

## Illicit drug use in rural and remote Indigenous communities

Judy Putt and Brendan Delahunty

*There has been considerable media coverage recently of inhalant misuse by Indigenous young people in remote Australia. However, this misuse must be understood within a wider context of other drug use. Funded by the National Law Enforcement Research Fund and initiated by police concerned about illicit drug use, the study summarised in this paper has highlighted widespread and often heavy use of cannabis and increasing signs of amphetamine use by Indigenous people in rural and remote communities. While alcohol abuse remains a primary concern, illicit drug use is also impacting on individuals and communities, with quite distinct problems clearly identified in isolated settlements. There are particular challenges for police involved in preventing the supply of drugs and helping communities reduce drug related harms. There is also a demonstrable need for more drug specific services, especially diversion and treatment programs.*

**Toni Makkai**  
Director

### Introduction

As Indigenous Australians constitute a small minority of the total Australian population, only very large scale or specially designed surveys will elicit large enough samples to produce robust estimates of the prevalence of illicit drug use. As a result there are only general indicators suggesting that Indigenous Australians use illicit drugs at a higher rate than the general population. The most recent national household drug use survey showed that 27 percent of Indigenous people had used illicit drugs in the previous 12 months, almost double the rate for rest of the population (15%). Excluding cannabis, 12 percent of Indigenous people admitted using illicit drugs in the previous 12 months compared with eight percent of Australians generally (AIHW 2005). As Indigenous Australians constitute only 1.4 percent of the sample, the results must be interpreted with caution.

National surveys are not well suited to detecting differences between urban and rural Australia, and cannot map drug use across diverse communities. As a result, there is little reliable information on the use of cannabis, amphetamines and other illicit drugs among the 25 percent of Indigenous Australians who live in remote and very remote communities, and even less on policing that use. Only recently have regional analyses and detailed studies in a small number of regional, rural and remote locations begun to throw light on how Indigenous illicit substance use in those communities might differ from drug use in urban contexts (Clough et al. 2004; Lynch et al. 2003; O'Reilly, Moon & Trevana-Vernon 2005).

Police, concerned about indications of escalating illicit drug use in a number of remote Indigenous settlements, commissioned research into the policing implications of such use. This paper summarises the main findings on the extent of illicit drug use, the individual and community harms identified with such use, and implications for service delivery.

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GPO Box 2944  
Canberra ACT 2601  
Australia  
Tel: 02 6260 9272  
Fax: 02 6260 9293

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The 14-month project was completed in June 2005 and included a review of the literature and relevant legislation, consultations, and a web-based survey of police in the Northern Territory (NT), Queensland (Qld), South Australia (SA) and Western Australia (WA). The questionnaire was piloted among 35 Western Australian police and was modified slightly for police in South Australia and Queensland. There were 792 responses, including 493 from police in non-urban areas (regional and rural towns, and remote settlements). A minority of the non-urban police (58) worked in remote Indigenous communities.

The research team visited a number of locations, meeting with local community representatives and service providers to gain insights into drug use and its consequences in the Anangu Pitjantjatjara Yankunytjatjara Lands (APY) (SA), in the Goldfields and Ngaanyatjarra Lands (WA), the Tiwi Islands (NT), Rockhampton and Woorabinda (Qld) and Queanbeyan (New South Wales). The field research provided a detailed picture of the issues and underlined some important commonalities and differences in both drug use and police/community responses. It also helped to identify and assess police and community ideas on how police could help reduce drug use and minimise drug related harms. This formed the basis for good practice guidelines for police (see Delahunty & Putt 2006b).

### Extent of illicit drug use

Although there is some evidence indicating higher rates of illicit substance use among Indigenous Australians (MCDS 2003), much of the published data on substance use is urban-based and about alcohol abuse and intoxication. The most comprehensive national survey was the 1994 supplement to the national household drug use survey which involved interviews with 2,943 urban Indigenous respondents. It showed urban Indigenous people were more likely than the general population to have used cannabis and other illicit drugs, except for cocaine and

designer drugs. For those aged 14–25 years, there were few differences in current cannabis use between the Indigenous community and the general population, a finding similar to a recent survey of 12–17 year old Indigenous children in WA (Zubrick et al. 2005). The 1994 survey found that illicit drug use by urban Indigenous people tended to start at an earlier age than the general population (AIHW 1995).

A police submission to a parliamentary inquiry on community drug use in the Northern Territory described sharp escalations in the use of cannabis in remote communities, from negligible levels in the early 1990s to very high levels in 2002 (Northern Territory Police 2002). Other studies show that 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, involve large numbers of first-time users and involve binge use of other substances (Clough et al. 2004). In some areas of East Arnhem Land, 60–70 percent of young men smoke cannabis regularly. Young women have been slower to take up the drug, but the rate of female uptake is now rising, with one in five females in some remote areas regularly using the drug. Binge use is common, and the age of first-time use is falling with children as young as 10 regularly smoking the drug. Some of the poorest and youngest users spend a third to two-thirds of their weekly incomes on cannabis; some resort to harassment, violence and threats of suicide to fund their habits (Clough et al. 2002; Clough et al. 2004; Delahunty & Putt 2006b; O'Reilly, Moon & Trevana-Vernon 2005).

