and
- a high proportion of Aboriginal and Torres Strait Islander people in a population was associated with higher rates of assault and property offences.

The main conclusion is that the size of the town is important. Smaller rural settlements tend to have lower rates of crime than larger rural centres. However, the authors stressed that the effect of size is clearly modified by other factors, especially population heterogeneity, population movement and family instability.

The general conclusion that smaller rural towns tend to have lower rates of recorded crime conceals some significant differences, as small communities in mining regions and/or Aboriginal and Torres Strait Islander settlements can have very high rates of reported crime. It is also important to consider factors that influence levels of reporting crime to police, and the public 'visibility' of certain kinds of crime in rural communities. Hogg and Carrington (1997) point out that small group solidarities or hierarchical social relations within a local community may create high intolerance of strangers, migrants, outsiders and non-members. They observe that there can be a higher threshold of tolerance for various kinds of interpersonal violence and incivility (sexual, domestic, intra-male, homophobic and racial) which is more likely to go unreported and which police may not be aware of.

Results from a study of New South Wales rural communities, mainly involving farmers, indicated that:

*Rural communities have informal social norms for tolerating certain types of crime and for proscribing the reporting of such crimes. Many victims of crime suffered in silence. Some were pressured to conform, keep the peace, and not accuse someone in the community of theft, under threat of exclusion from the community. Some victims were judged to be deserving of their victimisation.*

Barclay et al. 2004: 7

Overall, it may be that there are higher levels of under-reporting, both of violent and property crime, in rural Australia. A national survey of farmers, about their experiences of property crime and damage, found only half of the victims reported the crime to the police. The most common reason for not reporting offences was that the 'police could do nothing/lack of proof'. The person/s considered responsible for perpetrating the crime varied according to the type of crime and farm. For example victims on broadacre and dairy farms in highly accessible areas most commonly thought itinerant workers and travellers were likely to be responsible for crime on their properties. Farmers in more remote areas were more likely to attribute blame to residents from local towns (McCall 2003).

In small towns and regional centres Aboriginal and Torres Strait Islander people can be very visible, especially if they are involved in certain forms of behaviour considered anti-social or uncivil by non-Aboriginal residents. Studies of country towns with a visible minority of Aboriginal residents have highlighted how Aboriginal people are more likely to be engaged in public activities that attract the attention of police. This is a common theme found in depictions of a New South Wales country town, 'Brindleton' (Cowlshaw 1988), of Katherine in the Northern Territory (Merlan 1998) and of youth offending in Port Augusta, South Australia (Hutchings 1993).

A different rural environment with specific modalities of service delivery, community relations and crime are towns primarily comprising Aboriginal and Torres Strait Islander residents, typically former missions or ex-government settlements. Anthropological studies have examined drinking and resisting arrest in Wiluna, Western Australia (Sackett 1988), police-Aboriginal relations in Roebourne, Western Australia (Edmunds 1989), and juvenile offending in Yalata, South Australia (Brady and Morice 1982). With Aboriginal and Torres Strait Islander settlements in more remote locations such as those on Cape York Peninsula (Martin 1993) or in desert regions (Tonkinson 1988) there has been a focus on generational change and how many older people disapprove of, but feel unable to control, younger people's behaviour, including disorder and drug use.

These studies highlight the need to consider the different settings in which rural police work. Whilst recognising there is considerable diversity, for the sake of analysis four types of settings are used in this chapter to consider the particular challenges and characteristics of policing when in such settings:

- Rural town/regional centre – service centre for farming.
- Rural town/regional centre – service centre for mining and/or pastoral sector.
- Rural town – typically ex-mission or ex-government settlements, primarily Aboriginal and Torres Strait Islander people.
- Remote settlement – Aboriginal and Torres Strait Islander community.

## Policing in rural and remote settings

The attributes that commonly arise in the literature when discussing rural and remote policing are summarised in Figure 5.1. These can vary in significance depending on location, and the types of settings. According to O'Connor and Gray (1989), rural policing in a town like Walcha in New South Wales is "little crime but plenty of work". Policing was concerned with "enforcing rights of private property and middle class norms and values" and maintaining public order. Activities that were monitored closely included cannabis use, recreational or 'spotlight' shooting, and driving offences. For two days of the week the police station served as a motor registry, and in general, acted as an information and social centre.

### Figure 5.1: Attributes associated with rural and remote policing

#### *Types of crime*

- Disorderly conduct, usually linked to drinking
- Less sophisticated personal and household crime
- Aboriginal and Torres Strait Islander family violence

#### *Police practice*

- Generalists, with specialists attached to regional centres
- Patrolling large geographic areas
- More autonomy
- Civil work – licences
- Prevention

Police in the low crime area of Walcha considered there were two police forces in New South Wales: an urban one and a rural one. The emphasis of their work was on "community relations, the need to help the young occupy their time, and crime is regarded as something that occasionally disturbs their role as peace officers" (O'Connor and Gray 1989). In contrast, the Aboriginal mission was a place to "clearly expect trouble", where there was a "lack of respect" and "defiance". The police indicated that their efforts to employ informal policing measures, such as threats or a good talking to, were frequently followed by an arrest because the non-Aboriginal Walcha community considered drunkenness, abusive language and fighting to be unacceptable.

A very different picture of rural policing, more akin to the account of the Aboriginal mission at Walcha, emerges from Edmunds's (1989) account of police work in Roebourne, Western Australia. She characterises much of the police work as involving the "imposition of petty disciplinary action" against Aboriginal people. She found that the police saw a contradiction in their work between carrying out their duty and their involvement in what she terms as welfare work, epitomised by the phrase "looking after the drunks". It was the latter role which generated some resentment among the police. On the other hand, it was the welfare role which they saw as contributing to their sense of good relations between them and Aboriginal residents in the area, and of performing a unique service.

Remote area policing, where police visit communities but do not reside there, has its own unique characteristics. The type of matters brought to police attention and the degree and nature of contact between police and local residents are critical factors in shaping police work in these areas. During fieldwork visits for this project, police who worked in remote settings, such as the desert regions of central Australia, expressed the view that they were performing tasks that no other government agency was prepared to take on – they were engaged in an essential service and responding to 'community wishes'. The challenges of patrol work were mentioned frequently, as were the potential risks associated with dealing with angry members of the community or young people 'high' on petrol and/or cannabis. Their accounts conveyed the impression of threatening but exciting situations tempered by expressions of sympathy and affection for the perpetrators of these kind of incidents.

Officers who live in the remote settlements they police also highlighted the threats and challenges of police work in those areas, but there was no hint of excitement. The officer in charge of one isolated station in a traditionally oriented community emphasised the value of the close working relationship between police and elected and traditional leaders. He spoke in very positive terms about the community contribution to reducing the prevalence of substance use, in supporting victims of violence and encouraging young people to make positive choices. An officer on a short-term placement at a neighbouring settlement said plans to introduce a permanent police presence at his community should make a huge difference, enabling police to support and encourage similar initiatives there.

**Figure 5.1** continued.

*Police resources*

- Coverage of large geographic areas
- Greater number of police per head of population
- More resources required for communication and travel

*Community relations*

- Greater local knowledge, of and amongst police
- More complex social relationships with local residents
- Greater visibility and accountability to community
- Status and influence in local context
- Cross-cultural complexities

By contrast an officer living in an isolated Aboriginal settlement elsewhere painted a grim picture of local crime, explaining that the prevalence of violence and sexual abuse was such that it had become a 'normal' part of life for many residents. He said he and his staff had attended 220 calls for assistance in a recent 28-day period, yet much of the abuse that takes place is not reported to police and the few community supports in place to assist victims were struggling to cope. He said the abuse of alcohol, cannabis and inhalants exacerbated many of the problems, and many young people were willing to "sell themselves for a stick [of cannabis] or some paint [for inhaling]". Local and visiting police operations to intercept 'grog runners' and drug traffickers were generally viewed as ineffective and easy to avoid.

Police work in small rural towns tends to be quieter, with potentially fewer barriers to police becoming part of town social life. Based on his research with New South Wales rural police, Jobses (2002) found that many police liked their placements and seemed sensitive to avoiding urban police culture. He concludes that rural police may behave in a fundamentally different way to urban officers if they feel that they have been integrated into their communities. He reports that most police "liked being part of an informal and personal community rather than living in a different suburb than where they worked, socialising almost exclusively with other officers [like in the city]" (Jobses 2002: 265).

His main finding was that officers with accurate perceptions about local levels of crime liked their communities and said that adapting to the community, being a good listener and treating the placement as a 24 hour job were essential for being an effective police officer. Officers in communities with higher proportions of Aboriginal and Torres Strait Islander people showed no bias in their accuracy of estimates of local crime rates. Contrary to what he expected, Jobses found that lower ranking, recently assigned and younger officers more accurately estimated levels of local crime.

Whereas in the past a local police officer might live and work in a rural town for years, police are now more likely to be based at a station for no more than two or three years. Edmunds (1989: 11) having found that the careful selection of police for Roebourne had a beneficial impact, notes that because police were usually posted to a town for no more than a few years, "even the best police are essentially transients and neither departmental policy nor practice gives any encouragement for people to stay longer". The brevity of placements means that individual officers must build community networks and local knowledge in a relative short period of time if they are to be effective.

Compared with urban areas, officers in rural New South Wales police stations were older, there were fewer female officers and there were better opportunities for promotion (Jobses 2002). It is not possible to assess how well these findings apply to other police services across Australia. However, during the fieldwork visits it appeared that rural postings, as distinct from remote postings, were not seen as improving career opportunities. There seemed a greater presence of female officers in outback towns compared with a decade ago, although they are still very much a minority.

Some organisations such as Queensland Police Service have a deliberate policy to increase the number of female officers in rural and remote areas, particularly in remote Aboriginal and Torres Strait Islander settlements. This is seen as an important factor in helping to overcome cultural barriers that discourage traditionally oriented women in those communities to report offences such as family violence and sexual assault, or to talk with police about other concerns.

During our fieldwork visits, police frequently gave material and experiential reasons for taking up rural and remote postings. Financial rewards include overtime and allowances during patrol work and the expectation of a good posting after 'doing time in the bush'. The distinctive character of the remote policing, at least, seems to largely centre on cross-cultural work with traditionally oriented

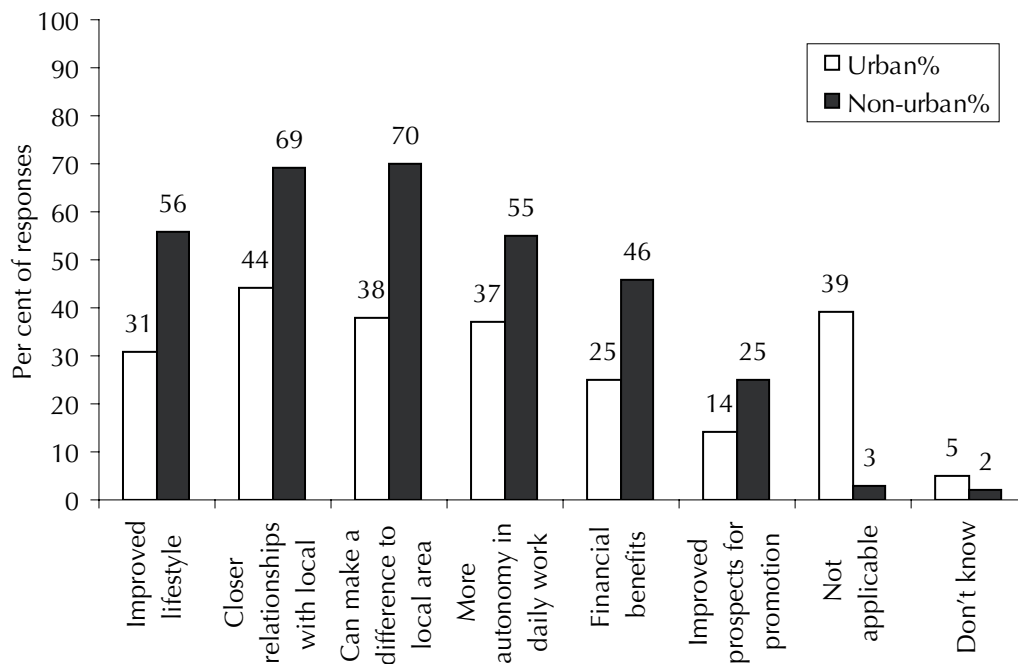


Aboriginal and Torres Strait Islander people. Specific areas or regions also develop reputations for more challenging and dangerous situations – for example, a police officer mentioned the stories of fights and violent petrol sniffers and of "how you do things you can't do elsewhere" as reasons for taking up a position at Laverton, in Western Australia (Putt 2000).

The survey of police, undertaken for this research project, asked police to identify the main positives and drawbacks about policing in rural and remote areas. Figure 5.2 shows that non-urban police were much more likely than urban police to recognise the positive aspects of working in rural and remote areas. Many valued the opportunity to form closer relationships with the local community and to make a difference at a local level. The other positive aspects agreed to by many of the respondents was the greater autonomy, and improved lifestyle. Financial benefits were seen as a positive aspect by respondents, but few believed rural or remote postings improved their chances of promotion.

Further analysis of the non-urban responses shows that police in remote Aboriginal and Torres Strait Islander communities were more likely to value the financial benefits of these postings (55%), having more autonomy (57%) and the improved prospects for promotion (34%).

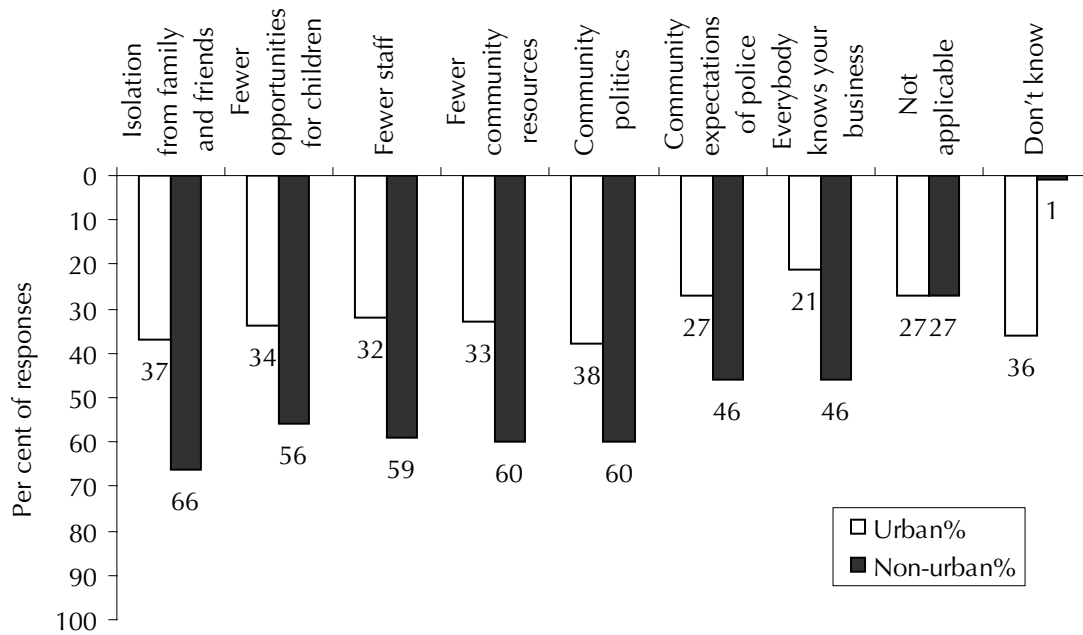
**Figure 5.2: Main positive aspects of policing in a rural or remote area**



Source: AIC police survey 2005 – computer file. Urban n=232 Non-urban n=493.

Police respondents to the survey indicated the main drawbacks of working in rural and remote areas were isolation from family and friends (53% of all respondents) and community politics (50%). Figure 5.3 shows that non-urban respondents identified all of the drawbacks listed more strongly than urban respondents.

Figure 5.3: Main drawbacks of policing in rural and remote areas



Source: AIC police survey 2005 – computer file. Urban n=232 Non-urban n=493.

Further analysis of the non-urban responses shows that police in remote Aboriginal communities identify all of the drawbacks more strongly than other police, but particularly with respect to isolation from friends and family (79%), community politics (83%), community expectations of police (69%), and everyone knowing their business (65%).

From a practical perspective, rural and remote policing can involve being responsible for a large geographic area. Many of the logistical and operational challenges that have to be addressed have been summarised in media articles on 'remote patrols' or 'remote districts'. For example, a 1998 summary of policing in the Alice Springs region lists the following features:

- 144 officers (including 24 in criminal investigations – 4 assigned to drugs).
- Patrol area – 400km to the east, 300km south, 400km west, and 260km north of Alice Springs.
- 50,000 residents in the command, including 27,500 in Alice Springs.
- The command has 7 rural stations (1 staffed by 5 officers, 2 stations with 3 officers, and the rest have 2 officers). There are 3 Aboriginal community police officer stations.
- Equipment includes several 4WD vehicles, long distance communication equipment, and a plane (carries 8) for search and rescue, surveillance and transporting prisoners (Harman 1998).

Distance as a special factor affecting life was mentioned by more than half (59%) of respondents in a survey of rural police in New South Wales (Jobs 2002). Problems included the lack of back-up which made some tasks onerous in remote stations, such as when the transportation of prisoners often left the town without an officer. Reaching places can be difficult or impossible when there is little infrastructure, such as when heavy rain closes roads or necessitates lengthy detours. A consequence of remoteness and the need to travel considerable distances was seen as having a significant impact on family life (Jobs 2002: 268).

A resident police officer in a remote Aboriginal community can face social and physical isolation, depending on geographic factors and how the officer is integrated or connected to the local community. Police stations and districts in the Northern Territory have around 2000 or more

Aboriginal residents, and during the wet season in the Top End road access is cut to most stations for extended periods, leaving only air and sea access. Residency in communities on Aboriginal land is generally restricted to local Aboriginal people and others with a permit from the relevant land council (Fuller 2004). This means there might only be a small number of non-Aboriginal residents in the community, usually employed as teachers, health professionals or technical support.

The local police officer in a rural and remote setting is expected to provide the same standards of service to the public than better staffed locations provide. However, there is a widespread belief that there is greater autonomy, self-reliance, and responsiveness to local issues in non-urban environments. The greater autonomy of the local worker was underlined and appreciated by a Laverton police officer back in the early 1990s:

*You're not under pressure from co-workers and bosses, left to do your own ... Not as bound by the rules, not by the book as much. Corners are cut but everything eventually gets done ... not harder, very different to anywhere else. Different styles, way of policing. You can't be trained for it, just happens, you adjust to it.*

(Putt 2000)

Discretion is built into all police positions but appears more pronounced for rural and remote police work. The importance of flexibility and the ability to respond to unusual situations is found in the discourse of 'bush' police, most notably when police discuss their work in regions such as the Ngaanyatjarra and the APY Lands.

It is hardly surprising that police place great importance on learning on the job, from peers and experienced officers, particularly in small communities where local knowledge is crucial to properly perform your job and foster public support. For example, a Queensland officer described how officers feel like they are "watched like hawks" in terms of how they react to issues in the community. He stressed that appearing to be fair and impartial was critical to maintaining credibility and also to avoid violence and to keep the peace. However, police in small Aboriginal and Torres Strait Islander communities that are badly affected by substance abuse appear to be much more likely to find themselves in volatile situations with crowds that are agitated, angry and in a state of high tension (Fox 2004).

Learning how to behave and to respond is related to learning about the place, its residents and visitors. Apart from hearing the views and 'stories' of the more experienced local or senior officers, Laverton police highlighted how their comprehension had been enhanced and developed through a process of listening to Aboriginal and Torres Strait Islander authoritative voices and key brokers, such as community advisers in the Ngaanyatjarra Lands (Putt 2000). During a posting of several years duration, a local officer is supposed to perform work well by being sensitive to local fields of power and status markers and to inspire respect for being well-informed and acting appropriately. In particular, when working with Aboriginal and Torres Strait Islander communities, police referred to the importance of knowing social-cultural practices and beliefs, and local family politics, in order to understand the 'true' story behind violence and conflict. Having this knowledge involves fostering personalised relations with leaders and brokers, through work and play. The length of time it took to develop personalised relations with individuals in remote communities was stressed by some police. A Laverton officer, who had regularly visited the Lands on patrol and who had contact with people when they were in town, mentioned that it took 14 months to build up trust with Ngaanyatjarra people (Putt 2000).

Common strategies used by police in some areas to shorten the time taken by new arrivals to become effective include:

- formal induction and cross-cultural training before transferring;
- locally-based induction and cross-cultural training on arrival, involving local Aboriginal and Torres Strait Islander leaders and others with cultural authority – ensuring officers are given a proper introduction to key people in the community;
- establishing formal taskings or performance agreements setting out realistic expectations of what the officer is expected to achieve in their initial six months at the new location;
- formal police summaries of local policing conditions – sometimes called environmental scans – so that basic information is immediately available in summary form. An example of the kind of information that might be included in this kind of general police brief is set out in Figure 5.4.