While the extent of injecting drug use in urban Indigenous communities in 1994 was comparable with non-Indigenous urban communities (AIHW 1995), current use and the picture in rural and remote communities is less clear. Targeted studies of Indigenous drug use in SA (Shoobridge et al. 2000), the Australian Capital Territory (Dance et al. 2004), and Qld (Eldridge 1997; Larson et al. 1997)

include substantial numbers of injecting drug users. Some research suggests that Indigenous people are more likely to inject amphetamines than are non-Indigenous users (Putt, Payne & Milner 2005) and to have higher rates of polydrug use (Correll, MacDonald & Dore 2000; Gray & Saggars 2003; Shoobridge et al. 2000). A Victorian study comparing city and country drug injecting, which included Indigenous drug users, found that most of the regional injecting drug users used amphetamines whereas urban users injected a variety of drugs, including heroin (Aitken, Brough & Crofts 1999).

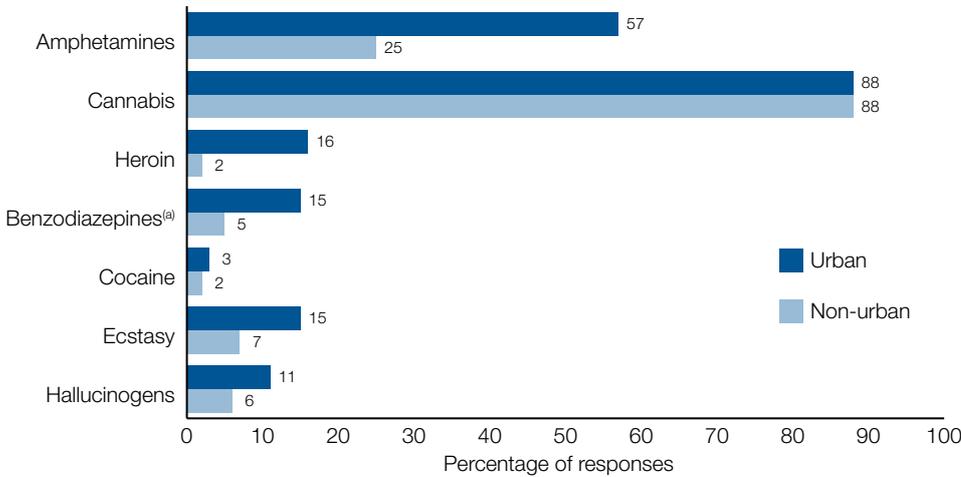
### Police perception of use

The evidence in the literature of comparatively heavy cannabis use in remote settlements and amphetamine use in at least some regional and rural Indigenous communities was supported by the survey of police. The police perceived major differences in urban and non-urban patterns of drug use by Indigenous people. An equivalent proportion of city and country police perceived cannabis to be commonly or very commonly used (88%) but country police were more likely to say that cannabis was very commonly used (61% compared with 53% in urban areas). Figure 1 highlights other differences. Both urban and non-urban police reported significant levels of amphetamine use, but this appeared to be more common in urban areas. Urban police were also more likely to note the use of all other drugs listed in the survey.

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

Figure 2 highlights similarities and differences between urban and non-urban police perceptions of problem

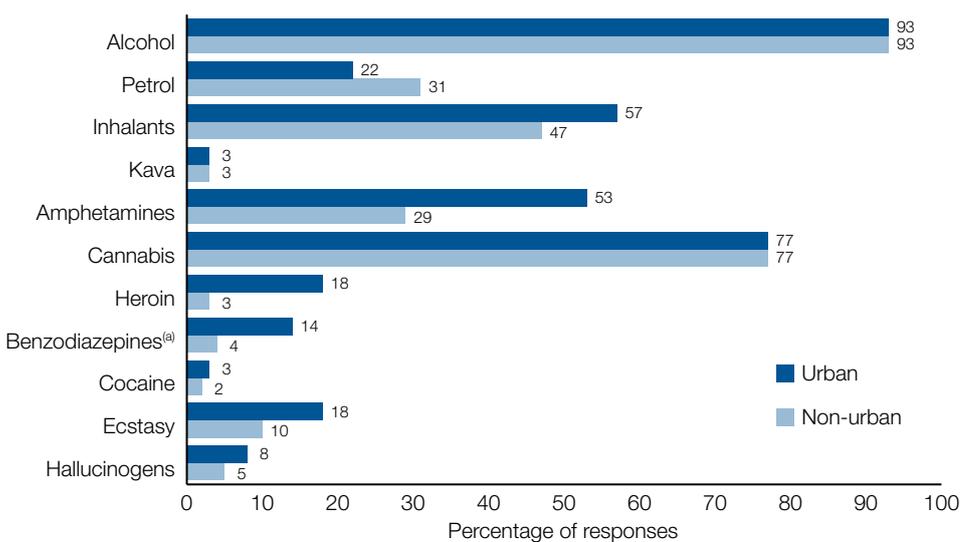
**Figure 1: Illicit drugs perceived by police as very commonly or commonly used among local Indigenous people**