**Figure 5.4: Police environmental scan of Bathurst Island**

In Nguiu, the biggest settlement on Bathurst Island in the Northern Territory's Tiwi Islands, local police had prepared a seven-page brief for new officers who were about to transfer to the area for the first time. Its description of Bathurst Island included details of:

- **General**  
Information about the Tiwi Islands, the main settlements on Bathurst Island (Nguiu and the outstation at Wurankuwu), roads, alcohol restrictions, electricity, communications, language, air access, land management, sport.
- **Police**  
Staffing, a summary of police duties, common policing issues, and equipment.
- **Geographic influences**  
Terrain, topographical features and the impact of climatic influences, demographic and cultural influences, schools, medical facilities, social influences (including a summary of key offences, and principal community diversions and supports).
- **Economic influences**  
Notably the growing impacts of tourism and related activities.
- **Emergency management**  
Legislative authority and counter-disaster planning, and specific information on cyclones, aircraft accidents, fire risks, traffic accidents, marine incidents, fuel depots, chemicals, water and sewerage plants.
- **Community programs**  
Information about skin group, strong men's and strong women's meetings, and programs for anger management, suicide prevention, violence prevention and victims support, and plans for a Tiwi Youth Council incorporating representatives of the four skin groups.
- **Tiwi Youth Development & Juvenile Diversion**  
Principally information about the various youth diversion programs coordinated by the Tiwi Islands Youth Development/Juvenile Diversion Steering Committee, including programs to reward good behaviour and positive choices.

Part of learning on the job and the effect of local experience involves learning to categorise individuals or to modify pre-existing broad classifications such as 'welfare cases', 'real crims', 'troublemakers', 'reliable sources of information' and 'to be respected' (Chan 1996). Beresford and Omaji (1996) refer to studies which have shown the influence of other than strictly legal factors on police decisions; for example, socioeconomic status and the general appearance of suspects.

In Aboriginal and Torres Strait Islander community settings and country towns generally, these factors are likely to be superseded by personal knowledge of individuals and their family, kin and country connections. The personal application of the law, as Cowlshaw (1988) calls it, is seen as sensible policing in a small town where "we all have to live together". Similarly, on patrol in remote communities, the police are very dependent on information passed to them and key brokers' interpretation of events and individual culpability.

Relationship building is critical to improving police effectiveness in many Aboriginal and Torres Strait Islander environments. As shown by Figure 4.6 in Chapter 4, police respondents to our survey reported that *reluctance to become involved* and *persons not wanting to help police* were the most common impediments to getting information from Aboriginal and Torres Strait Islander people about the supply and distribution of illicit drugs.

Community reluctance to come forward to police with information because of fears of retribution or distrust of police often means that many serious crimes go unsolved. This, in turn, can fuel community perceptions that police provide an inferior level of service to Aboriginal victims of crime. Providing appropriate feedback to victims' families and the broader community can help address these perceptions, as the following case study shows:

#### **Case study: Supporting the families of victims of crime**

In a small [New South Wales] north coast community, the newly arrived sector commander was confused by ongoing community anger and an unwillingness to work with police, until he learnt more about the police response to a brutal series of unsolved child murders that occurred in the town 14 years ago. The major cause of anger was a lack of feedback. One explanation for why the victims' families were told little about the police investigation was because the murders remained unsolved but officially the investigation was ongoing. An inquest was held, yet the victims' families knew little about the outcomes. The commander and the various local agencies confirmed the impact of these murders on the police-community relationship. It was difficult for police to make inroads in this small community when there were still so many unanswered questions from the community's point of view about these murders. Soon after our audit, the sector commander arranged for NSW Police Homicide and Serial Crimes Agency staff to meet with the families of the victims and take them through the details of the case. The sector commander also apologised to the families for the negative experiences early on in the investigation. The meeting was very well received and led to the families feeling more confident about the current investigation and keen to work with the sector commander on new initiatives. The sensitive handling of this difficult situation gave police an opportunity to turn a major obstacle to the police community relationship into a chance to fast track improved relations.

NSW Ombudsman 2005: 18

New arrivals need to know whether predecessors had good relationships with the local community and whether strategies are required to cope with and to overcome the legacies of distrust and dislike. Mishandling of investigations into serious crimes – or poor communication about investigative strategies – can also stand in the way of good police-community relations, even many years after the event.

### **Other factors affecting the police relationship with communities**

The significance of location has been examined in relation to crime patterns and on the likelihood of coming into contact with the criminal justice system (Cunneen 2001). Importantly, relations between police and Aboriginal and Torres Strait Islander communities in rural and remote locations

can be affected by historical and more recent events and by the personalised relationships that can develop between police and Aboriginal and Torres Strait Islander individuals. Not only are Aboriginal people very visible in country towns; individual police and their actions are also highly visible in rural and remote communities. As an Aboriginal health worker commented during our Western Australian fieldwork, "police are more accountable – everybody is watching and knows what's going on".

The survey of police included a series of questions on relations between police and Aboriginal people in the local area. As Table 5.1 shows, more than half of the police in regional, rural and remote areas believed their station had either a good or very good relationship with local Aboriginal and Torres Strait Islander people. A much smaller proportion, 6%, indicated the relationship was poor or very poor.

**Table 5.1:** Station's relationship with local Aboriginal and Torres Strait Islander people.

	Urban % (n=102)	Non-urban % (n=210)	All responses % (n=314)*
Very poor	3	2	2
Poor	12	4	6
Moderate	54	34	40
Good	18	36	31
Very good	2	20	14
No Aboriginal people	1	3	2
Don't know	11	1	5

\*Includes 2 responses where location not known.

Source: AIC police survey 2005 – computer file. Northern Territory and Western Australia only.

In terms of police perceptions regarding Aboriginal and Torres Strait Islander people's attitudes to police, it seems non-urban police find more positive attitudes to police than their urban counterparts. As Table 5.2 shows, an almost equal proportion of responses were provided by non-urban police in terms of attitudes: 32% very poor or poor; 32% moderate; and 33% good or very good.

**Table 5.2:** Aboriginal and Torres Strait Islander people's attitudes to police in local area.

	Urban % (n=102)	Non-urban % (n=210)	All responses % (n=314)*
Very poor	21	10	13
Poor	42	22	29
Moderate	27	32	30
Good	7	23	18
Very good	0	10	6
No Aboriginal people	1	3	2
Don't know	3	<1	1

\*Includes 2 responses where location not known.

Source: AIC police survey 2005 – computer file. (Northern Territory and Western Australia only).

Table 5.3 shows that when asked whether relations had changed in the past three years, approximately one-third of non-urban respondents indicated there had been no change. However, more non-urban respondents (33%) indicated that there had been positive changes than those who believed there had been a negative change (12%) in that time.

**Table 5.3:** Change in relations between police and Aboriginal and Torres Strait Islander people in local area in the past three years.

	Urban (n=102) %	Non-urban (n=210) %	All responses (n=314)* %
Greatly worsened	0	2	1
Worsened	11	10	10
No change	51	34	39
Improved	12	28	23
Greatly improved	0	5	3
No Aboriginal people	1	3	2
Don't know	26	20	22

\*Includes 2 responses where location not known.

Source: AIC police survey 2005 – computer file. Northern Territory and Western Australia only.

### Aboriginal and Torres Strait Islander community policing

It may be more important and easier to apply principles of community policing in rural and remote areas, given the findings that officers in such areas are more likely to enjoy community engagement and involvement (Jobes 2002; O'Connor and Gray 1989).

Advocates of community policing argue various benefits:

- empower communities to identify and respond to problems;
- improve the community's physical and social environment;
- increase positive attitudes to police/ perception of their legitimacy;
- increase police satisfaction with their work;
- reduce crime;
- increase flow of intelligence; and
- better implementation of crime prevention and control activities.

**Policing scenario:**

*Recruiting the right person for the job*

You are tasked to develop a job description and list desirable attributes for recruiting a community constable or liaison officer to work in a traditionally-oriented Aboriginal community. Previous attempts to recruit and retain community members in the job were unsuccessful. Illicit drug and inhalant abuse is widespread, and there are frequent deliveries of 'sly grog' despite liquor controls. Almost every family has members who use drugs or have criminal convictions.

What do you recommend? What pitfalls should be avoided?

See the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

(Hahn 1998; Thurman et al. 2001; Fielding 1995; Sherman & Eck 2002).

Studies have indicated that it is not uncommon for police to perceive community policing as not 'real' policing (Collins 1996), and it may be difficult to maintain satisfaction and enthusiasm of officers for community policing over the long term (Sarre 1997). However, effective community policing seems fundamental in any setting where there is a significant Aboriginal presence. Reasons include the cultural complexities of those communities, the history of sometimes strained relations between Aboriginal people and police, and the level and type of offending that come to police attention.

In the Northern Territory there is certainly practical acceptance of general community policing orientation. As a Northern Territory police officer notes:

*The only way to curb the level of abuse in Aboriginal communities is to ensure a collaborative approach between enforcement, education, welfare, health services and the Indigenous communities themselves. There is no panacea ... each community has its own issues.*

(Fuller 2004)

Queensland provides an example of how Aboriginal and Torres Strait Islander community-oriented policing is embedded in broader State Government policies, notably through a commitment to community justice mechanisms. Community justice groups, made up of local members, work with community and government agencies, including the police, to formulate workable plans targeting the control, supply and abuse of alcohol (using, amongst other things, alcohol management plans). Various legislative changes in Queensland support the community justice groups and communities in their commitment to alcohol management plans, including substantial amendments to the *Community Services (Aborigines) Act 1984*, *Community Services (Torres Strait) Act 1984* and *Aboriginal and Torres Strait Islander Communities Liquor Licences Act 2002* (Fox 2004).

In response to the Royal Commission into Aboriginal Deaths in Custody recommendations, various strategies and initiatives by police services in Australia have sought to improve contact between police and Aboriginal people. Recently, state and territory Police Ministers agreed to a reconciliation plan that aims to act as an umbrella framework for jurisdictional efforts. Within the broader framework of the Council of Australian Government's Framework for Reconciliation, the Australasian Police Ministers Council Reconciliation Plan is based on the recognition of:

- overarching justice objectives aimed at addressing Aboriginal and Torres Strait Islander imprisonment and juvenile detention rates;
- the rates at which Aboriginal and Torres Strait Islander people are the victims of crime;
- the levels of family violence in Aboriginal and Torres Strait Islander people communities; and
- the relationship between substance use and crime.

The four key objectives of the Plan are to:

1. develop and strengthen effective partnerships with Aboriginal and Torres Strait Islander people;
2. develop a culturally competent police service;
3. improve community safety and crime prevention and reduction; and
4. reduce the number of Aboriginal and Torres Strait Islander people in police custody and provide a safe environment to those for whom a viable alternative is not readily available.

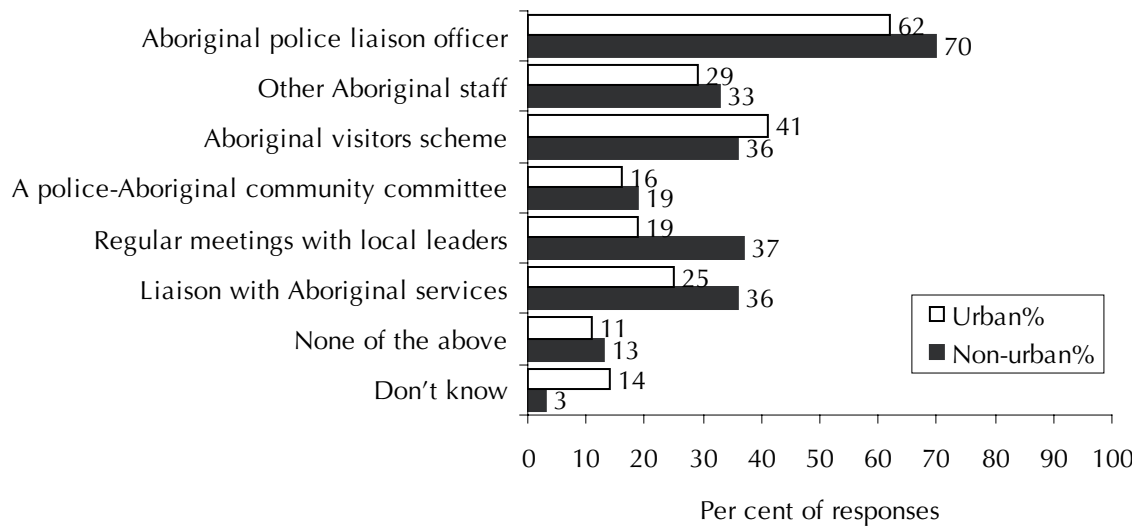


As a statement of general principles, the plan supports multi-agency participation to address underlying issues, of policing in partnership with communities, and the equitable provision of relevant services which is responsive to changing cultural and community needs. Key areas of particular relevance to the practice of community policing in rural and remote Aboriginal and Torres Strait Islander communities are:

- effective partnerships, including collaboration, communication and liaison; and
- cultural competence.

Figure 5.5 presents the results from the police survey on the types of liaison with Aboriginal and Torres Strait Islander people that police had in their local area. The most common and therefore most crucial form of liaison involved the use of liaison officers, with 70% of non-urban police indicating they had such an officer for their local area. Less common were liaison through other Aboriginal and Torres Strait Islander staff (33%), visitors schemes (36%), regular police meetings with Aboriginal leaders (37%) and liaison with Aboriginal services (36%). Of the items listed, the one that was least common was a formal Aboriginal-police relations committee (19%).

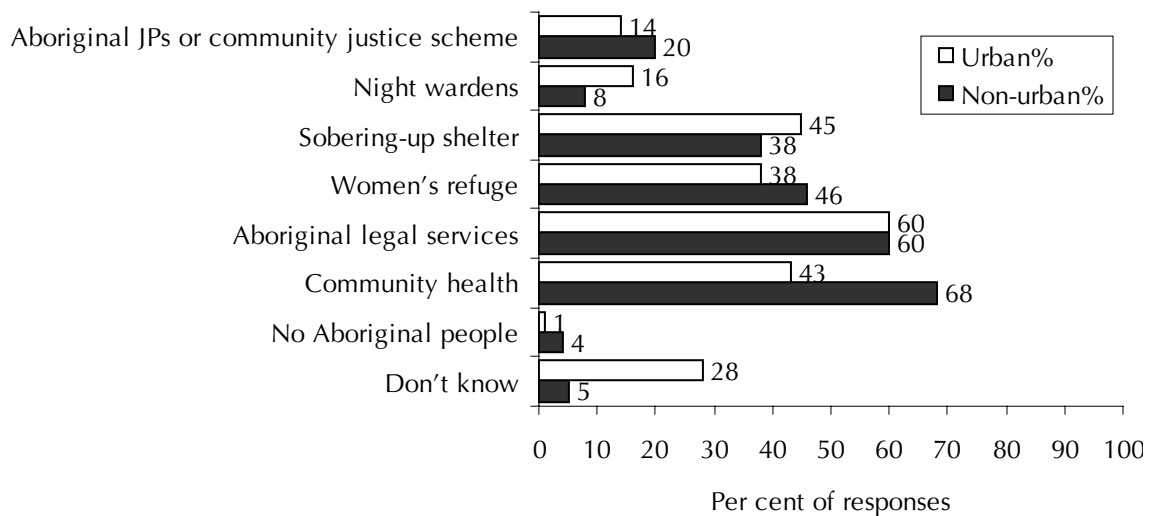
**Figure 5.5: Types of liaison with local Aboriginal and Torres Strait Islander people**



Source: AIC police survey 2005 – computer file. (Northern Territory, South Australia and Western Australia only). Urban n=205, non-urban n=271.

A separate question in the survey asked what Aboriginal-run or specific services were active in their local areas. Figure 5.6 shows that community health services were the most commonly mentioned Aboriginal service in non-urban areas, followed by legal services and women’s refuges. The results perhaps reflect the degree of police contact with such services where they are available.

**Figure 5.6: Aboriginal and Torres Strait Islander services active in local area**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

There has been a continuous Aboriginal and Torres Strait Islander presence amongst police forces in Australia since the 1840s (Enders and Dupont 2001). Today the proportion of police officers across Australia who identify as Aboriginal or Torres Strait Islander is small, although this proportion is broadly in line with the representations of Aboriginal people in the population aged 20 to 64 years. The Northern Territory has the highest proportion of Aboriginal staff (5.2%) while Victoria has the lowest (0.1%) (SCRGSP 2005). Over the years there have been a range of efforts at jurisdictional level to employ more Aboriginal and Torres Strait Islander people within police services. However, the main point of contact or liaison between Aboriginal communities and police are Aboriginal liaison officers or community police, specifically employed by police services to act as brokers between the Aboriginal community and the police.

According to the composition of Australia's police services, at June 2003, total police personnel in Australia numbered 61,879 of whom 48,130 were sworn officers (AIC 2003). Not all jurisdictions seem to have included classifications that identify police liaison officers. However, the following figures are provided:

- 277 police aides (which includes police auxiliary in the Northern Territory, Aboriginal Police Liaison Officers in Western Australia, and Community Constables in South Australia).
- 43 Aboriginal Community Police Officers (Northern Territory) or Special Constables (Western Australia).

Less than half of these liaison and special or community constable positions were held by women.

There seems to be some confusion and debate, both at the local and organisational level, as to the role of these officers in improving relationships with the local community and operational policing, and whether they should perform both liaison and enforcement duties. A further issue identified in a recent report by the New South Wales Ombudsman's office is how little the community knew about the role of the Aboriginal community liaison officers, with community complaints that many of these staff were being used as a taxi service or as police informants (NSW Ombudsman 2005).

Based on existing documentation and consultation with key members of police services, there appears to be considerable variation in terms and conditions of employment such as: whether the officer works alone and whether the officer must be supervised; power of arrest and carriage of

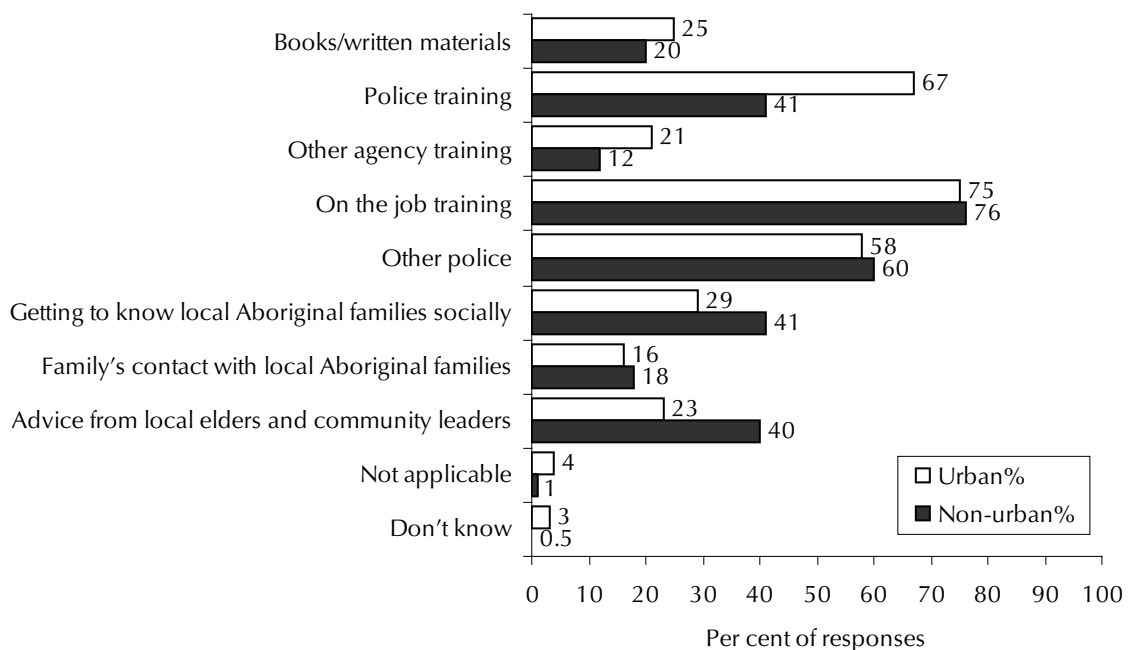
firearms, whether community approval is required and whether the community partly funds the position; and standard of training and pay rates. Anecdotal evidence suggests that the majority of Aboriginal people in these positions across Australia are male and that increasingly they are not from the local area, unless they are working in a remote location. Attrition rates are reputedly high, and particular concerns seem to be the lack of career structure and mainstream support, and unrealistic expectations and ill-defined roles within the local context. The strain and abuse that can be experienced by liaison officers was also a reason, mentioned during fieldwork visits, for not working in a local or home community.

Several police liaison schemes operate as part of a broader multicultural system of community policing. It seems that these schemes are being extended and developed as part of a broader strategy. In other jurisdictions the role of Aboriginal liaison officer or community police is under review. The outcomes from these reviews could have considerable implications for policing in rural and remote communities, where the liaison officer or community police can play a vital role in mediating between the Aboriginal community and police.

In a recent report on police working with local Aboriginal communities, a number of approaches to relationship building were discussed, including Aboriginal community liaison officers. Other strategies centred on formal consultation, positive informal interactions, interagency cooperation, and the selection and training of frontline police. Various initiatives are recommended including mentoring and assessing new recruits, attracting the right police to remote locations, employing Aboriginal police, and local cultural awareness training (NSW Ombudsman 2005).

A commitment to education and training to foster cultural awareness is a common theme in Aboriginal justice agreements or policing strategies. As part of the police survey for this study, respondents were asked about the factors that contributed to their development of knowledge about local Aboriginal people in their area. Figure 5.7 shows that the vast majority of non-urban police nominated on the job training (76%) followed by other police (60%), police training (41%) and by getting to know local Aboriginal families socially (41%).

**Figure 5.7: Factors that contributed to development of knowledge about the Aboriginal people in local area**



Source: AIC police survey 2005 – computer file. Urban n=232, non-urban n=493.

Judging by responses to the open-ended question in our survey of police regarding the nature and type of training undertaken by respondents, most cultural awareness courses are of a generic nature. The survey did ask respondents whether they thought specific cultural appreciation training would assist new officers in policing the local area. Table 5.4 shows that among non-urban police the answers were evenly divided between *not at all* (19%) or *slightly* (26%) on the one hand, and *somewhat* (21%) or *very much* (18%) on the other.

**Table 5.4:** Extent specific cultural appreciation training would assist new officers in policing the local area.

	Urban % (n=232)	Non-urban % (n=493)	All responses % (n=792)*
Not at all	20	20	19
Slightly	25	30	26
Somewhat	28	20	21
Very much	18	21	18
No Aboriginal people	1	1	1
Don't know	8	8	14

\*Includes 67 responses where location not known.

Source: AIC police survey 2005 – computer file.

## Discussion

Crime and the reporting of crime varies across rural and regional settings, related to the size of the town, main economic activity and population heterogeneity. Nevertheless, there are some general attributes associated with rural and remote policing, related to levels and types of crime, police practice and resources, and community relations. Many police appreciate policing in rural or remote areas for the opportunities to have closer relationships with local community and to make a difference in the local area. Learning on the job was the way most non-urban police developed local knowledge, rather than through formal training per se, of the local setting, of community concerns and expectations of what the police should do. When working with Aboriginal and Torres Strait Islander communities, especially in more remote locations, police stress the operational importance of learning social-cultural practices and beliefs, and knowing local family networks and politics.

There is evidence that focusing on improving police 'style' and 'substance' to make police practices more legitimate in the eyes of the public may be one of the most effective long-term crime prevention strategies (Segrave and Ratcliffe 2004). That is, community perceptions of police legitimacy can have an impact on police effectiveness. In this context 'crime prevention' should be defined broadly as any practice shown to result in less crime than would occur without the practice (Sherman et al. 1998). Approaches to community policing that emphasise community participation and on improving police legitimacy might also make a difference. However, community policing with no clear focus on crime-risk factors has been shown not to work (Segrave and Ratcliffe 2004).

Given the specific attributes of rural and remote policing, good practice involves developing a good understanding of the local community, and developing productive relationships with local service providers and Aboriginal leaders and brokers. There are challenges to engaging with the

local community to support and participate in community policing and implementing initiatives and responding to community concerns, involving navigating the often complex environments of local politics and divisions.

From a local and regional perspective, developing an explicit community policing plan should clearly articulate priorities and resource implications, based on an appreciation of local conditions and capacities. Crucial elements include:

- An assessment of the local area, focusing on;
  - community safety concerns;
  - services;
  - police resources;
  - cultural complexities.
- Community policing priorities and strategies; and
- Ongoing monitoring and review.

Further details on the development of community policing plans are provided separately in the *Good practice framework* (NDLERF Monograph 15a). Where drugs are a major problem in a local area, there are a range of complementary elements built into the process of developing the community policing plan and are included in the guidelines.

Under the Australasian Police Ministers Council's Reconciliation Plan an identified strategy to improve community safety is the support of harm minimisation strategies in relation to alcohol and drug abuse. The guidelines indicate how police practice in rural and regional areas have to consider risk mitigation in order to contribute effectively to harm, demand and supply reduction. In relation to the policing of illicit drug use, much hinges on constructive local relationships, the availability of local services and cooperation between key agencies.

## Chapter six: Community-based initiatives

Communities, local police and other service providers all recognise the corrosive effects of alcohol and illicit drug abuse. While the causes of substance abuse are complex, those living with substance-related violence, sexual abuse, child neglect, break-ins, gambling, suicide, truancy and other problems recognise the need for change. This chapter considers the practical efforts of individuals and communities to head off the most immediate and damaging impacts of substance abuse, and the police role in supporting a more effective community response.

There are particular pressures on police in communities where alcohol and illicit drug abuse is rife. The protective factors that encourage people to regulate their own drinking and drug use – strong families, a safe home environment, good parenting, a steady income, employment, aspirations, self-esteem and the like – may be absent or only weakly present in some Aboriginal and Torres Strait Islander communities, especially in remote areas. Without effective cultural mechanisms to make self-regulation work, "virtually the entire burden of regulation falls on the agencies of external constraints; that is, liquor licensing authorities, police and councils and their by-laws" (Fitzgerald 2001: 14). Cannabis and other substance abuse can flourish in much the same circumstances.

The paucity of social and cultural pressures on drinkers and smokers to curb their substance use in some communities can provide attractive opportunities for grog runners and drug dealers to exploit gaps in policing or regulation. In remote areas such as the Anangu Pitjantjatjara Yankuntjatjara (APY) Lands in the north-west corner of South Australia, where a handful of visiting officers have responsibility for patrolling settlements and outstations scattered across an area bigger than Tasmania,<sup>14</sup> gaps in enforcement are not too hard to find. The planned introduction of a permanent police presence on the APY Lands will close some of these gaps, as should Western Australia's decision to station police across the border in the Ngaanyatjarra Lands for the first time. But the impact of extra police in these contexts will depend heavily on complementary measures from other agencies and their ability to harness community support for change.

### Policing scenario

#### *Anxious and inconsolable*

Police attend a late night call for urgent assistance in a remote Aboriginal community. A woman meets them at the door of her home, saying that her partner has 'gone off the edge' and is trying to hurt himself. He has been out for a couple of days 'smoking with his mates'. She is concerned for him, for the safety of her children and for other young relatives staying in the house. The man appears very tense, very anxious and inconsolable. He is taken to the health clinic but there is no doctor available. Clinic staff refuse to admit him while he is so intoxicated because he has threatened them in the past. There has been no drug and alcohol counsellor at the clinic since the last one quit months earlier. A regional mental health service has Aboriginal outreach workers, but they rarely visit.

As the officer in charge, what should you do?

See the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

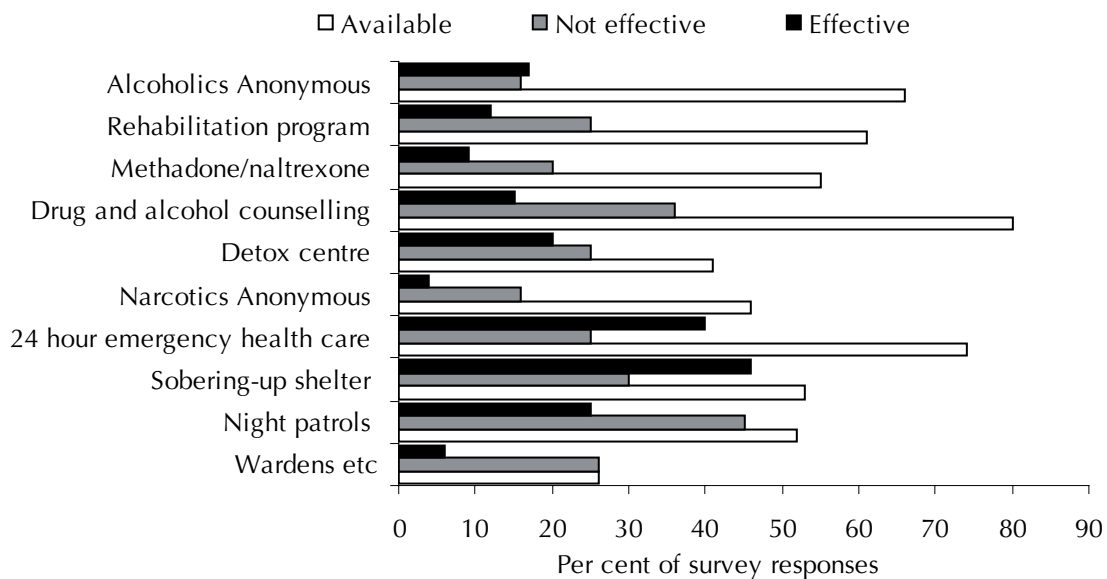
<sup>14</sup> The APY Lands are part of the 110,000km<sup>2</sup> Far North Local Service Area. Until recently, they were generally only serviced by fortnightly patrols of police based at Marla. In the past few years these patrols have been supplemented by extended operations.

The problem is not just that traffickers are profiting from a lucrative market for alcohol and other drugs in outback settlements. The unregulated nature of the illegal trade in grog and ganja can perpetuate unhealthy drinking and smoking by giving intoxicated or under-age drinkers and smokers easier access to substances, extending the range and type of problematic substance use, and further compromising barriers to use. The illegality of grog running and drug dealing also risks corrupting the effective governance of local organisations by involving elders, elected leaders and other influential community figures in the trade. These factors then place additional pressures on local community councils, police and health clinics.

Police respondents to our survey were asked about the availability of local services to treat and help people using drugs, and which of those services were working effectively.

Figure 6.1 shows that police indicated that the most widely available local services were 'drug and alcohol counselling' (80% of respondents) and '24 hour emergency health care' (74%). Of those that were available, the services most likely to be regarded as 'effective' in helping drug-affected people were 'sobering-up shelters' and '24 hour emergency health care' – both relatively well-resourced options where they exist. Modestly funded drug counselling programs might be widely available, but far fewer police regarded these as effective. There appeared to be a lot of uncertainty about the availability and effectiveness of a number of other options.

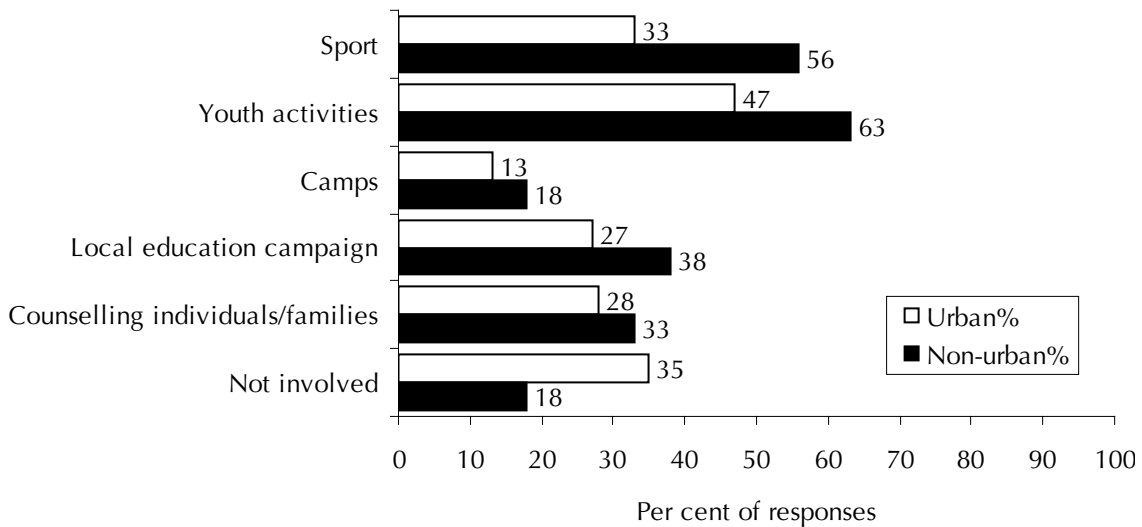
**Figure 6.1: Availability and effectiveness of services in local area to treat and help people using drugs**



N=624 Northern Territory, Queensland and Western Australia only.  
 Source: AIC police survey – computer file.

Police were also asked about their own involvement in *activities designed to prevent or reduce the incidence of drug use* and which in their local area they had participated in since they had been a police officer. The answers indicated widespread police involvement in such activities, particularly sport, youth activities and local education initiatives. As Figure 6.2 shows, police involvement in preventive measures was higher in regional centres, rural towns and remote communities.

**Figure 6.2: Police involvement in local activities designed to prevent or reduce drug use**



Source: AIC police survey – computer file. Urban n=232, non-urban n=493.

## Adapting policing to the circumstances and needs of each community

The complexity of police work in many isolated Aboriginal and Torres Strait Islander communities is often not well understood by those who have not lived or worked in those environments. In places affected by widespread illicit substance abuse, endemic violence and other offending behaviour, rigorous law enforcement will have little lasting impact. In very dysfunctional communities, strict enforcement activities might sometimes be necessary but may risk being perceived as heavy handed and provoke a violent backlash. Police need firm community support if enforcement activity is to be regarded as legitimate, yet this is no easy task if a high-need community is riven with factions and disputes.

In these circumstances, there are obvious incentives for police organisations to support and encourage community-level interventions to reduce illicit drug use and drug-related harms. Although this community policing approach is sometimes dismissed as being at odds with 'real' police work or a more traditional enforcement role, many police participating in our interviews and consultations recognised that strategies to harness community resources represented a better use of their resources.

In practice this generally involved strict enforcement of the most serious or damaging breaches, while exercising discretion in relation to offences that other services or communities themselves could help police or prevent. In relation to illicit drug use, this might require police to focus their enforcement activities on shutting down local dealers and undermining their support base, while using cautions, diversions and other interventions to deal with other offences involving substance possession and use.

Discretion is an essential feature of police work. What often distinguishes its use in rural and remote Aboriginal and Torres Strait Islander communities from many other contexts is the need for community involvement in identifying harms and providing feedback on policing priorities.

One senior officer, with many years experience working in remote Aboriginal and Torres Strait Islander communities in Queensland, emphasised the importance of officers in isolated areas knowing when "to put that power in their back pocket" (Inspector Trevor Adcock, pers.



communication 3 Sept 2004). That is, to avoid prosecuting an offence in circumstances where other approaches could be more effective in changing attitudes and encouraging a more positive outcome in the future. He said using discretion in this way enables police to reserve their use of enforcement powers for the most serious offences or offences that have the greatest impact on residents' quality of life. He emphasised that other offences should not be ignored, but, in circumstances where small numbers of police could easily be overwhelmed by large volumes of offences, it made more sense to work with community leaders and other services on practical strategies to deal with the causes of offending behaviour.

*Often there's something in the environment that encourages that behaviour. If you can't change the environment, all the enforcement in the world is not going to help.*

Inspector Trevor Adcock, Queensland Police Service

This view was supported by an elected leader from an Aboriginal settlement where the community council and women's groups had pushed for effective interventions involving traditional 'skin group' leaders<sup>15</sup> punishing members of their group for certain offences. This includes banning offenders from the community's licensed club if they threaten or engage in family violence or other substance-related offences. The leader said the balance between police opting to act or use their discretion can change over time. He praised local police for their community-oriented approach, but added:

*I reckon our police do too much already. The last [elected community] council was slack and just left it to police to ban people [from the club] on their behalf. We're now trying to get police to step back. They are so used to the last council doing nothing. They need to step back and let us take responsibility.*

Not all family violence is left to the community's skin groups to police. The local women's groups have agreed that the health centre should report all incidents to police, and police should still prosecute the more serious or repeat offences. This dual approach enables police to focus their efforts on prosecuting repeat offenders or offenders who cause serious injuries. The community leader said:

*One of our senior people was recently sent to jail for six months [for assaulting his partner]. That's woken a few people up.*

Feedback from elected leaders in two neighbouring communities agreed that the penalties imposed by the skin groups were effective in tackling the causes of offending in that community, and were trying to develop similar arrangements in their own areas. Initial progress is encouraging, but the new schemes' capacities are still very limited. A number of leaders in these neighbouring communities said police should maintain a very 'hands on' approach to offending in their areas until the skin group mechanisms were strong enough to handle a greater range of issues.

The lack of a permanent police presence in either of the two neighbouring communities imposes practical limits on police involvement in developing the new schemes. Part of the police role is to get community agreement on when, and in what circumstances, police should act. In the community that has the established scheme, skin group leaders and others were clear about what penalties a skin group could impose.

<sup>15</sup> The traditional clan structure of this settlement recognises that all members of the community belong to one skin group or another.

*Years ago, about 15 years back, we put three boys on [name of location] when we caught them sniffing petrol. That was 'the hard way'. The old men went over every day ... you can't do that these days. Them boys spent a week [there].*

(Elected community leader)

All sources agreed that traditional justice measures and other strategies to complement policing work best in communities with:

- Community-minded police who are open to listening to residents' concerns and working with them on ways to tackle entrenched problems. The issues can be much more difficult to manage if police are not residing in or close to the community.
- Elected leaders, elders, justice groups and others with the cultural authority needed to clarify community concerns and provide guidance on policing priorities.
- Women's groups, health workers and others dealing with the consequences of substance-related harms, who have a strong interest in changing the status quo.
- Meetings, police-community forums and other transparent mechanisms for discussing the problems affecting residents and identifying potential solutions.

These are basic prerequisites. Each community's capacity to develop and maintain strategies to complement policing and reduce drug-related harms can vary considerably. Stronger, more cohesive communities with effective leadership and good governance will obviously be better placed to provide police and other services with more options.

Even where community-based options are working well, such initiatives will inevitably experience peaks and troughs in terms of activity and effectiveness. Factors such as poor resources, high demand or a dependence on volunteers (all common features of community organisations) can lead to key individuals 'burning out' or moving on. For these and many other reasons it is not uncommon for such services and organisations to falter or fold. This can be frustrating for police and other agencies that have come to rely on them, but also for communities that rely on their services.

## Responding to causal factors

The value of a multifaceted approach to tackling causal factors was highlighted by a recent NSW Ombudsman report on police work with Aboriginal communities:

*Police cannot solve the problem of Aboriginal crime on their own. The level of disadvantage in many Aboriginal communities presents a significant challenge to reducing crime. Aboriginal leaders recognise this and know that communities need to take charge of their own circumstances. This is against a background in many areas of extremely high unemployment, a lack of basic education, physical and sexual abuse of adults and children at disturbing levels, substance abuse that is destroying families as well as a lack of willingness by some people to report the perpetrators of serious crimes for fear of retribution. A whole of government approach is required to successfully address these challenges, and the contribution by police to implementing or supporting existing diversionary and rehabilitation initiatives is crucial.*

NSW Ombudsman 2005: 16

The report then cited some encouraging examples of local police working with other service providers to address crime, address social disadvantage and identify young people and families in need of help. This included police working with health, welfare, housing and other agencies

to adopt an intensive 'case management' approach to certain families and children at risk, establishing a tenants advisory group in a public housing estate to work with housing department staff on resolving issues with problem tenants, increased police presence through covert drug operations and high visibility policing strategies, police providing crime prevention and community safety advice, and funding to employ Aboriginal security guards to patrol crime 'hot spots'. There was also a commitment to review the strategy after three months and report back to the community (NSW Ombudsman 2005: 17).

This multifaceted approach is consistent with the National Drug Strategy's *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006*, which recommends that police and other services use a range of *harm minimisation* principles to underpin any efforts to reduce substance use and minimise substance-related harms:

'Harm minimisation' refers to policies and programs designed to reduce drug-related harm. The aim of this approach is to improve health, social and economic outcomes for both the community and the individual. It encompasses a wide range of strategies, including:

- **supply-reduction** strategies designed to disrupt the production and supply of illicit drugs;
- **demand-reduction** strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use;
- strategies to provide effective **treatment**, follow-up and rehabilitation services to people affected by use of alcohol, tobacco and other drugs; and
- a range of targeted **harm-reduction** strategies designed to reduce drug-related harm for individuals and communities.

(MCDS 2003b: 1)

In their review of the police role in preventing and minimising illicit drug use and its harms, Spooner, McPherson and Hall (2005b) argue that good practice in harm minimisation is generally good police practice and that police across Australia are already applying many of these principles in their day to day work. In separate advice regarding strategic issues for drug law enforcement policy makers at the jurisdictional level, Spooner et al. (2005c) set out various opportunities for police to put harm reduction principles into practice. They are summarised below under the headings 'harm reduction', 'demand reduction', 'supply reduction' and 'all strategic areas'.

## Harm reduction

### Harm reduction: Managing drug-affected people

Police involvement in preventing illicit drug use & minimising harms	Impediments to applying strategies in rural and remote areas	Promising police and community initiatives to address these issues
Police play a significant role in managing drug-affected people in public and in custody.	Protective custody (where permitted) is limited by: <ul style="list-style-type: none"> <li>• outdated or unsafe police facilities,</li> <li>• inadequate staffing and</li> <li>• a lack of sobering-up shelters and other facilities.</li> </ul>	Establishing permanent police presence in remote communities.  Using community night patrols to reduce police involvement in less serious incidents.

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
	Long-distance custody transfers can be risky and time-consuming, creating disincentives to arrest and remove violent offenders from remote communities.	<p>Involving 'skin groups', elected councils, justice groups and others with cultural authority in determining responses to drug-affected behaviour (e.g. banning offenders from licensed clubs).</p> <p>Focusing police resources on serious offences or offences of greatest concern to the community. Using police intelligence, regular liaison with leaders, and community feedback to guide priorities.</p> <p>Capital works to improve the safety of custody facilities.</p>

Police play a significant role in managing drug-affected people in public and in custody, though this can be limited by a lack of appropriate places for police to take intoxicated people (Spooner et al. 2005c).

Common impediments confronting police attempts to apply this approach in rural and remote areas include outdated or unsafe police facilities (in jurisdictions where protective custody is permitted), inadequate staffing, and a lack of sobering-up shelters and other facilities for managing intoxicated people. Long-distance custody transfers can be risky and time-consuming, creating disincentives to arrest and remove violent offenders from remote communities.

Promising police and community initiatives to overcome these impediments in rural and remote areas include:

- Additional resources to extend a permanent presence of appropriately trained and skilled police officers and Aboriginal and Torres Strait Islander liaison staff to high-need settlements in remote areas.
- Using community night patrols to reduce police involvement in less serious incidents.
- Involving 'skin groups', elected councils, justice groups, and others with cultural authority, in determining responses to drug-affected behaviour (e.g. banning intoxicated perpetrators of family violence from licensed clubs).
- Strategic use of scarce police resources on the measures most likely to impact on serious offences or offences of greatest concern to the community. Using police intelligence, regular liaison with leaders, and community feedback to guide priorities.
- Capital works to improve the safety of custody facilities, and the development of sobering-up shelters and other community facilities to expand the options for police and community night patrols when dealing with intoxicated people.

**Harm reduction: Managing youth in public spaces**

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
Some police work with councils and others to encourage design and management of public spaces to incorporate young people.	<p>Narrow rates base limits councils’ discretionary spending on crime prevention measures.</p> <p>Taking young people home can expose them to greater danger if households are over-crowded or abusive or intoxicated adults are present.</p> <p>Using 'move on' powers or by-laws to 'ban' drinking, petrol sniffing and other substance use might just move the problems to less visible, less safe areas.</p>	<p>Using community night patrols that know the home environment and can trigger longer-term interventions.</p> <p>Service providers working with community leaders to develop strategies that support young people and reduce abuse.</p> <p>Structured programs through youth clubs, sporting groups and other activities that provide a safe and inclusive environment to reward pro-social behaviour.</p>

Some local police work closely with local government or community councils and others to encourage them to design and manage public spaces in a way that incorporates young people (Spooner et al. 2005c).

In rural and remote areas this can be limited by lack of resources for discretionary spending on crime prevention measures, particularly in local government areas with small populations and scattered settlements, or in remote Aboriginal communities with high needs and few ratepayers.

In more dysfunctional communities with high levels of substance abuse, police must also consider whether taking young people home might expose them to greater danger if households are over-crowded or if there might be abusive or intoxicated adults present. In some cases, the children might be safer away from home.

In some areas police might have the option to use 'move on' powers or by-laws to 'ban' drinking, petrol sniffing and other substance use in public. However, there is a danger that use of these powers might just move the problems to less visible, less safe areas.

Promising police and community initiatives to overcome these impediments include:

- Using Aboriginal and Torres Strait Islander community night patrols involving elders and others who know the home environments in the community and know whether it is safe to take young people home or whether some alternative shelter needs to be found. When funded and properly managed, these patrols are often well-placed to alert police and other authorities if there is a need for more intensive interventions to assist and protect young victims of abuse or neglect.
- Enlisting the support of elected community councils, justice groups, and others with cultural authority, to work with government and non-government agencies on strategies to support young people and reduce abuse. These key players are essential for developing interim or ad hoc arrangements to respond to a sudden change in circumstances, but are also well placed to identify and harness support for funded foster care, youth mentoring schemes and other longer term interventions.

- Structured programs through youth clubs, sporting groups and other activities that provide a safe and inclusive environment to reward pro-social behaviour. The aim is to provide fun and inclusive group activities that encourage and reward drug-free participation.

### **Harm reduction: Use of discretion when attending overdoses and policing near harm-reduction services**

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
<p>Policies/guidelines exist to encourage police discretion so that police presence does not deter people from a) calling an ambulance when they witness an overdose; and b) using needle syringe programs.</p> <p>These policies appear to have been generally well implemented by police.</p>	<p>Rural and remote areas have little experience in dealing with injecting drug use. There is little recognition where it does exist, and unsafe practices are common.</p> <p>A more common issue is the high incidence of substance-related psychosis in communities with heavy cannabis and alcohol use. Local policing protocols involving health services appear to be well supported.</p>	<p>Supplementing established primary health services with specialised clinical support.</p> <p>More flexible delivery of drug treatment and mental health services through outpatient and other health programs.</p>

Policies and guidelines exist to encourage police discretion so that police presence does not deter people from: a) calling an ambulance when they witness an overdose; and b) using needle syringe programs (Spooner et al. 2005c).

Although these policies appear to have been generally well implemented by police in urban areas, police and community players in rural and remote areas often have little experience in dealing with injecting drug use. There is little recognition where it does exist, and unsafe practices are common.

A more common issue in many remote Aboriginal and Torres Strait Islander communities with heavy cannabis and alcohol use is the high incidence of substance-related psychosis. Local policing protocols involving health services appear to be well supported, particularly in managing crisis situations. We found several instances of such protocols, mostly in areas where there had been a homicide or serious injury arising from an incident involving apparent alcohol-or drug-related psychosis.

Other measures being developed or proposed included:

- supplementing established primary health services with specialised clinical support; and
- more flexible delivery of drug treatment and mental health services through outpatient and other health programs.

**Harm reduction: Encouraging safer illicit drug use**

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
<p>A number of initiatives have been undertaken to encourage safer use, including involvement in:</p> <ul style="list-style-type: none"> <li>• dance party guidelines</li> <li>• circulating information about toxic or strong drugs</li> <li>• encouraging drug users to dispose safely.</li> </ul> <p>Most police have been active supporters of harm-reduction services such as needle and syringe programs.</p>	<p>Notions of 'safer' drug use are often met with scepticism in small settlements, especially where factors enabling users to regulate their own use are not present or only weakly present.</p> <p>Harm-reduction messages designed for a mainstream audience often translate poorly in rural and remote Aboriginal contexts.</p>	<p>Creating 'grog-free' and 'drug-free' cultural festivals, sporting carnivals and other major community events.</p> <p>Rewarding abstinence from drug use with selection in representative sporting teams, excursions and other prestigious events.</p> <p>Prison health programs targeting the period of inmates' transition from prison to community life.</p>

A number of initiatives have been undertaken to encourage safer use, including involvement in:

- dance party guidelines;
- circulating information about toxic or strong drugs; and
- encouraging drug users to safely dispose of injecting equipment.

(Spooner et al. 2005c)

Although most police in urban areas have been active supporters of harm-reduction services such as needle and syringe programs, notions of 'safer' drug use are often met with scepticism in small settlements, especially in many remote Aboriginal and Torres Strait Islander communities where social and cultural factors enabling users to regulate their own use are not present or only weakly present. Another problem is that many harm-reduction messages are designed for and tested on mainstream audiences. They can translate poorly to Aboriginal and Torres Strait Islander contexts, especially in remote or isolated areas with few services to promote and reinforce 'safe use' messages.

Current and emerging initiatives to overcome these impediments in rural and remote Aboriginal and Torres Strait Islander communities include:

- Creating 'grog-free' and 'drug-free' cultural festivals, sporting carnivals and other major community events.
- Rewarding abstinence from drug use with selection in sporting teams, excursions and other prestigious events, such as the Tiwi Islands' requirement that players in its representative football teams must give up smoking cannabis to be eligible to play in high profile football carnivals. This rule provides powerful incentives to refrain from drug use and sets a positive example for younger players.
- Prison health programs targeting the period of inmates' transition from prison to community.

## Demand reduction

### Demand reduction: Encouraging entry into treatment

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
Giving opportunistic advice and information to drug users and their families.	Drug treatment options remain extremely limited in rural and remote areas.	Local and regional protocols between law enforcement and health sectors.
Use of cards or other information resources to give to drug users seeking information on treatment.	Court-directed schemes often exclude heavy drinkers – a common factor in Aboriginal offending.	Flexible delivery of drug treatment and non-medical detox services through primary health services.
Diversion programs are likely to greatly expand the police role in encouraging drug users to seek treatment.	Compartmentalised services: Bifurcation of alcohol from other drugs, and of substance use from mental health.	Inclusion of illicit drug treatment in community-controlled residential treatment programs, and varying treatment regimes.  Opening court-supervised drug diversion schemes to problem drinkers.  Men's cultural groups following the lead of women's groups in confronting substance-related violence, assisting victims, and supporting ex-prisoners.

Opportunistic advice and information is sometimes given to drug users and their families, especially when police have some years of experience. In some cases police and police stations carry cards or other information resources to give to drug users to encourage them to seek treatment. The recent expansion of diversion programs are likely to greatly expand the police role in encouraging drug users to seek treatment (Spooner et al. 2005c).

However, in rural and remote areas, treatment options for illicit drug and other substance use remain extremely limited. Despite the recent expansion of court-directed drug diversion schemes, these tend to be limited to urban and regional centres and often exclude heavy drinkers – a common factor in Aboriginal and Torres Strait Islander offending. Where limited services do exist, compartmentalised service delivery can impact on their availability – with bifurcation of alcohol from other drugs, and of substance use from mental health.

Efforts to address these deficiencies in rural and remote Aboriginal communities include:

- The increasing use of local and regional protocols involving law enforcement and health service providers – and community-based services such as community night patrols – to improve both crisis prevention and intervention, and referrals to treatment and educational programs.
- Moves to develop more flexible delivery of drug treatment and non-medical detox services by varying the programs in specialist treatment services, and supplementing the basic treatments provided by primary health services with specialist support and advice.



- The inclusion of illicit drug treatment in community-controlled residential treatment programs, and varying the length of treatment.
- Pilot programs that give offenders who have drinking problems access to court schemes that divert drug offenders into treatment.
- Encouraging men’s cultural or 'healing' groups to follow the lead of women’s cultural groups in confronting substance-related violence, assisting victims, and supporting prisoners attempting to refrain from substance abuse upon their release from jail.

**Demand reduction: Community drug education**

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
National guidelines for community drug education were published in 1995.	Monitoring, evaluation, documentation and dissemination of community drug education is poor.	Police involvement in community forums to invite leaders to identify problems and discuss solutions.
	Outreach educators often do not reach many outlying communities in their area.	Promoting major events as 'drug-free' and 'grog-free' celebrations of culture.
	Materials designed for mainstream or urban use often translate poorly to Aboriginal settings in rural and remote areas.	Publicising successful drug prosecutions to educate and warn communities.  Identifying opportunities for brief interventions to educate users on drug-related harms.

National guidelines for community drug education were published in 1995, yet there appears to be little in the way of monitoring, evaluation, documentation and dissemination of community drug education (Spooner et al. 2005c).

Unsurprisingly, monitoring, evaluation, documentation and dissemination of this material is poor in rural and remote Aboriginal communities too. What is known is that outreach educators often do not reach many of the outlying communities in their area, or visit infrequently, and materials designed for mainstream or urban use often translate poorly to Aboriginal and Torres Strait Islander settings in rural and remote areas.

Promising police and Aboriginal community initiatives to address these deficiencies in rural and remote settings include:

- Police using community forums to invite leaders and others with cultural authority to involve the community in identifying problems and discussing solutions.
- Promoting major sporting carnivals, excursions and other key events as 'drug-free' and 'grog-free' celebrations of culture and community pride.
- Using community media and 'word of mouth' to publicise successful prosecutions of drug offenders to educate communities about the legal consequences of drug trafficking and use.
- Identifying opportunities for brief interventions (e.g. at health clinics, after an arrest, or among spectators at sporting events) to educate users on drug-related harms, especially 'hard to access' users who do not work, play sport or participate in other aspects of community life.

## Demand reduction: School-based drug education (SBDE)

Police involvement in preventing illicit drug use & minimising harms	Impediments to applying strategies in rural and remote areas	Promising police and community initiatives to address these issues
Drug education in schools provides an opportunity for police to build partnerships in the community and to establish/build positive relations with young people.	There are few materials and little training to assist teachers and police. Practice inconsistent with evidence on effective SBDE risks wasting police resources.	Schools give police in small communities opportunities to build a rapport with young people outside the stress and anger of arrests and conflict situations.
	Few materials address the limitations of isolated locations, the lack of social infrastructure and issues related to high crime and endemic substance use. Few materials provide positive messages about Aboriginal people and culture.	Drug education in schools also demonstrates to parents that police care about positive outcomes.

Drug education in schools provides an opportunity for police to build partnerships in the community and to establish/build positive relations with young people (Spooner et al. 2005c).

However, in many areas, but especially in rural and remote areas, there are few materials and little training to assist teachers and police. If practice is not consistent with evidence on effective elements of school-based drug education, it is likely to be a waste of police resources. Also, school-based drug education materials failing to address the limitations of rural and remote locations, the lack of social infrastructure and issues related to high crime and high substance use, are likely to be of limited use. Positive representations of Aboriginal people and culture are also essential.

On the other hand:

- Schools give police in small communities opportunities to build a rapport with young people outside the stress and anger of arrests and other conflict situations.
- Police participation in school-based drug education also demonstrates to parents that police care about seeing communities achieve positive outcomes, rather than simply enforcing the law. In isolated areas this kind of outreach is essential to building community confidence in police and fostering support for conventional drug policing strategies.

## Demand reduction: Community activities – general community

Police involvement in preventing illicit drug use & minimising harms	Impediments to applying strategies in rural and remote areas	Promising police and community initiatives to address these issues
Involvement in general community activities, such as sport and recreation programs, can build general networks between police and the community as well as encourage pro-social activities other than drug use.	This is an under-researched area, the value of which is possible but not demonstrated.  In small settlements police participation in community life is expected and appreciated. Conversely, officers failing to respect cultural protocols can encounter resistance and hostility to police initiatives.	Strategies to identify and prepare officers suited to working in isolated communities, specialised training, pre-transfer visits to communities and high-level mentoring and support.  Community involvement in officer inductions.  Career incentives for working at isolated locations, recognising the skills gained, and minimising unfilled vacancies.  Including officers' partners in the application process and responding to the needs of officers' families.

Police involvement in general community activities, such as sport and recreation programs, can build general networks between police and the community as well as encourage pro-social activities other than drug use (Spooner et al. 2005c).

Although the value of police involvement in general community activities is uncertain in urban contexts, in rural and remote settlements police participation in community life is expected and appreciated. Police who get involved in the communities they live in are often well liked and respected. Encouraging informal positive interactions by walking around the community, meeting parents through children's sport, socialising at community events and other such encounters, broadens police contacts and gives residents the confidence to take issues directly to the officers they know. Conversely, officers who have little contact with the community outside of policing situations or who fail to listen to community sources or respect cultural protocols, can encounter resistance and hostility to police initiatives.

Strategies to improve police effectiveness in rural and remote areas include:

- Selecting appropriately skilled and experienced officers who are suited to working in isolated Aboriginal and Torres Strait Islander communities with little direct supervision or support.
- Preparing officers with specialised training, encouraging officers and their families to visit communities prior to transferring, and supporting officers with high-level mentoring and support.
- Respecting cultural protocols and involving key community figures in officer inductions to ensure a proper introduction on arrival, making officers more effective more quickly.
- Offering career opportunities and other incentives to work at isolated stations, and recognising the multiple skills needed to succeed in these environments, making vacancies easier to fill and demonstrating that this kind of policing is valued.

- Including officers' partners and families in the application process and identifying and responding to their circumstances, reducing hardships for officers and their families.

### **Demand reduction: Community activities – at-risk youth**

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
Police are involved in a range of alternative activities with at-risk youth. Research suggests that this could be useful in the context of a broader program.	As with other settings, activity in rural and remote areas varies and is likely to be ad hoc, rather than part of a coordinated program.  Additional challenges in remote areas include high levels of offending, intensive community scrutiny, and hazardous drug use from an early age and other demands that can overwhelm sparsely resourced initiatives. Measures must be carefully targeted and explained to avoid perceptions that at-risk youth are being rewarded for anti-social behaviour.	Using established PCYCs and other programs to structure police involvement with at-risk young people, and seeking broad input to identify greatest needs.  Requiring bailed offenders to report to police at PCYCs and other supervised clubs instead of police stations, with a view to involving them in club activities.  Mentoring to link at-risk youth with positive role models.  Changing programs to offer Aboriginal young people activities that interest them.  Persistent marketing of established programs and activities.

Police are involved in a range of alternative activities with at-risk youth. Research suggests that this could be useful in the context of a broader program (Spooner et al. 2005c).

As with other locations, the level of rural and remote police involvement in activities to engage young people considered to be 'at risk' varies considerably. In many cases, police involvement is more likely to be ad hoc rather than part of a coordinated program. Additional challenges – especially in remote areas – include high levels of offending, intensive community scrutiny, hazardous levels of drug use from an early age and other demands that can overwhelm sparsely resourced initiatives. Measures must be carefully targeted and explained to avoid perceptions that at-risk youth are being rewarded for their anti-social behaviour.

Promising police and community initiatives in rural and remote areas include:

- Using established programs such as Police and Citizens Youth Clubs (PCYCs) to structure police involvement with at-risk young people, and using police intelligence, schools, agencies and other child welfare sources to foster a case management approach and focus resources on the areas of greatest need.
- Using bail conditions requiring young offenders to report to police at PCYCs and other supervised clubs instead of police stations, ensuring compliance with reporting requirements while creating opportunities to encourage them to get involved in club activities.
- Mentoring programs linking at-risk young people with positive role models.

- Adapting established programs where necessary in order to offer Aboriginal and Torres Strait Islander young people activities that interest them, including fishing, team sports and cultural activities.
- Persistent and personal marketing of established programs and activities, including directly approaching young people to ask what they expect of PCYCs and other such facilities, and encouraging them to join in. Police hosting or attending community barbecues, putting on 'Blue Reelers' film nights and other such activities can also be used to attract new participants.

## Supply reduction

### Supply reduction: Drug law enforcement

Police involvement in preventing illicit drug use & minimising harms	Impediments to applying strategies in rural and remote areas	Promising police and community initiatives to address these issues
This approach emphasises the value of large drug seizures and 'successes' such as 'cleaning up' known drug areas.	Supply-side drug law enforcement can disrupt local drug dealing, but there is little research on displacement and other unintended effects.	Identifying, targeting and removing local drug dealers and undermining their support base.
	Focusing police resources on the upper end of the drug trade appears to have little impact on drugs flowing into rural and remote areas. It may even make sparsely policed non-urban areas more attractive to dealers.	Seeking formal community recognition of the harms linked with illicit drug use and building support for policing initiatives.
	Opportunities to disrupt drug trafficking to remote communities are often overlooked, despite the damage done by dealers and the intelligence they could provide.	Strategic support from senior police management to link information from local policing initiatives with other drug intelligence, building a more complete picture of drug networks and enabling better targeting of resources.
		Sharing of information and intelligence about drug trafficking across state and territory borders.

This approach emphasises the value of large drug seizures and 'successes' such as 'cleaning up' known drug areas. Evidence indicates supply-side drug law enforcement can disrupt local drug dealing, but there is little research on displacement and other unintended effects (Spooner et al. 2005c).

Police living and working in small rural towns and remote Aboriginal and Torres Strait Islander settlements with high levels of substance use generally have a much more direct understanding of the impact of drug policing activities in their local area.

Focusing police resources on manufacturers, producers and key suppliers in urban areas appears to have little impact in stemming the flow of illicit drugs to rural and remote areas. In fact, focusing the bulk of drug law enforcement measures on urban or upstream sources of supply and distribution might even make sparsely policed rural and remote areas more attractive to drug dealers.

When police organisations focus their drug law enforcement efforts on urban or regional suppliers, opportunities to disrupt drug trafficking to remote communities can be overlooked despite the damage done by dealers at the lower end of drug networks and the intelligence those dealers could provide on their links with urban and regional sources.

Promising supply reduction initiatives in rural and remote areas are rare, as mainstream drug policing strategies – such as informant management, covert operations and surveillance – are often unsuited to small or isolated Aboriginal and Torres Strait Islander communities. Where these impediments can be overcome, promising initiatives include:

- Police using a combination of community policing and enforcement strategies to identify, target and remove local drug dealers and undermine their support base. Preliminary analysis of research in communities that employ this approach in East Arnhem Land indicates that the removal of local dealers can have a marked impact on local cannabis availability.<sup>16</sup>
- Working with local Aboriginal and Torres Strait Islander leaders to seek formal community recognition of the harms associated with illicit drug use and building support for policing initiatives.
- Strategic support from senior police management to link information from local policing initiatives with other drug intelligence, building a more complete picture of drug networks and enabling better targeting of police resources.
- Sharing of information and intelligence about drug trafficking across state and territory borders.

## All strategic areas

### Collaborative partnerships

<b>Police involvement in preventing illicit drug use &amp; minimising harms</b>	<b>Impediments to applying strategies in rural and remote areas</b>	<b>Promising police and community initiatives to address these issues</b>
Police are increasingly involved in community consultation and inter-sectoral collaborative partnerships. Some excellent examples of collaborative partnerships were identified.	Community recognition of harms arising from hazardous drug use is a prerequisite to giving police the authority or capacity to act, especially in Aboriginal communities with strong cultural protocols.  Staff turnover impedes the continuation of collaborative partnerships, particularly in isolated areas where positions	Recognising community liaison as a key responsibility for police and other agencies working in Aboriginal communities, and recognising that successful navigation of cultural protocols can be time-consuming and complex.  Selecting and supporting officers suited to this kind of community-oriented policing.

<sup>16</sup> See comments by Prof Alan Clough in 'Aboriginal men in Arnhem Land decrease cannabis use', ABC News Online, 8 March 2005.

Police involvement in preventing illicit drug use & minimising harms	Impediments to applying strategies in rural and remote areas	Promising police and community initiatives to address these issues
	<p>can be hard to fill and vacancies are common in all key service sectors.</p> <p>Knowledge and use of evidence-based guidelines for collaborative approaches in remote communities appears to be lacking, so that collaborative approaches are often not as effective as possible.</p>	<p>High level, strategic reviews across sectors and agencies to identify and address systemic needs – e.g. the Gordon Inquiry into the incidence of child abuse and family violence in Aboriginal communities in WA, and Fitzgerald’s Cape York Justice Study in Queensland.</p>

Police are increasingly involved in community consultation and intersectoral collaborative partnerships. Some excellent examples of collaborative partnerships have been identified (Spooner et al. 2005c).

Community recognition of harms arising from hazardous drug use is a prerequisite to giving police the authority or capacity to act, especially in traditionally-oriented Aboriginal communities with strong cultural protocols. Rural and remote areas are particularly affected by staff turnover and other personnel issues. These can seriously impede the continuation of collaborative partnerships, particularly in isolated areas where all key service sectors have difficulty in filling positions and lengthy vacancies are common. There are particular challenges in establishing collaborative partnerships in communities serviced by visiting police patrols, outreach drug and mental health counsellors, and other part-time or visiting services.

As with urban areas, police knowledge and use of evidence-based guidelines for collaborative approaches in remote communities can be lacking, so that collaborative approaches are often not as effective as possible.

Promising police and community initiatives to address these issues in rural and remote areas include:

- Formal recognition that community liaison and collaboration with other services is a key responsibility for police and other agencies working in Aboriginal and Torres Strait Islander communities, and recognising that successful navigation of cultural protocols can be time-consuming and complex.
- Selecting and supporting officers suited to this kind of community-oriented policing, and supplementing their law enforcement capacities with intelligence, operations and other measures that better enable them to meet commitments made in community and inter-agency forums.
- High level, strategic reviews across sectors and agencies to identify and address systemic needs – e.g. the Gordon Inquiry into the incidence of child abuse and family violence in Aboriginal communities in Western Australia (Gordon et al. 2002), and the Cape York Justice Study in Queensland (Fitzgerald 2001), which identified needs across all sectors and recommended inter-sectoral changes.

## Non-policing responses to entrenched issues

Not all policing problems require a police response. For instance, although illegal gambling can be a serious problem in some Aboriginal and Torres Strait Islander communities, there are often more effective ways to address the associated harms than relying on police to enforce the law, as the following case study shows:

### Food for thought

Aboriginal and Torres Strait Islander leaders in many remote areas cite the money spent on alcohol, cannabis and gambling as significant problems for their communities. Many have strategies to help households quarantine money for food and other essentials. In the Tiwi Islands, pay arrangements are structured in a way that enables food and other household necessities to be purchased before any other members of the household can make competing demands for a share of the money. Some households buy enough food to see them through until the next pay day. This is done during working hours, well before the licensed clubs open for business and the first beer is bought, and well before the card playing begins.

The provision of high level strategic support for local level initiatives might extend to pushing for legislative or regulatory changes to complement and enhance the local level strategies. For instance, Fuller (2004) recommends legislative and procedural changes to enable police to share information on drug seizures with land councils and empower those bodies to use that information to remove drug dealers from the community.

The health and social impact cannabis is having on Aboriginal communities is more apparent than in the wider community; as such the penalties must reflect this. A means to demonstrate this is to have an aggravation of the offence. Further, to be able to effectively remove offenders from Aboriginal communities there needs to be a mechanism in place where respective land councils can be advised prior to an offender going to court that that person has been apprehended with drugs on Aboriginal land. This may be possible by amendments to the Drug House Legislation advising the landlord, or in this case landowner, that offences are believed to have been committed. Then with adequate support of [the] traditional owners and land council, offenders may be excluded from that area.

(Fuller 2004: 8)

This approach has been tried in Western Australia, but current mechanisms enabling land councils and similar Aboriginal authorities to remove drug dealers from Aboriginal land appear to be cumbersome and slow. The aim of any legislative change would be to devise mechanisms that allow immediate notification of serious drug offences and enable the speedy removal of those offenders.

Police and communities should be careful not to resort to law enforcement measures when less coercive options are available. The following example illustrates the value of creative community responses to alleviating the harms associated with entrenched issues.

### Prizes reduce rental arrears

Unpaid rent is a problem in many remote Aboriginal and Torres Strait Islander settlements. If rent is not paid, there is less money for repairs and maintenance, and less money to employ local people to do that work. When housing is in a state of disrepair, this can exacerbate the risk factors contributing to substance use and crime. Woorabinda Council found penalties



for late payments had little effect, so it decided to reward paying tenants by entering them into regular prize draws for fridges, washing machines and other white-goods. The incentive proved popular. For an investment of \$16,000 in prizes, council was able to recover \$500,000 in rental arrears over two years. The scheme had the added benefit of increasing the overall amenity of homes in the settlement, as winners of new fridges or washing machines would often pass their old appliances to neighbours in need of those appliances.

The independence of police and other outsiders can be an important factor in mediating on long-standing issues in Aboriginal and Torres Strait Islander communities and encouraging key players to consider creative solutions such as these.

## Chapter seven: Strategic policies and programs

Local policing and community-level interventions are critical to ameliorating the most immediate and damaging impacts of excessive drug use. Yet broader scale, strategic interventions are needed to sustain and extend these grassroots efforts. Strategic interventions must come from a government or organisational commitment to tackling *causal* factors, the factors that put Aboriginal and Torres Strait Islander people at higher risk of drug-related harms in the first place.

For instance, it has long been known that children who grow up in over-crowded housing, with little education and few employment prospects, who experience poor health (particularly hearing, speech and vision impairment), amid family breakdown, or whose carer is physically or mentally unwell, or absent, and other such factors, are at higher risk of using tobacco, alcohol and illicit drugs. Local initiatives can implement small-scale measures to help offset some of these risks, but if key factors such as employment, education, health and housing are worsening rather than improving, then government and organisational commitment is needed to provide a framework for lasting improvements.

Coordination and planning is necessary to improve policing, health and education service delivery to sparsely populated areas, disrupt organised drug trafficking, share information between service-providers and across borders, foster good community governance and decision making, support better parenting, create more effective drug diversion options, and other harm minimisation strategies. Interventions on this scale need high level support. Individuals and communities have a role in identifying and refining the steps needed to improve outcomes, but government leadership, coordination and support is crucial to making these interventions work.

### National Drug Strategy

Australia's National Drug Strategy sets the context for policing illicit drug use and efforts to reduce drug-related harms. The strategy is a comprehensive framework that requires all sectors and jurisdictions to commit to an integrated approach to drug control.

The principle of *harm minimisation* has formed the basis of successive phases of the national strategy since its inception in the mid-1980s. Harm minimisation strikes a balance between activities aimed at reducing drug availability and use through:

- **supply reduction** strategies to disrupt the production and supply of illicit drugs, and the control and regulation of licit substances;

#### Policing scenario

##### *A change for the better*

You are posted to command a police station with about 50 officers in a large country town (pop. 15,000+). Many of your officers are long-term residents with close social and family ties to the community. Illegal drug use is widespread at all levels in the community. The area is generally affluent and considered a 'nice' place to live. Aboriginal and Torres Strait Islander people are among the poorest residents. You hear that the head of a local Aboriginal organisation says it is a waste of time trying to work with police and that those with money and influence can get away with anything, while the poor and Aboriginal just 'boost the arrest statistics'.

How could this situation be changed for the better?

See the *Good practice framework* (NDLERF Monograph 15a) for a discussion of individual police practices.

- **demand reduction** strategies to prevent the uptake of harmful drug use, including abstinence-orientated strategies and treatment to reduce drug use; and
- **harm reduction** strategies to reduce drug-related harm to individuals and communities.

Individual jurisdictions and non-government organisations develop their own plans and strategies that reflect the key elements of the National Drug Strategy, and report annually on implementation of programs, activities and initiatives.

It is important to recognise that harm minimisation does not condone drug use, but recognises that drug use will never be entirely eliminated. Harm minimisation encompasses a wide range of measures aimed at improving health, social and economic outcomes for individuals and communities. As such, Australia's approach can be characterised by four key features:

1. adopting harm reduction as the overarching principle based on acceptance that drug abuse can never be totally eradicated;
2. a comprehensive approach encompassing the harmful use of legal drugs, pharmaceuticals, illicit drugs and other substances such as inhalants and kava;
3. promoting partnerships between health, law enforcement, and education agencies, community-based organisations and industry; and
4. a commitment to a balanced approach between supply reduction, demand reduction and harm reduction, and between all jurisdictions and sectors.

(Trace, Roberts & Klein 2004: 13)

Drug strategies are implemented over four and more recently five-year periods, and have been independently evaluated since 1997. Recommendations from the first evaluation led to the adoption of the National Drug Strategy as the foundation for all future policy developments.

The current plan, the *National Drug Strategy: Australia's Integrated Framework 2004-2009*, sets out a number of specific objectives aimed at improving health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the impacts of substance use generally. It identifies eight specific areas for action:

- prevention;
- reduction of supply;
- reduction of drug use and related harms;
- improved access to quality treatment;
- development of the workforce, organisations and systems;
- strengthened partnerships;
- implementation of the National Drug Strategy *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006*; and
- identification and response to emerging trends.

Evaluations of the impact of drug policy in Australia rely on a diverse set of sources. These include statistics for drug-related offences, national surveillance data on HIV and other blood-borne diseases, data on drug-related morbidity, and surveys of drug users and prison inmates. There are also regular national household surveys, including surveys in 1994, 2001 and 2004 that provide reliable information on substance use among Aboriginal and Torres Strait Islander people. However, although national data collection has improved considerably, it generally does not include reliable measures of Aboriginal and Torres Strait Islander drug use outside of urban and major regional centres.

A strength of Australia's policy approach is that it has produced comprehensive drug strategies since the mid-1980s and submitted them to meaningful reviews since the early 1990s, far earlier than most other jurisdictions. More recently, it has led the world in developing review procedures that are independent of government (Trace et al. 2004).

Limitations in the available data, particularly with respect to illicit drug use, hampered earlier attempts to evaluate the success of national strategies. Evaluators reported an "inability to obtain readily available information on the harms associated with drugs, particularly illicit drugs ... and the concentration of available data on trends in drug use rather than harms associated with use of drugs" (Single & Rohl 1997). Although additional data sources have addressed at least some of these deficiencies, the *causal* relationship between national strategies and apparent improvements can still be unclear at times (Szirom et al. 2003). That is, it can be difficult to determine to what extent, if at all, important achievements such as the reduction of HIV prevalence among injecting users or a decrease in heroin overdose deaths are attributable to law enforcement efforts or effective public health measures (Trace et al. 2004)

Evidence of effectiveness is an important factor in determining the future allocation of resources. Although there is wide support for the three pillars of successive national strategies – supply, demand, and harm reduction – there are hotly contested debates regarding the mix of measures and interventions required. The need for a strong evidence base is highlighted by the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists, which argue that:

*... supply reduction has received and continues to receive the overwhelming bulk of resources notwithstanding the meagre evidence of relative effectiveness or cost effectiveness. Needles and syringe programs in Australia brought a benefit of almost \$2.3 billion at a cost of \$130 million.*

(RACP & RANZCP 2004: 26-7)

Although law enforcement is likely to remain a central element of Australia's approach, it is critical that police and other law enforcement bodies are able to justify enforcement measures through evidence of effective outcomes, and explanations of how such measures complement and enhance other elements of the National Drug Strategy.

## **Aboriginal and Torres Strait Islander Peoples Complementary Action Plan**

Significantly, the current National Drug Strategy acknowledges the particular needs of Aboriginal and Torres Strait Islander people through its *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006*. This was developed after an extensive period of consultation and recognises that, although drug-related harms can affect anyone, Aboriginal and Torres Strait Islander people continue to suffer a greater burden of ill health than the rest of the population and require a different approach in order to achieve better outcomes. The plan notes that to "achieve change, action will be required across a range of sectors and at all levels of government, led by and in partnership with Aboriginal and Torres Strait Islander individuals, families, communities and organisations" (MCDS 2003a).

The action plans for Aboriginal people and for Torres Strait Islanders both contain six common principles for addressing substance use in these populations. These are:

1. the use of alcohol, tobacco and other drugs must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building;

2. local planning is required to develop responses to needs and priorities set by local Aboriginal and Torres Strait Islander communities;
3. culturally valid strategies that are effective for Aboriginal and Torres Strait Islander peoples must be developed, implemented and evaluated;
4. Aboriginal and Torres Strait Islander peoples must be centrally involved in planning, development and implementation of strategies to address use of alcohol, tobacco and other drugs in their communities;
5. Aboriginal and Torres Strait Islander communities should have control over their health, drug & alcohol and related services; and
6. resources to address use of alcohol, tobacco and other drugs must be available at the level needed to reduce disproportionate levels of drug-related harm among Aboriginal and Torres Strait Islander peoples.

(MCDS 2003b)

Increasingly all jurisdictions and sectors – including law enforcement – are expected to apply these principles when trying to police drug use and reduce drug-related harms among Aboriginal and Torres Strait Islander people. The aim is to coordinate their differing approaches in ways that increase the chances of each measure complementing the others.

## State and Territory strategies and plans

Various other government and organisational strategies and plans also seek a more coordinated approach to bridging the gap between day to day community needs and the actions needed to respond to those needs. The available options – and measures needed to improve outcomes in rural and remote communities – vary from one area to the next. Government and non-government organisations in each jurisdiction must tailor their approaches accordingly.

The challenge for police is to apply these kinds of policy principles to the specific needs of policing illicit drug use. A useful starting point is to consider d'Abbs and Brady's (2004) advice on improving strategic service provision in relation to inhalant abuse. Although this was aimed at addressing an urgent need for a sound policy base to guide actions with respect to volatile substance misuse, the multifaceted and evidence-based approach they advocate could also be applied to issues of illicit drug use in rural and remote areas.

These authors recommend four modest, practical steps for improving the policy foundation without imposing a major impost on resources:

1. **Planning and coordination.** The first is for relevant departments at each level of government, and between levels of government, to agree on and implement a series of planned, co-ordinated steps aimed at reducing risk factors. The emphasis is on systematically addressing risk factors rather than allowing periodic crises to drive the response.
2. **Improve the evidence base.** The second involves improving the evidence base on effective interventions, principally through coordinating national data on inhalant abuse. Although illicit drug policy already has the National Drug Research Institute and other research centres providing this service, the challenge is to adapt and apply this information to Aboriginal and Torres Strait Islander drug use, and drug use in rural and remote contexts. Police organisations could also adapt this principle to improving the use of their own data to review programs at state, territory and regional levels.

3. **Long-term programs, not short-term projects.** The third step is to recognise that the issues are too complex to be addressed through short-term pilot and project funding; rather, there is an urgent need for longer-term interventions that address the multiple risk and protective factors present in communities and build upon programs shown to be effective.
4. **Genuine partnerships.** The final step involves government agencies engaging communities as genuine partners. Instead of providing community groups with intermittent project funding, then sitting back and insisting on communities taking 'ownership' of the problems, there should be a genuine partnership approach involving government, non-government and community sectors, committed to collating, using and building on evidence of what works.

(d'Abbs & Brady 2004: 259-260)

The emphasis at all stages is to use planning, co-ordination and informed decision-making to encourage more effective use of existing resources and to seek out and identify opportunities for improvement. The approach is developmental, encouraging agencies to use their resources and influence to build on communities' strengths rather than merely responding to a list of needs.

While much attention focuses on the need to improve the often limited capacities of Aboriginal and Torres Strait Islander communities in rural and remote areas to deal with their own problems, capacity-building principles should also apply to organisations and agencies working in those areas. For example, infighting and rivalries within and between communities can seriously inhibit progress, just as infighting and rivalries within and between service providers can impede efforts to reduce drug-related harms.

Organisations could begin by considering the needs of non-urban residents and identifying any impediments to responding to those needs. For police, the kinds of practical challenges for making their services more responsive to Aboriginal and Torres Strait Islander illicit drug issues in rural and remote areas include, but are not limited to:

- identifying and rewarding the skills needed to police effectively in sparsely populated but high-need locations;
- establishing remote area officer placements with proper training and induction, then actively supporting these staff with the strategic services that enable them to respond to community concerns about drug use, crime and other problems;
- recruiting, supporting and developing Aboriginal and Torres Strait Islander staff at all levels of the organisation, and encouraging other government and non-government employers to do the same;
- using police information systems to broaden the evidence base needed for careful targeting of scarce resources and monitoring the impact of longer-term programs aimed at addressing multiple factors in harmful drug use; and
- building partnerships with other government agencies, non-government organisations and communities that recognise and enhance their differing capacities to reduce and prevent drug problems in the community.

Few of these challenges are unique to police and policing, and some of the most important measures needed to reduce and prevent drug-related harms in rural and remote areas are not policing issues at all. For example, many of the critical gaps in existing service delivery stem from compartmentalised approaches to delivering diversion, treatment and other programs. This divided 'silo' approach is characteristic of many aspects of alcohol and other drug services but is particularly evident in:

- the bifurcation of mental health services from alcohol and other drug treatment, limiting the options for dependent drug users with psychosis, mental health problems, and other issues affecting the social and emotional well being of users; and

- the bifurcation of alcohol-related issues from services for other drugs, resulting in anomalies such as illicit drug diversion or treatment programs that focus on illicit drug use ahead of problem drinking, even if the alcohol abuse is creating greater problems for individuals and their communities.

Although programs or services established to address a particular issue must be accountable to their funding source and demonstrate that funds are used for their intended purpose, that accountability should also include measures showing whether the programs and services provided meet the actual needs of their client base. For example, treating a client's drug-induced psychosis without addressing that person's drug use is likely to be less effective than approaches that tackle both issues concurrently. Similarly, care is needed to ensure symptoms of mental illness are not confused with symptoms of drug use. Developing a *case management approach* that recognises and responds more efficiently to individuals' and communities' multiple needs would go a long way to assisting police, health and community services with their own frontline service delivery.

Van der Sterren and Anderson (2002) argue that Aboriginal community-controlled primary health care services are central to developing a more effective response to injecting and other illicit drug use, but there are limitations to the services that can be provided at this level. They advocate extending the type of drug treatment and other services provided by primary health services through building and maintaining close and well-constructed links with Aboriginal and mainstream specialist drug and alcohol services, local pharmacists, needle and syringe programs, and welfare services.

Race creates an additional dimension in this bifurcation of services. Organisations funded to provide primary health, housing, legal or other services to Aboriginal and Torres Strait Islander clients often experience intense pressure to respond to clients' multiple needs, including needs that mainstream mental health, drug treatment or other specialist services should be dealing with. In addition to making their services more flexible and more responsive to the varied situations of their clients, mainstream service providers – including police – must also find ways to extend those services to Aboriginal people. Mainstream services have an obligation to help.

Support for the principle of community control should not be an excuse for mainstream services to give up their responsibilities of providing for the Koori community.

(Van der Sterren & Anderson 2002: 22)

## Organisational strategies – policies and programs

Broader scale changes often begin with individual organisations critically examining the way they do business to identify the procedural and other changes needed to bring about lasting improvements.

The examples in this section highlight efforts by police and partner organisations to apply a more coordinated or holistic approach to tackling drug-related harms among Aboriginal and Torres Strait Islander people. These relate to:

1. *Multi-function police facilities in remote areas (Western Australia).*
2. *An integrated approach to community consultation (Queensland).*
3. *Remote Communities Drug Strategy (Northern Territory).*
4. *Indigenous Drug Action Teams (South Australia).*

The first two examples highlight specific strategies to improve police capacity to work with Aboriginal and Torres Strait Islander communities while attempting to remedy contextual problems such as removing impediments to police working with Aboriginal people. The Northern Territory strategy focuses specifically on substance abuse and offending behaviour, while the last example discusses ways to work with other agencies to improve outcomes. All demonstrate the multifaceted nature of changes that can be achieved at this level.

### **1. Western Australia's multi-function police facilities in remote areas**

A current Western Australian commitment to extending a permanent policing presence to a number of remote areas stemmed from an inquiry examining how government agencies respond to complaints of family violence and child abuse in Aboriginal communities – the 'Gordon Inquiry'. The new police facilities aim to provide a first-line response for victims and improve community safety by extending service coverage to outlying communities, often for the first time. Although some very remote areas might still be up to 200km from police, this will be a marked improvement.

Part of the plan is for staff from other agencies to share police facilities, extending their services and enhancing their capacity to work with police on health, education, policing, welfare, child protection and violence prevention strategies. The aim is to foster a more collaborative and coordinated response to child abuse and family violence across agencies.

The nine areas prioritised for a permanent policing through a Multi-Function Police Facility presence are:

- Warburton
- Kalumburu
- Balgo
- Jigalong
- Dampier Peninsula
- Bidyadanga
- Warmun
- Warakurna/Docker River
- Kintore

The placement of facilities and officers in the border settlements of Warakurna/Docker River and Kintore depend on cooperative agreements with police in the Northern Territory and South Australia to share facilities and staff across jurisdictions.

#### *Staff selection and training*

Critical elements of the new approach include:

- selecting staff in partnership with the communities;
- supportive induction and ongoing support networks; and
- comprehensive training.

Specific police training for these positions will focus on cultural familiarisation, acclimatisation, additional legal education and information sharing. Some of these elements are still being developed. The training and preparation also recognises the need to maintain continuity and minimise disruption when personnel change.

#### *Initial police training program*

The first remote service training course was held in January 2004, after staff for the new positions were selected, but before the police facilities and housing were built. The initial 12-week course covered a variety of critical training issues for remote area service delivery, including:



- **Forensic skills.** Without forensic evidence, successful prosecution of alleged offenders relies heavily on witness statements and oral evidence which can be difficult to obtain in a community context. Over the past decade this has been a contributing factor to the downgrading of serious charges and a number of unsuccessful prosecutions, particularly in remote areas. For this reason, all officers receive training to the level 2 forensic officer standard and each Multi-Function Police Facility is provided with a substantial forensic kit for evidence collection.
- **Remote area training.** These include training for outback survival, applied 4WD operation and recovery, applied land navigation, applied land search, vertical training, team building and field leadership, critical areas, operational planning and command.
- **Investigations.** Crime investigation and crime scene management, sexual assault investigation, investigative interviewing, domestic violence, community by-laws and communication with Aboriginal and Torres Strait Islander people.
- **Child abuse investigations.** Consideration was given to training officers in Joint Approach to Child Abuse (JACA) investigations once the course has been finalised to include the new protocols. This training has been transformed to specialist child interviewing skills and programmed around the new Specialist Child Interviewing Unit. Training for remote officers in these skills is being reviewed.
- **Location-specific training.** The final phase of the training course involves officers breaking into their station groups with their district supervisors to look at local issues, risk assessments and business plans. This was seen as a critical process so that the officers can have clear expectation of their strategic direction once they commence operational work in their local areas, as well as having an understanding of contingencies they may need to consider in working with knowledge of local issues.
- **Joint training with Northern Territory police.** Joint training was undertaken for the Western Australian police officer selected for the multi-jurisdictional facility at Kintore in the Northern Territory. The Northern Territory officers at the station received some of the training, as they are expected to assist Western Australian police on joint operations.

### *Current situation*

Due to delays experienced in developing facilities and housing in remote communities, there was a gap between training and deploying officers to these remote sites. Consequently police management will need to review the effectiveness, capacity and practicality of conducting such an intensive program at the police academy.

A number of developments and changes will need to be considered in this review of training, including:

- The training needs of additional officers recruited for the sites, recognition of the existing skills and experience of successful applicants with a high skills base, and ways to tailor such training to individual needs.
- Recent changes in legislation and procedures relating to family violence and child protection.
- The training needs of staff from partner agencies.

We were told that training remains a high priority, but changes were needed to address the above issues.

### *Future directions*

Police have advised that the development of training strategies for staff in remote locations for the future will need to:

- Be more collaborative and address aspects of 'joined up' service delivery.
- Better meet the specific need of remote sites.
- Enable more training to be delivered on site, in order to maximise flexibility and reduce need for removing people from their operational environment.
- Allow for continuity and development of a skills base within the agency to become a part of the agency culture in servicing remote communities.

Training is recognised as the foundation for the service delivery model for the remote communities. A police project team has been established to manage the roll-out and development of the Multi-Function Police Facilities. Implementation will include a strategy to address the training needs of staff at these facilities.

## **2. Queensland Police Service's integrated approach to community consultation**

Like police organisations in other jurisdictions, Queensland Police Service has a number of programs and strategies designed to strengthen its links with Aboriginal and Torres Strait Islander communities and improve outcomes for those communities. In Queensland these centre on:

- a network of community consultation and liaison;
- Aboriginal and Torres Strait Islander employment strategies;
- cross-cultural training for officers; and
- other initiatives to address specific Aboriginal and Torres Strait Islander issues across the organisation.

### *(a) Community consultation and liaison*

As is the case in some other jurisdictions, Queensland Police Service has a two-tiered system for consulting Aboriginal and Torres Strait Islander communities and sourcing advice on related issues. At the local level, there are Indigenous Community/Police Consultative Groups (ICPCGs) in more than 20 locations. These vary, but include groups that are rapidly earning a reputation for robust discussion and effective problem-solving. This is an expanding and dynamic element of Queensland's approach, and much of the energy driving the organisation's work in this area comes from Aboriginal and Torres Strait Islander 'ownership' of these forums. The more effective ICPCGs provide an effective platform for resolving issues, providing information to key players, and developing and supporting important new initiatives that require a coordinated community and agency response.

The peak source of advice to senior staff is the Aboriginal and Torres Strait Islander Police Review and Reference Group, whose functions include acting as a reference group on issues relating to police-community relations, reviewing police policy and advising the Commissioner on issues referred by ICPCGs.

In addition to Aboriginal and Torres Strait Islander officers and liaison staff, Queensland Police Service has non-Aboriginal officers whose brief includes addressing difficulties before they escalate, encouraging people to raise concerns directly with police, and providing reliable links between communities and police.

### *(b) Aboriginal and Torres Strait Islander employment*

Employing and developing Aboriginal and Torres Strait Islander staff at various levels helps demonstrate Queensland Police Service's commitment to working with those communities. This includes:

- *Sworn officers:* Queensland police have a special entry program to help qualify Aboriginal and Torres Strait Islander people for entry into recruit training. Entrants to the six-month academy-based bridging course must have either completed Year 12 and one year of employment, or have completed Year 10 and have extensive employment and life experience. Early indications are that the course and the network of police support provided to trainees are helping to lift the number of recruits. The course has won recognition through prestigious national training awards.
- *Queensland Aboriginal and Torres Strait Islander Police:* A review of policing in remote communities prompted Queensland to create and trial Queensland Aboriginal and Torres Strait Islander Police (QATSIP) officer positions – a quasi-policing role similar to the Northern Territory's Aboriginal Community Police Officers (ACPOs). Unlike liaison officers, QATSIPs have limited policing powers, enabling police to take over responsibility for community policing from community councils. Consideration is being given to expanding the program beyond the three trial areas.
- *Police Liaison Officers:* More than 100 Aboriginal and Torres Strait Islander staff are employed as Police Liaison Officers (PLOs) to foster stronger, more effective ties between police and Aboriginal and Torres Strait Islander communities. PLOs are not police officers; they do not have the power to detain, arrest, search or fingerprint persons. The growth in ICPCGs is helping to expand and clarify the PLOs' role while improving police links with communities.

#### (c) *Cross-cultural training*

In addition to its basic cross-cultural training, the Queensland Police Service is developing a two-part training program for staff transferring to remote Aboriginal and Torres Strait Island communities. The first phase involves a generic orientation package delivered by police personnel at regional level. The second involves a community specific package, to be designed and delivered in cooperation with local community members and undertaken when officers arrive in that community.

The organisation also supports certified training for community police employed by Aboriginal and Torres Strait Islander community councils in remote areas. The training package includes links with TAFE courses for trainees that need additional help with literacy, numeracy, information technology and general communication. The training also provides a stepping stone for those interested in working in community corrections, security or as Police Liaison Officers.

#### (d) *Other initiatives*

Other initiatives to address specific Aboriginal and Torres Strait Islander issues across the organisation include:

- *Part-Time Cell Visitors Scheme:* Volunteer community visitors support detainees, observe and facilitate effective communication between detainees and watch-house staff, and help prevent suicide or alert police to the need for medical attention. Some also provide information and referral support.
- *Police Citizens Youth Club (PCYC) Activity Centres:* A review of the PCYC Activity Centre at Yarrabah, near Cairns, prompted police management to extend the project to high-need communities at Palm Island and Mornington Island. The centres are a tangible investment in crime prevention and improving outcomes for young people, expand diversion options for young people, and provide a base for programs to engage with children at high risk of offending.

- *Aboriginal and Torres Strait Islander Identifiers:* Police are developing indicators to better identify data on Aboriginal and Torres Strait Islander victims and offenders. In addition, all Aboriginal and Torres Strait Islander communities have been designated a specific code to facilitate easier data extraction at community level. Some community by-laws have also been coded to enable easier analysis of this data.
- *Aboriginal and Torres Strait Islander Licensing Program:* Unlicensed driving is a significant contributor to Aboriginal and Torres Strait Islander arrests and incarceration in remote areas. Revising written and oral licence testing programs made the process more accessible, and providing practical testing in applicants' local areas greatly reduces the costs of getting a licence. Police say the joint program with Queensland Transport has been enthusiastically embraced. An estimated 2,000 additional licenses have been issued in the Cape York area since the project began in 1998. Details of this program are set out in the *Good practice framework* (NDLERF Monograph 15a).
- *Return of Ancestral Remains:* Another innovative police initiative relates to negotiations with communities to return about 50 'sets' of human remains and other sacred objects to their ancestral lands. Many were accumulated as a result of past practices requiring remains to be subjected to forensic examination irrespective of the circumstances. Information is sketchy, raising the risk of burying poorly identified remains in 'unfamiliar territory'. The police service has been open about its holdings and its desire to return them. This openness, and allowing the time for lengthy deliberations regarding how the remains should be handled and what rites should apply, is building a positive rapport and mutual respect between police negotiators, appropriate community elders and other agencies, including the Department of Aboriginal and Torres Strait Islander Policy.

### *Discussion*

At the heart of Queensland's approach is a strong policy and planning process that endeavours to reconcile the various strands of its Aboriginal and Torres Strait Islander programs to ensure gains in one area are, where possible, used to inform and build momentum in others. For each element to complement the others, they must be:

- a. integrated into day to day operational policing systems and relevant to the practical needs of frontline police; and
- b. flexible enough to respond to the evolving challenges facing Aboriginal and Torres Strait Islander communities.

The result is a dynamic and evolving policy mix that appears to strengthen the capacity of the Queensland Police Service to respond quickly as issues arise, while laying the groundwork for longer-term measures. Both short-and long-term initiatives are needed to build community confidence in police while educating police on the scope for further improvements. A planned approach also demonstrates that the organisation has a positive commitment to working with Aboriginal and Torres Strait Islander people; that Aboriginal and Torres Strait Islander initiatives are part of a broader vision rather than merely an exercise in damage control.

Policy coordination and planning can amplify the benefits of each measure. Even simple initiatives such as police participation in NAIDOC week provide opportunities to simultaneously demonstrate police respect for important events, educate non-Aboriginal officers about Aboriginal and Torres Strait Islander cultures, use consultative groups to engage communities in a positive way and even increase recruitment opportunities. Similarly, properly managed cell visitor schemes can have operational benefits for police, but also pave the way for more constructive relations with local Aboriginal and Torres Strait Islander people.

The Queensland example shows that, although much of the work is done at a local level, higher level coordination and support helps spread the benefits across program areas. Each initiative must stand on its own merits, but should also contribute to:

- long-term solutions focusing on addressing the underlying causes of problems, not just the symptoms;
- proper coordination of activities, particularly in Aboriginal and Torres Strait Islander communities; and
- capacity building within these communities to extend and sustain viable solutions.

Most Australian police organisations have many of these elements in one form or another. Without strong policy and high-level leadership, resources will be wasted and opportunities lost. Good ideas might continue to emerge, but are less likely to endure and reach their full potential.

Increasingly, the Queensland approach is also expected to complement broader 'whole of government' strategies. These take various forms but include a state-level Aboriginal and Torres Strait Islander economic and social policy framework, legislative and other changes to the way these communities are organised and governed, an Aboriginal and Torres Strait Islander Justice Agreement, 'Murri Court' trials in several locations (which seeks to involve Aboriginal leaders in certain sentencing decisions), and a 10-year planning framework focused on eight key priorities.

Since late 2004 the police and other agencies' participation in various interagency programs are coordinated through *Partnerships Queensland*, a policy framework administered by the Department of Aboriginal and Torres Strait Islander Policy. This framework does not replace various government and non-government organisations' individual policies – rather, it attempts to focus government support for coordination and planning across community, business and public sectors.

### 3. The Northern Territory's Remote Communities Drug Strategy

Not all Aboriginal and Torres Strait Islander strategic policing initiatives need to come from the Indigenous policy area. In fact, some of the best police work with Aboriginal and Torres Strait Islander people can occur when other police program areas identify and develop opportunities to adapt their programs to engage those communities.

A leading example of an innovative strategic intervention, aimed at targeting the most harmful and damaging aspects of illicit substance abuse in Aboriginal communities, is currently emerging in the Northern Territory. Central to the Northern Territory's revised approach to policing drugs in isolated areas is a recently established Remote Communities Drug Desk staffed by specialist drug intelligence officers. This facility takes information and intelligence from local level policing initiatives and uses it to contribute to a broader understanding of drug issues across rural and remote areas. That information can then be used to support and enhance an evolving Remote Communities Drug Strategy across the Territory.

#### *Workshop*

The strategy began in 2003 with a workshop involving police, other government and non-government organisations, a parliamentary committee and representatives from various remote Aboriginal communities. The aim was to facilitate an exchange of intelligence between police districts in relation to drugs and related issues in remote areas, and change the way that police approached these issues. The police drug and alcohol policy unit used the workshop to:

1. provide an overview of substance abuse effects and trends;
2. exchange intelligence on drug suppliers;
3. discuss strategies to combat these issues; and
4. provide recommendations to management.

The workshop assessed various substance use issues impacting on community safety and amenity, and acknowledged the impact of alcohol, but principally focused on the escalating challenges facing police and remote communities in responding to issues related to cannabis, petrol and kava abuse. After summarising these issues, their impacts and impediments to improving outcomes, the workshop recommended a series of specific measures to:

- improve police use of intelligence, with certain officers responsible for collating and disseminating regional intelligence, modifying the police computer system to enable easier sharing of intelligence relating to suspects, offenders, vehicles and general intelligence, creating an email list for bush stations in the Top End, and related improvements;
- review the additional resources needed, such as creating a specialised drug detection dog unit and establish a rural drug unit to target traffickers, drug routes and remote settlements; and
- introduce legislative changes to remove certain impediments to more effective policing, increase penalties for possessing cannabis on Aboriginal land, provide easier mechanisms to provide land councils with the information needed to ban traffickers and dealers from Aboriginal land, and other such changes.

Most of these recommendations were accepted and acted on soon after the workshop.

### *Community involvement*

Aboriginal community involvement was critical to the workshop process, creating a spirited exchange that enabled police to determine what was needed in order for police to help communities reduce drug-related harms, while garnering community consensus on the police role in addressing those harms in affected communities. The changes proposed recognised that success in this area would require police to:

- work with communities in each area to develop local-level drug policing strategies that respond to issues affecting those communities; and
- look at ways to sustain and extend local policing initiatives by integrating them into Territory-wide strategies to reduce drug dealing and trafficking in isolated and remote areas.

The workshop process and subsequent strategy acknowledges that formal community recognition of the drug-related harms affecting those communities is a prerequisite for giving police in sparsely resourced areas the authority – and the capacity – to act.

### *Implementation*

Northern Territory Police have a three-phase process to implement its new Remote Communities Drug Strategy.

The first phase concentrates on gathering intelligence about the movements of illicit drugs in remote communities and includes education and training for police officers with little direct experience in drug operations. This may include developing informants, planning operations, executing search warrants, reviewing exhibit handling and intelligence work. The second phase involves both specialist and local police in focusing on specific operations in remote areas to target drug traffickers and users. The final step is to review evidence on the results and suggest future improvements.

Central players in the strategy are:

- *Drug Enforcement Section (Remote Communities Drug Desk)*: Responsible for collating intelligence on principal offenders, coordinating operations, and providing training, advice and assistance to operational officers.

- *Criminal Intelligence Section*: Collates intelligence on illicit drug activity, identifies targets and records results, and chairs a tactical group involving remote community officers.
- *Informant Management Unit*: Provides informant management training and advice.
- *Assets Forfeiture Unit*: Provides training in relation to criminal property forfeiture actions.
- *Drug Dog Detector Unit*: Assists in searching travellers and cargo bound for remote communities.
- *Remote station Officers in Charge*: Responsible for illicit drug enforcement in their area, liaising with drug desk staff and providing intelligence to other specialist units, recruiting informants and other intelligence gathering.

### *Discussion*

The Northern Territory's Remote Communities Drug Strategy seeks to address some central issues relating to the policing of illicit drug use in Aboriginal and Torres Strait Islander communities. The visibility of policing activities presents particular challenges for officers working in Aboriginal communities, especially in isolated areas. Efforts to recruit and manage informants and other intelligence gathering would need to be carefully managed to avoid attracting the attention of suspected drug traders in the community.

The strategy already appears to be giving police a better understanding of wider drug networks. In discussions with our researchers regarding recent drug seizures, the officers in charge of several remote stations were able to explain details such as the links between local seizures and known suppliers in Darwin, and movements of dealers and traffickers from one remote settlement to the next. A more considered review in the third stage of the strategy could also assess any longer-term value of that kind of information, and explain the lessons learnt from challenges such as attempts to develop informants or deploy operations in remote settlements.

The remote communities strategy, including the introduction of a 'drug desk' to collate and analyse intelligence from the remote or 'bush' stations, complements other measures to make drug policing more effective, such as the introduction of drug detection dogs and drug house legislation. The initiative highlights how:

- careful planning and consultation;
- some additional but modest funding; and
- effective local police relationships with communities affected by drug abuse and high crime;

can be used to change the way police do business and deliver results for police and the communities they serve.

## **4. South Australia's Indigenous Drug Action Teams**

South Australia's Indigenous Drug Action Teams (IDATs) are an attempt to make Drug Action Teams – the State's current inter-agency approach to reducing legal and illegal drug-related harms – more responsive to the needs of Aboriginal and Torres Strait Islander people. Drug Action Teams are locally-based committees consisting of members from a number of agencies. Their focus is reducing the various harms resulting from use of both licit and illicit drugs. The teams operate in 13 local service areas of South Australia. In 2002 a pilot scheme placed Aboriginal community constables with Drug Action Teams in two areas: one in the Adelaide Local Service Area; and the other in the Far North Local Service Area based at Port Augusta.

The concept of Drug Action Teams is based on the principle that local stakeholders are likely to have an intimate knowledge of local drug issues and so are best able to identify and solve problems. The strategies that are employed by individual teams are determined by the nature of the local drug problems.

The community constables were placed with the pilot Indigenous Drug Action Teams to act as a liaison between the police, local agencies and key figures in local Aboriginal and Torres Strait Islander communities. Their presence was expected to help encourage Aboriginal communities to become involved in harm reduction strategies.

One of the primary functions of community constables has been to refer people to relevant agencies. Agencies involved with the Indigenous Drug Action Team initiative include South Australian Police, the Aboriginal Sobriety Group, Aboriginal Hostels and the Aboriginal Drug and Alcohol Council – one of Australia's most innovative and influential groups involved in devising interventions aimed at reducing drug-related harms among Aboriginal and Torres Strait Islander people.

In seeking to address concerns about the effects of substance use and drug-related crime in Aboriginal communities, the two-year Indigenous Drug Action Teams trial aimed to:

- work with Aboriginal community groups to increase their participation in established Drug Action Teams;
- provide a liaison point for Aboriginal services and the Drug Action Team program;
- improve the understanding of and identify community resources and programs which could assist in reducing drug and alcohol misuse in Aboriginal communities;
- assist in identifying and implementing projects or actions that are relevant to Aboriginal people;
- encourage access by Aboriginal people to prevention, diversion and treatment programs; and
- increase the capacity of Drug Action Teams to respond to Aboriginal and Torres Strait Islander alcohol and other drug issues.

The South Australian Government's Inner City Services Strategic Plan 2004-2007 includes funding for further work in this area. Further expansion or revision of the Indigenous Drug Action Teams strategy is contingent on an evaluation of the effectiveness of the two-year pilot scheme.

## Multifaceted policy impetus

Although the focus of this report is on measures that police could use to improve outcomes, it is important to briefly acknowledge the role of multifaceted reviews, plans and strategies at state and territory level in providing impetus for important interventions. Recent one-off interventions of this kind include:

- **Western Australia**  
***Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities Gordon Inquiry (Gordon et al. 2002)***

This inquiry examined the circumstances surrounding the death of a 15-year-old girl in February 1999, and concluded that the incidence of violence and child abuse in Aboriginal communities was 'shocking and difficult to comprehend'. It included figures showing that despite significant under-reporting of abuse, Aboriginal women (3% of the population) accounted for 50% of all reported domestic violence incidents in the state, and substantiated child abuse is similarly high. The inquiry recommended institutional and other changes needed to improve the ways that government agencies address issues of sexual abuse, remove barriers to reporting and dealing with family violence and child sexual abuse, and related issues. It has led to changes (including significant additional resources) aimed at improving the capacity of police and other agencies to respond more effectively to family violence and child abuse in Aboriginal communities, as well as longer-term strategies to reduce and prevent



endemic violence. The main change is the creation of a network of Multi-Function Police Facilities to enable government service coverage for many outlying communities, often for the first time.

- **Northern Territory**

***Assessment of Resource Requirements of the Northern Territory Police O’Sullivan Report (O’Sullivan & Foster 2003)***

This was a comprehensive review of policing services in the Northern Territory, looking at resource and other needs across all program areas, including remote area policing needs, to determine spending priorities. The government’s response included provision for an additional 200 police, maximising the use of local recruitment and training, funding an additional 80 civilian staff, improving living and working conditions for police in remote communities, and extensive capital spending on new equipment.

- **Queensland**

***Cape York Justice Study (Fitzgerald 2001)***

This was a 'whole of government' review, headed by former Justice Tony Fitzgerald, examining the extent of social problems in Cape York communities, particularly in relation to breaches of the law and alcohol abuse. It reflected on the causes of disorder and lawlessness, and recommended ways to support the ongoing development of partnerships between the State Government and Aboriginal and Torres Strait Islander communities to resolve social problems in Cape York. The study led to the development of *Meeting Challenges, Making Choices* (Queensland Government 2002), the Queensland Government’s response to the report’s recommendations.

- **Various jurisdictions**

***Drug Summits***

In recent years governments in several jurisdictions, including New South Wales, South Australia and Western Australia, have convened high level drug summits to bring together parliamentarians, agencies, academics and other key players from government and non-government sectors to clarify drug-related issues and identify solutions. These have succeeded in creating a surprising level of consensus on the actions needed to reduce drug-related harms, including recognition and support for the police role in this area.

High level inquiries and government responses such as these can seriously affect police organisations and the way they do business, but they also provide crucial opportunities for police and communities to change entrenched attitudes and practices across a range of sectors and provide momentum for much-needed changes. For instance, a number of remote Aboriginal and Torres Strait Islander communities in the Northern Territory, Queensland, South Australia and Western Australia are calling for a permanent police presence on their lands, often for the first time. This presents unprecedented opportunities for police to improve their services in these areas. The additional resources needed to extend services in this way often come from one-off inquiries and reviews. Western Australia’s Gordon Inquiry and the Northern Territory’s O’Sullivan Review both resulted in significant additional resources for policing in remote areas.

## Chapter eight: Conclusion – Opportunities for change

### The need for urgent action

Communities in some of Australia's most remote regions are experiencing an unprecedented flood of cannabis availability and use. From little more than a trickle a decade ago, the illicit drug trade has rapidly gathered momentum to become a pervasive feature of life in isolated communities from Cape York to the Kimberley.

The scale and speed of the changes are staggering. Arnhem Land communities, with next to no cannabis smoking a decade ago, now have up to two-thirds of their men regularly using the drug (Clough et al. 2004b). Fewer women use cannabis and have generally been slower to take it up, yet the one-in-five women in those communities who do regularly smoke include many smoking the equivalent of up to 20 'joints' in a session (Clough et al. 2004b). The widespread use of 'bucket bongs', an efficient and popular method for extracting and concentrating cannabis smoke, enables a little cannabis to go a long way. When supply is plentiful, the home-made 'cones' can fit much more cannabis than an ordinary bong and the ability to cool and concentrate the smoke makes it easier to inhale.

Binge use is common. As one witness explained to a recent Northern Territory inquiry, there is a tendency for residents in many remote settlements to "use substances to binge and get totally blotto":

*I mean it is the case with the 'bucket bong' of marijuana ... your average person in Darwin might have a couple of cones a day or whatever. You go out in the communities and you get a great heap of this stuff, put it under a bucket and just take a couple of good whiffs of it ... that is an intense inhalation of marijuana ... and it seems to be reasonably prevalent in the communities.*

Dr Rob Parker, Acting Director of Psychology for Top End Mental Health Services,  
Select Committee on Substance Abuse in the Community 2003

The wave of new cannabis use is in addition to, not instead of, alcohol and other substances. There is no evidence that users in rural and remote settlements are substituting one drug for another. Heavy combinations of cannabis and grog are common, even in communities with alcohol controls. Although cannabis smokers are typically less 'trouble' than drinkers, police warn that mixing cannabis with alcohol can be far more intimidating and unpredictable than bingeing on either substance alone (cf. Tatz 2001). This heightens the risks for users – and those around them. Northern Territory, Queensland, South Australian and Western Australian participants in the community meetings, interviews and consultations for this project, often spoke of the havoc and fear created by young men when they are "charged up" on alcohol, cannabis or both.

*There's at least 10 dealers at [name of remote settlement]. You know when the kids have been on the charge.*

Community leader, remote area settlement.

Cocktails of substances compound existing threats to safety, both at home and on the streets. Family violence, child abuse and child neglect scar many Aboriginal and Torres Strait Islander communities. Despite significant under-reporting, the official rate of substantiated child abuse in Western Australian Aboriginal communities is more than seven times higher than in the general

population. Aboriginal households account for half of all domestic violence incidents, and Aboriginal women living in rural and remote areas are 45 times more likely than non-Aboriginal women to be victims of domestic violence (Gordon et al. 2002).

Under-reporting of crime is hardly unique to Western Australia. There are numerous factors discouraging Aboriginal and Torres Strait Islander victims from reporting offences to police, and low expectations about what police and other authorities can do. In rural and remote areas small numbers of general-duties police often have responsibility for patrolling vast areas. If isolated townships with endemic violence and substance abuse were to report all of the violence, child abuse and other serious offences occurring in many centres, it is likely they would overwhelm their local police. Police say they do what they can when offences are reported, but usually lack the specialist investigative and other expert support needed to properly manage difficult prosecutions of sensitive issues.

Poverty and isolation offer scant protection from the illicit drug trade. Northern Territory research shows that some of the poorest and youngest users in remote areas often spend a third to two-thirds of their weekly incomes on cannabis (Clough et al. 2004b). With cannabis typically fetching \$50 a gram in remote communities, there are queues of dealers willing to supply that demand (Fuller 2004; Northern Territory Treasury 2004).

Money borrowed to finance buying trips can quickly be recouped because of what one study calls the 'extreme profit' to be made in the remote area drug trade. A \$300 purchase of 50-60 grams of cannabis in Darwin can quickly turn a profit of around \$2,200 in remote settlements, while those with the means to collect \$4,000 for a 400-500 gram purchase can expect to clear up to \$16,000 to \$21,000 in profit – often within a couple of hours of arriving in the community (Fuller 2004). This easily covers the costs of an air charter and other expenses, opening the way for regular cannabis deliveries to Australia's most remote settlements.

The rural and remote area drug trade is changing; it is becoming more organised. Until recently the principal suppliers to isolated areas were local cannabis smokers living in those communities. Some would return from trips to the cities and regional centres with extra cannabis to share and sell; others with family and other connections in town might set out on organised buying trips for themselves and others. But as urban-based suppliers recognise the profits to be made in sparsely policed remote and very remote areas, trafficking is becoming more organised. Increasingly, both Aboriginal and non-Aboriginal entrepreneurs are targeting remote communities to supply cannabis for profit (Northern Territory Police 2002).

Whereas previously at least some of the thousands spent on drugs might stay in the community, albeit in pockets of local dealers, more of that profit now goes directly to dealers in urban and regional centres. Net spending on substances might be more or less the same, but there is less money in local pockets for food and other necessities. Another feature of this entrepreneurial approach is that, when supply is short, users might get less than a gram in their \$50 deal bag. Or when money is tight, there is the option to buy smaller amounts by the 'stick'. Consequently remote area users in the Northern Territory's Top End can pay the equivalent of \$300 a gram, about 12 times the price for an equivalent amount in Darwin (Clough et al. 2004b).

*... [outside dealers] come from Darwin and rip our young people right off. They pay \$300 for an ounce [about 30 grams] in Darwin, then resell it for \$30 a stick ... once our boys pay off their creditors, then pay \$30 for a stick, there's no money left to buy food.*

Elected community leader, Tiwi Islands, NT

The exorbitant prices for cannabis parallel the grossly inflated monies sometimes paid for black market alcohol in areas with liquor controls, where a six-pack of full-strength stubbies of beer can fetch up to \$60 to \$80.<sup>17</sup> Yet whereas isolated settlements can vary their liquor controls to undermine grog runners, there are no such regulatory options to disrupt illegal drugs. Policing remains the primary intervention.

Once the supply networks are established, there is a ready market for any cannabis brought in. Many of the factors that predispose disadvantaged urban communities to high levels of hazardous substance use are frequently writ large in rural and remote settlements. These include poverty, unemployment, limited education, poor infrastructure, fractured family life, stretched services, disputes over resources, and other characteristics of communities under stress. Regular employment, quality education, a cohesive family environment and other protective factors – that is, the kinds of factors that encourage users to regulate their own use and plan for the future – can be in short supply in struggling outback settlements (Rowland & Toubourou 2004, Gray et al. 2004).

Gambling is also a part of life in many remote area settlements. Having a drinker, smoker or gambler in the household can present immense challenges for those managing household budgets and trying to quarantine enough money for food and other basic necessities. The pressures can be immense. In some areas it is common for children to 'humbug' or make constant demands on older members of the household for money to buy cannabis or alcohol. This can extend to threats of violence or even actual bashings if money is withheld or has already been spent. Another way to get money is to threaten or attempt suicide, a tactic that causes extraordinary distress in families and communities already reeling from high rates of suicide and self-harm.

For police and others tasked to address these issues in Aboriginal and Torres Strait Islander settlements, it can be hard to know where to begin. Arresting cannabis smokers makes little sense in places where half or more of the young men regularly use the drug. Suppliers are a more legitimate target, yet the distinctions between suppliers and users are often blurred, and even the tiniest places can support numerous dealers. Drug 'traffickers' might include aunties who neither use nor sell drugs, yet are persuaded by relatives to carry them because they are less likely to be searched.

The challenges are immense. Mainstream drug policing strategies are rarely suited to rural and remote areas, especially in Aboriginal and Torres Strait Islander communities where police officers are highly visible and everyone knows everyone else's business. Culture adds layers of complexity. In almost all Aboriginal communities, even the most sophisticated police attempts to infiltrate drug networks, cultivate informants or conduct surveillance will be relatively easy to identify and prone to challenge. Covert operations are not a practical option. The options for police diminish further in more isolated areas where outsiders are potentially treated with suspicion. In traditionally-oriented communities where kin connections remain strong, even other residents might be regarded as 'outsiders' unless they are from the appropriate skin (subsection) group or clan.

Securing the evidence needed to convict a dealer takes time, resources and creative thinking. It also requires the close cooperation and support of community leaders and others with cultural authority. Because drug deliveries can be sold and dispersed within a couple of hours of arriving in the community, police need to know exactly when shipments are arriving if they are to have any chance of intercepting suppliers. Good intelligence is crucial.

<sup>17</sup> Numerous sources in our fieldwork consultations in the Tiwi Islands reported instances of six-packs selling for \$60-\$80. Another source, the *Groote Eylandt and Milyakburra Liquor Management Plan* notes instances of drinkers paying up to \$100 for a six pack of black market beer. It also notes reports of legally purchased liquor from licensed clubs being exchanged for cannabis (NT Treasury 2004, p.6).

Doing nothing is not an option. The fear is that efficient new supply networks and community ambivalence about the harms and social costs associated with cannabis use could pave the way for a wave of amphetamine and other injecting drug use in rural and remote areas. Amphetamine use is already well-established among Aboriginal and Torres Strait Islander people in urban and regional centres, and extends to some isolated towns such as those adjacent to busy mining centres, but it remains a rarity in most isolated settlements. Residents of one remote Aboriginal community in Queensland said they had a few young men '*on the needles*' injecting amphetamines and, occasionally, heroin.

*There is one fella from [name of town] who has been selling heroin. You know when they are on the heavy stuff – you can really tell when it's around the place.*

Despite the alarm caused by the arrival of injecting drug use in this community, more visible issues tend to demand more urgent attention. Paint sniffing was rife in the town despite local by-laws banning the practice. The licensed club had been closed, yet binge drinking persisted. And cannabis use was prevalent, with many users said to be smoking the drug '*for breakfast, lunch and tea*'.

## Complexities of the cultural environment

The complexities confronting police and other agencies tasked to deal with illicit drugs are highlighted by some intriguing dilemmas routinely encountered in rural and remote Aboriginal and Torres Strait Islander settings. In many cases, apparent solutions can also compound the problems. These include:

- *Growth attracts drug trade*  
Economic development and jobs growth takes pressure off families, gives children encouragement to achieve at school and provides communities with direction and purpose. Yet fresh injections of disposable income can also attract grog runners and illicit drug dealers.
- *Leaders involved in the drug trade*  
Formal community recognition of the harms associated with illicit drugs is a prerequisite for giving police an effective mandate to act on drugs in those communities. This requires leadership from within affected communities. Yet consensus on community drug strategies is unlikely if leaders are actively dealing or using drugs, as can occur in communities where cannabis use is prevalent.
- *Mobility facilitates drug trafficking*  
The high mobility of desert communities is a positive and enduring feature of Aboriginal society. The gathering of far-flung relatives at festivals, sporting carnivals, funerals and other important events is essential to sustaining and renewing cultural life. Yet the intersecting movements of large numbers of people over vast areas can also provide perfect cover for drug trafficking.
- *Independence includes the means to choose drugs*  
It is common for young people to take responsibility, including responsibility for their personal finances, from an early age. In some areas this might be a legacy of traditions whereby parents trusted the country (and ancestors) to look after the children and trusted their children to learn from their experiences. While this is a positive feature of many Aboriginal societies, the environment presents new risks. Regular access to cash can expose young people to easier access to alcohol, cannabis and other substance misuse.
- *Sharing the good and the bad*  
A culture of sharing is a healthy feature of Aboriginal and Torres Strait Islander life, ensuring that those in need never go without. Yet sharing makes it difficult to contain substance abuse

when chronic drinkers or drug users are expected to share their alcohol and drugs, or when they use all of their money on substances knowing they can rely on others for food and shelter. For some, grog or drugs is all they have to repay their debts and obligations to relatives and friends.

- *Limited expertise, high-need environment*  
Ideally police services would place suitably experienced and energetic officers in the most needy locations in order to maximise opportunities to respond effectively to the complex cultural environment, paucity of services and multitude of needs that characterise rural and remote community life. In reality, attracting that calibre of talent to remote areas can be difficult. Communities face similar difficulties in attracting and retaining suitably skilled teachers, health workers, managers and other professionals. Burnout and high staff turnover, delays in filling vacancies, poor job prospects for officers' spouses, concerns about safety, responsibility for patrolling vast distances, poor back-up and support, substandard housing, and various other factors can also contribute to skill deficiencies in remote areas.
- *Focus on upper end of the drug market*  
Political pressures and resource constraints encourage police to focus costly drug policing strategies on targeting producers, manufacturers and key points at the upper end of the supply chain. While this is appropriate, it can mean that regional drug strategies neglect community-level traffickers and dealers, despite the damage they do and the potential intelligence they could provide. Conversely, community-level drug enforcement measures can sometimes be perceived as heavy-handed, risking a community backlash and putting key police allies offside. While this issue is not unique to police in Aboriginal and Torres Strait Islander communities, historic and other factors undermining confidence in police can mean there is little margin for error.

These kinds of conundrums are not insurmountable. The positives in each factor suggest the potential for long-term solutions to issues associated with harmful substance use in Aboriginal and Torres Strait Islander communities, while the negatives highlight the prudence of anticipating and managing the risks. Yet police and other services can not do this without appropriate backing from their own and other organisations, or without the support of affected communities.

## Overcoming impediments to progress

As Aboriginal and Torres Strait Islander communities recognise the need for outside help to reign in the most damaging drug-related harms, more and more leaders are indicating a willingness to work with police. Many remote communities that have never had a permanent police presence are opening their lands to police for the first time. Critics who have tended to regard police as part of the problem are increasingly open to exploring the potential for partnerships to work towards possible solutions. Increasingly the onus is on police and other services to use these opportunities to build bridges with Aboriginal and Torres Strait Islander communities and work to achieve positive outcomes.

In looking for ways to improve the capacity of police to work more effectively with Aboriginal and Torres Strait Islander communities on illicit drug issues, it is important to bear in mind some of the central findings of this report. Firstly, recent changes that highlight the urgent need to act include:

- *The recent surge in cannabis supply and use* in many isolated Aboriginal and Torres Strait Islander communities, changing the patterns of use and exposing residents to new and unexpected harms.
- *Rises in organised drug trafficking* as profiteers use increasingly efficient supply networks to target the highly profitable remote area drug trade.

- *Hard data on drug use and harms* in a few Aboriginal and Torres Strait Islander settlements in remote areas, highlighting the extent of emerging problems and how they might differ from urban contexts.
- *An alarming rise in hepatitis C infection* with figures from Aboriginal and Torres Strait Islander prison entrants showing hepatitis C virus is posing a significant threat to public health.
- *The threat of amphetamines* and the havoc that would occur if amphetamine use was to become established in isolated Aboriginal and Torres Strait Islander settlements.

However, some things have not changed, or are not changing fast enough, in many isolated communities with acute needs, stretched services and poor infrastructure. For instance:

- *Alcohol abuse* remains a key concern, especially where it is responsible for high rates of violence, abuse and neglect. Strategies to tackle illicit drug-related harms *must* include measures to address harms from other substances.
- *Divisions, conflicts and disorder persist* in a number of settlements, especially where pre-existing risk factors (such as poverty, poor education and high unemployment) and too few protective factors (such as education, strong families and safe environments) expose residents to higher rates of substance abuse.
- In some areas, *leaders are implicated* as users or dealers in the drug trade – an issue that parallels involvement of some leaders in illegal grog-running. This can greatly complicate police efforts to build community-based strategies to address substance use and substance-related harms.
- *Community ambivalence* about emerging harms related to cannabis and other illicit drugs can also impede the response of police and other services.
- *Skills shortages and high staff turnover* in isolated areas can limit the capacity of police (and other services) to develop and sustain effective strategies in partnership with local communities.
- *Mainstream drug policing strategies are rarely suited to remote areas*. A distinct approach is needed if police are to be effective in this environment.

On the other hand, it is not all bad news. The positives for police endeavouring to develop community-based strategies to address these issues include:

- *Increasing recognition of the issues* facing Aboriginal and Torres Strait Islander communities in rural and remote areas.
- *An increased willingness on the part of Aboriginal and Torres Strait Islander leaders* to work with police on community safety and harm reduction initiatives.
- *The emergence of illicit drug diversion and treatment programs* for offenders, giving police, other services and communities new ways to tackle the *causes* of drug-related harms, not just the symptoms.

Under-resourcing remains a critical issue. The added health, social and economic costs associated with the marked increase in cannabis and other illicit drug use generally fall on communities that can least afford them. There are few services in outlying areas, and many of the old problems – drinking and other substance abuse – persist. That these communities are absorbing fresh waves of illicit substance use on top of the havoc and ill-health caused by existing high levels of substance use, is testament to the resilience of remote area residents. Few other communities could withstand changes of this speed and magnitude without major social upheaval.

Much of the current spending on services is directed at helping communities cope with problems of violence, sexual assault, child neglect, suicide and other urgent issues. Northern Territory police estimate that 71% of all arrests and summons in 2000 were alcohol-related, up from 60% in 1990,

and that "...alcohol is perhaps the most significant drug and ... creates the most police activity" (Northern Territory Police 2002). As with alcohol abuse, cannabis abuse might be compounding and entrenching existing problems by diverting spending from longer-term preventive measures to support skills transfer in key sectors, reduce truancy, mentor young people, support families and encourage good governance and decision making.

If thinly resourced services are to have any hope of making an impact on substance abuse and related issues in such a complex cultural environment, police organisations must review their current strategies with a view to implementing more effective:

1. **Strategic policies and programs** that promote coordinated approaches to illicit drug control and drug-related harms, including programs to enhance the effectiveness of:
  - police work in rural and remote locations;
  - Aboriginal-police relations; and
  - drug law enforcement.
2. **Local, district and regional area planning and supervisory supports** to prevent crime and promote community safety, including the reduction of illicit drug supply and use in communities seriously affected by drug-related harms; and
3. **Individual police practices** that encourage positive changes at community level.

Advice on each of these levels of practice is set out in *Policing illicit drugs in rural and remote local communities: good practice examples*, a guide to implementing good practice.

Much of the work to bring about lasting change will need to be done by individual officers and their local and regional managers working in partnership with Aboriginal and Torres Strait Islander people at the local community level. However, there are some modest measures that could greatly improve the supports available at community level without imposing a major demand on resources. Police organisations should urgently consider the adequacy of current measures to:

- identify and reward the skills needed to police effectively in sparsely populated but high-need locations;
- establish remote area officer placements with proper training and induction for themselves and their families;
- recruit, support and develop Aboriginal and Torres Strait Islander staff;
- use police information systems to broaden the evidence base needed for careful targeting and monitoring impact; and
- build partnerships with other government agencies, non-government organisations and communities.

There are multiple dimensions to each of these steps. For instance, identifying and rewarding the skills needed to police effectively requires careful recruitment, placement, and support for officers and their families for the duration of a remote area posting. It requires supervisory systems to track progress and support officers with resources and advice. It requires recognition of the skills gained in those locations, and ways to use the best of those officers in other ways after they move elsewhere – perhaps as relief staff for remote area officers on leave, as trainers or mentors for new staff, or in other operational areas requiring a rural and remote perspective.

The skills needed to navigate these issues and achieve lasting change already exist in police services throughout Australia. Through our field work consultations, our research team met a number of skilled practitioners with many years experience working in sometimes highly



challenging environments, usually with little infrastructure or support. Despite the hardships and risks associated with this work, all valued their time in these communities and spoke with conviction about the potential for police to make a difference. Similarly, numerous community sources praised the work of such officers, including officers who had left the area many years earlier but were still remembered for the excellent work they had done.

It is important to be realistic about what police can achieve in high-need areas. Although illegal alcohol and drug use might be a factor in many of the problems facing Aboriginal and Torres Strait Islander communities, the underlying causes are complex. Law enforcement can provide some respite from the excesses of drinking, smoking or sniffing substances, but longer-term solutions require communities to build on their strengths, develop resilience and create safe, healthy environments for families to thrive.

This requires leadership from within the community, actively supported and encouraged by well-targeted assistance from police and other services. When police work *with* the cultural differences and develop real partnerships with Aboriginal and Torres Strait Islander communities, good things can happen.

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## Appendix A: Survey of police

### **Policing implications of illicit drug use in Aboriginal & Torres Strait Islander (A&TSI) communities. Survey for police in rural/remote and urban areas.**

Thank you for your interest in this research. Before completing the survey, there are a few things you should know:

- The survey is anonymous, so none of your answers can be linked back to you personally.
- Your participation is voluntary and at any time you can click on the 'exit and clear survey' button.
- The survey should take approximately 15 minutes to complete and the indicator on the screen will show you how far you have progressed.

If you have any questions before, during or after completing the survey, please freecall 1800 008 125 for assistance.

NOTE: PLEASE USE THE 'PREVIOUS' & 'NEXT' BUTTONS TO NAVIGATE (not the 'Back' & 'Forward' buttons on your web browser).

Queensland instructions differed:

1. Survey participants may be able to be identified in some instances from the information provided in the survey.
2. The survey information may be viewed and utilised by members of the Queensland Police Service.
3. The Queensland Police Service will be providing the survey information to the Australian Institute of Criminology (AIC) for the research purposes outlined in the accompanying letter from the Deputy Commissioner.
4. The AIC undertakes that any research findings and or publication will not contain any identifying particulars of survey participants.

Please indicate your acceptance of these conditions by circling the appropriate response:

"I acknowledge the conditions of use and consent to participating in the survey".

Yes

No

## Question 1

Q1a: How available are the following illicit drugs in your local area?

Please choose the appropriate response for each item:

	Not available	Available	Easily available	Don't know
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (non-prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q1b: (Please specify 'other' drug)

Please write your answer here:

.....

.....

## Question 2

Q2a: Are there Aboriginal and/or Torres Strait Islander (A&TSI) people in your local area? If 'no' please go to question 13.

Please choose only one of the following:

- Yes
- No

Q2b: How commonly do you think the following illicit drugs are used currently amongst A&TSI people in your local area?

Please choose the appropriate response for each item:

	Not available	Very commonly used	Commonly used	Used sometimes	Used rarely	Don't know
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2b continued.

	Not available	Very commonly used	Commonly used	Used sometimes	Used rarely	Don't know
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine (non-prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2c: (Please specify 'other drug')

Please write your answer here:

.....

.....

### Question 3

Q3a: How much of a problem are the following drugs (including alcohol and inhalants) to the A&TSI people in your local area? This is not only about extent of use – even if a drug is used infrequently, it may cause problems.

Please choose the appropriate response for each item:

	Not available	Serious problem	Moderate problem	Slight problem	Not a problem	Don't know
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (e.g. paint, glue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kava	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine (non-prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3b: (Please specify 'other' drug)

Please write your answer here:

.....  
 .....

#### Question 4

Q4: By what means is cannabis made available to the A&TSI people in your local area?

Please choose all that apply:

- Brought in by local A&TSI community members
- Brought in by local non-A&TSI community members
- Brought in by A&TSI outsiders
- Brought in by non-A&TSI outsiders
- Grown within the local area
- Grown within the region
- Cannabis not available in local community
- Don't know
- Other (please specify) .....

#### Question 5

Q5: By what means are amphetamines made available to the A&TSI people in your local area?

Please choose all that apply:

- Brought in by local A&TSI community members
- Brought in by local non-A&TSI community members
- Brought in by A&TSI outsiders
- Brought in by non-A&TSI outsiders
- Manufactured within the local area
- Manufactured within the region
- Amphetamines not available in local community
- Don't know
- Other (please specify) .....



### Question 6

Q6: Has the availability of cannabis increased or decreased in your local area over the past three years?

Please choose only one of the following:

- Greatly decreased
- Decreased
- No change – consistently high
- No change – consistently moderate or low
- No change – consistently not available
- Increased
- Greatly increased
- Don't know

### Question 7

Q7: Has the availability of amphetamines increased or decreased in your local area over the past three years?

Please choose only one of the following:

- Greatly decreased
- Decreased
- No change – consistently high
- No change – consistently moderate or low
- No change – consistently not available
- Increased
- Greatly increased
- Don't know

### Question 8

Q8: In what way has the frequency of cannabis use amongst A&TSI people in your local area changed over the past three years?

Please choose only one of the following:

- Greatly decreased
- Decreased
- No change – consistently high

Question 8 continued.

- No change – consistently moderate or low
- No change – consistently not used
- Increased
- Greatly increased
- Don't know

### Question 9

Q9: In what way has the frequency of amphetamine use amongst A&TSI people in your local area changed over the past three years?

Please choose only one of the following:

- Greatly decreased
- Decreased
- No change – consistently high
- No change – consistently moderate or low
- No change – consistently not used
- Increased
- Greatly increased
- Don't know

### Question 10

Q10: What problems are occurring amongst A&TSI people in your local area that are being exacerbated by the use of cannabis?

Please choose all that apply:

- Domestic or other family violence
- Sexual favours being traded for money or drugs
- Mental health issues (e.g. psychosis, suicide)
- Poor physical health
- Financial hardship
- Not wanting to work
- Conflict within the community
- Disruption to children's schooling
- Crime to get money for drugs

Question 10 continued.

- Cannabis not used or not available
- Don't know
- Other (please specify) .....

### Question 11

Q11: What problems are occurring amongst A&TSI people in your local area that are being exacerbated by the use of amphetamines?

Please choose all that apply:

- Domestic or other family violence
- Sexual favours being traded for money or drugs
- Mental health issues (e.g. psychosis, suicide)
- Poor physical health
- Financial hardship
- Not wanting to work
- Conflict within the community
- Crime to get money for drugs
- Amphetamines not used or not available
- Don't know
- Other (please specify) .....

### Question 12

Q12: What problems are occurring amongst A&TSI people in your local area that are being exacerbated by the use of inhalants (including petrol)?

Please choose all that apply:

- Domestic or other family violence
- Sexual favours being traded for money or drugs
- Mental health issues (e.g. psychosis, suicide)
- Poor physical health
- Financial hardship
- Not wanting to work
- Conflict within the community
- Inhalants not used or not available

Question 12 continued.

- Don't know
- Other (please specify) .....

### Question 13

Q13a: Could you please provide approximate prices for the following quantities of cannabis HEAD in your area? If you don't know please write 'DK' in the appropriate box, or if not available in your local area please write 'NA'.

Please write your answer(s) here:

<b>Head</b>	
One deal (approx. 1 gm)	
¼ bag (approx. 7gms)	
½ bag (approx. 14gms)	
1 bag (approx. 1kg)	

Q13b: Could you please provide approximate prices for the following quantities of cannabis LEAF in your area? If you don't know please write 'DK' in the appropriate box, or if not available in your local area please write 'NA'.

Please write your answer(s) here:

<b>Leaf</b>	
One deal (approx. 1 gm)	
¼ bag (approx. 7gms)	
½ bag (approx. 14gms)	
1 bag (approx. 1kg)	

### Question 14

Q14a: Could you please provide approximate prices for the following quantities of amphetamine POWDER in your area? If you don't know please write 'DK' in the appropriate box, or if not available in your local area please write 'NA'.

Please write your answer(s) here:

<b>Powder</b>	
One deal/point (approx. 0.1gm)	
One gram	
One ounce (approx. 28gms)	

Q14b: Could you please provide approximate prices for the following quantities of amphetamine TABLET in your area? If you don't know please write 'DK' in the appropriate box, or if not available in your local area please write 'NA'.

Please write your answer(s) here:

<b>Tablet</b>	
One deal/point (approx. 0.1gm)	
One gram	
One ounce (approx. 28gms)	

Q14c: Could you please provide approximate prices for the following quantities of amphetamine CRYSTAL in your area? If you don't know please write 'DK' in the appropriate box, or if not available in your local area please write 'NA'.

Please write your answer(s) here:

<b>Crystal</b>	
One deal/point (approx. 0.1gm)	
One gram	
One ounce (approx. 28gms)	

### Question 15

Q15: In the past fortnight, what proportion of your work time has been taken up with incidents related to alcohol?

Please choose only one of the following:

- None
- Less than 20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%
- Don't know

### Question 16

Q16: In the past fortnight, what proportion of your work time has been taken up with incidents related to illicit drugs (excluding inhalants and alcohol)?

Please choose only one of the following:

- None
- Less than 20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%
- Don't know

### Question 17

Q17: Over the past year, in your estimation, what proportion of charges against A&TSI people in your local area were for illicit drug offences?

Please choose only one of the following:

- Less than 10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- Greater than 50%
- No A&TSI people in local community
- Don't know

### Question 18

Q18: What proportion of these illicit drug charges against A&TSI people in your local area were for supply/distribution/manufacture/grow?

Please choose only one of the following:

- Less than 10%
- 11-20%
- 21-30%
- 31-40%

Question 18 continued.

- 41-50%
- Greater than 50%
- No A&TSI people in local community
- Don't know

### Question 19

Q19a: Of the following services available in your local area to treat and help people using drugs, which are working effectively?

Please choose the appropriate response for each item:

	<b>Service not available</b>	<b>Is not an effective service</b>	<b>Is an effective service</b>	<b>Don't know if effective</b>
Wardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night patrols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobering up shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 hour emergency health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics anonymous meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detox centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone, naltrexone treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholics anonymous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19b: (Please specify 'other')

Please write your answer here:

.....

.....

## Question 20

Q20: Below is a list of activities designed to prevent or reduce the incidence of drug use. Of these, which have you been involved in your local area since you have been a police officer?

Please choose all that apply:

- Sport
- Youth activities e.g. blue light discos, youth centre
- Camps
- Local education campaign
- Counselling individuals/families
- I have not been involved in such activities
- Other (please specify) .....

## Question 21

Q21: What issues arise for you when trying to get information about the supply and distribution of illicit drugs from A&TSI people in your local area?

Please choose all that apply:

- Family connections with users
- Family connections with dealers
- Reluctance to become involved
- Persons don't want to help police
- Not applicable – no A&TSI people in local area
- Don't know
- Other (please specify) .....

## Question 22

Q22: In which of the following locations is your station located?

Please choose only one of the following:

- Capital city/suburban (urban area)
- Large country town/city (regional centre >10,000)
- Small country town (rural area)
- A&TSI community (remote area)
- Other (please specify) .....



**Question 23**

Q23: Have you previously worked in a rural or remote location?

Please choose only one of the following:

- Yes
- No

**Question 24**

Q24: How large (in sq km) is the district that your station covers? Type 0 if you work in a city/suburban station.

Please write your answer here:

.....sq km.

**Question 25**

Q25: Do you regularly patrol outlying areas as part of your duties?

Please choose only one of the following:

- Yes
- No
- Not applicable - I work in a city/suburban station

**Question 26**

Q26: Please describe (a) the frequency and (b) the approximate distance covered per week by vehicle. Write 'NA' if you work in a city/suburban station.

Please write your answer here:

.....  
.....

**Question 27**

Q27: What do you think are the three main things that make policing in the country different to policing in the city? Write 'NA' if you work in a city/suburban station.

Please write your answer here:

.....  
.....

### Question 28

Q28: What do you find are the main drawbacks of policing in a rural or remote area?

Please choose all that apply:

- Isolation from family and friends
- Fewer opportunities for children
- Fewer staff
- Fewer community resources
- Community politics
- Community expectations of police
- Everybody knows your business
- Not applicable – I have never worked in a rural or remote area
- Don't know
- Other (please specify) .....

### Question 29

Q29: What are the main positive aspects of policing in a rural or remote area?

Please choose all that apply:

- Improved lifestyle
- Closer relationships with local community
- Can make difference to local area
- More autonomy in daily work
- Financial benefits e.g. extra money, can save money
- Improved prospects for promotion
- Not applicable – I have never worked in a rural or remote area
- Don't know
- Other (please specify) .....

### Question 30

Q30: Please rank the following types of crime in terms of order of problem in the local area (1 = worst).

Please number each box in order of preference from 1 to 4:

- Drug offences (e.g. possession)

Question 30 continued.

- Good order offences (e.g. drunk and disorderly)
- Offences against property (e.g. theft)
- Offences against the person (e.g. assault, sexual assault)

**Question 31**

Q31: In the past year how often did you have contact with:

Please choose the appropriate response for each item:

	Daily	Weekly	Monthly	Less than monthly	No contact	Don't know
Local magistrate(s)						
ATSIL/Legal aid						
Community corrections						
Youth justice (or equivalent)						
Legal aid						

**Question 32**

Q32: To what extent are you satisfied with the level of criminal justice interagency cooperation in your local area (e.g. courts, legal services)?

Please choose only one of the following:

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know

**Question 33**

Q33: To what extent are you satisfied with the level of other interagency cooperation with police in your local area, including health, education and welfare?

Please choose only one of the following:

- Very dissatisfied

Question 33 continued.

- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- Don't know

### Question 34

Q34a: In your opinion, what proportion of residents in your local area are of A&TSI descent?

Please choose only one of the following:

- Less than 5%
- 5-15%
- 16-30%
- 31-50%
- Greater than 50%
- Don't know

Q34b: In your opinion, does the A&TSI population in your local area increase during the year as a result of temporary visitors?

Please choose only one of the following:

- Yes
- No
- Not applicable – no local A&TSI people
- Don't know

### Question 35

Q35: Which of the following exists in your local area?

Please choose all that apply:

- A&TSI police liaison officer
- Other A&TSI staff
- A&TSI visitors scheme
- A police-A&TSI community committee

Question 35 continued.

- Regular meetings with local leaders
- Liaison with A&TSI services
- None of the above
- Don't know
- Other (please specify) .....

**Question 36**

Q36: In general, how would you rate your station's relationship with the A&TSI people in your local area?

Please choose only one of the following:

- Very poor
- Poor
- Moderate
- Good
- Very good
- No A&TSI people in local area
- Don't know

**Question 37**

Q37: In general, how would you rate A&TSI people's attitudes to police in your local area?

Please choose only one of the following:

- Very poor
- Poor
- Moderate
- Good
- Very good
- No A&TSI people in local area
- Don't know

### Question 38

Q38: In general, how do you think relations between police and the A&TSI people in your local area have changed in the past three years?

Please choose only one of the following:

- Greatly worsened
- Worsened
- No change
- Improved
- Greatly improved
- No A&TSI people in local area
- Don't know

### Question 39

Q39: To what extent would specific cultural appreciation training assist new officers in policing the local area?

Please choose only one of the following:

- Not at all
- Slightly
- Somewhat
- Very much
- No A&TSI people in local area
- Don't know

### Question 40

Q40: What A&TSI-run or specific services/agencies are active in your local area?

Please choose all that apply:

- A&TSI JPs or community justice scheme
- Night wardens
- Sobering-up shelter
- Women's refuge
- A&TSI legal services
- Community health
- No A&TSI people in local area

Question 40 continued.

- Don't know
- Other (please specify) .....

**Question 41**

Q41: Which of the following services/agencies are available in the local area?

Please choose all that apply:

- Community health
- Hospital
- Doctor
- Centrelink
- Legal aid
- Community/family services
- Mental health services

**Question 42**

Q42: Which of the following helped the development of your knowledge about the A&TSI people in your local area?

Please choose all that apply:

- Books/written materials
- Police training
- Other agency training
- On the job training
- Other police
- Getting to know local A&TSI families socially
- My family's contact with local A&TSI families
- Advice from local elders and community leaders
- Other (please specify) .....
- Not applicable – I have never worked in an area with A&TSI people
- Don't know
- Other (please specify) .....

**Question 43**

Q43: How long have you been in the police?

Please write your answer(s) here:

Years ..... Months .....

**Question 44**

Q44: How long have you been at your current posting?

Please write your answer(s) here:

Years ..... Months .....

**Question 45**

Q45: What is your current (substantive) rank?

Please choose only one of the following:

- Inspector
- Senior Sergeant
- Sergeant
- Senior Constable
- Constable
- (A&TSI) Police Liaison Officer (or equivalent)
- Other (please specify) .....

**Question 46**

Q46: What is the postcode of your current station's location?

Please write your answer here: .....

**Question 47**

Q47: Are you of Aboriginal or Torres Strait Islander origin?

Please choose all that apply:

- No



Question 47 continued.

- Yes, Aboriginal
- Yes, Torres Straight Islander
- Yes, both Aboriginal and Torres Straight Islander

**Question 48**

Q48: What is your sex?

Please choose only one of the following:

- Male
- Female

**Question 49**

Q49a: Have you completed any training/education about cross-cultural issues?

Please choose only one of the following:

- Yes
- No

Q49b: If 'yes', please give details such as course name and duration, including comments on what you found useful or could be improved.

Please write your answer here:

.....  
.....

**Question 50**

Q50a: Have you completed any training/education about drug use?

Please choose only one of the following:

- Yes
- No

Q50b: If 'yes', please give details such as course name and duration, including comments on what you found useful or could be improved.

Please write your answer here:

.....  
.....

**Thank you for completing this survey**