(a) Non-prescription only

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

**Figure 2: Substances regarded by police as a serious or moderate problem among local Indigenous people**



(a) Non-prescription only

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

drug use. They were equally concerned about the problem use of alcohol and cannabis among local Indigenous people. Non-urban police were more likely to nominate petrol sniffing as a serious or moderate problem, 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.

Police were asked whether the frequency of cannabis use among Indigenous people in their local area had changed in the past three years. Most thought local

usage had not changed (47%) or had increased (35%). Some (11%) thought that cannabis use had greatly increased. Almost no respondents thought that local Indigenous cannabis use had decreased. With cannabis, there were few differences in the responses between urban and non-urban police, but urban police were more likely to believe that amphetamine use had increased or greatly increased in their local area. Overall, when asked whether the frequency of local Indigenous amphetamine use had changed in the past three years, almost none of the police respondents thought that usage had decreased. Most thought local usage

had not changed (43%) or had increased (47%) or had greatly increased (9%).

### Supply of illicit drugs

Police were asked to indicate the drugs available in their local area. Almost all respondents (98%) said cannabis was available in their area and most (85% urban; 80% non-urban) said the drug was easily available. Most reported that amphetamines were also widely available in both urban (92%) and non-urban (82%) locations, but less easy to obtain in non-urban areas (64% of urban police said the drug is easily available locally; 38% non-urban).

It seems that despite the poverty and isolation of many remote settlements there are huge profits to be made from the illicit trafficking of drugs. More organised cannabis distribution networks appear to have developed because of the extreme profit to be made in the remote areas, where a \$4,000 purchase of 400–500 g in Darwin can be expected to return \$16,000 to \$21,000 in profits, often within several of hours of arriving in the community (Fuller 2004).

There is strong anecdotal evidence, supported by police survey responses, that local and non-local Indigenous people are heavily implicated in the cannabis trade in regional and remote Australia, but less so in amphetamines. The police survey showed that 70 percent of non-urban police believed cannabis was being brought in by Indigenous local community members, compared with 43 percent of urban police, in marked contrast with amphetamines. When asked about how amphetamines were made available to local Indigenous people, police believed that non-Indigenous outsiders (42% non-urban police; 34% urban police) and non-Indigenous local community members (42% non-urban police; 32% urban police) were the main conduits.

There was some evidence of local production, with 49 percent of non-urban police saying that cannabis was grown locally and 15 percent indicating that amphetamines were manufactured in

the local area. 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-Indigenous residents, it was reported that most drugs were imported from interstate or Perth.

**Community perception of harms**

A range of health, education, income and employment indicators highlight how the Indigenous population is disadvantaged in comparison with other Australians (SCRGSP 2005). Indigenous disadvantage is compounded by frequent contact with the criminal justice system, with imprisonment rates 14 times those of the non-Indigenous population. In many instances, Indigenous communities in rural and remote areas are particularly prone to factors that predispose all disadvantaged communities to higher levels of hazardous substance use. These factors, along with the relative youth of the Indigenous population and poor infrastructure and limited service delivery, also diminish capacity to adequately respond to and prevent illicit drug use.

The impacts of illicit drug use on health range from physical and psychological damage from the drugs themselves, to the adverse consequences of intoxication, with increased risk of injury and accident. Problems identified by community sources and service providers living and working in rural and remote communities were linked to a range of substances including alcohol and inhalants, as well as illicit drugs. Much depended on what substances were commonly used and by whom. While the underlying causes are complex, recurring concerns voiced in nearly every community included family violence, tensions from sourcing money for substance use, declining participation in community life, child neglect, and sexual exploitation of young people.

Widespread and heavy cannabis use appears to affect isolated Indigenous

settlements in particular ways. 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 money or relationships, and harms such as suicide and psychosis.

There were also strong concerns about amphetamine, heroin and other injecting drug use despite the comparatively small numbers of users. Unlike inhalant abuse, most injecting was covert and involved adult users. A considerable number of people also raised concerns about opportunities to inject illicit drugs in prison or visiting urban centres, and the harms associated with continued injecting when users return to smaller rural towns or remote settlements. The risk of incarceration and impact on health were cited as key concerns, with one survey of New South Wales prison entrants showing 75 percent of Indigenous female and 55 percent of Indigenous male inmates carrying the Hepatitis C virus (Levy 2005).

**Police perception of harms**

In the survey, police indicated that heavy cannabis use exacerbated many existing problems among local Indigenous residents, especially family violence (73% urban; 76% non-urban) and

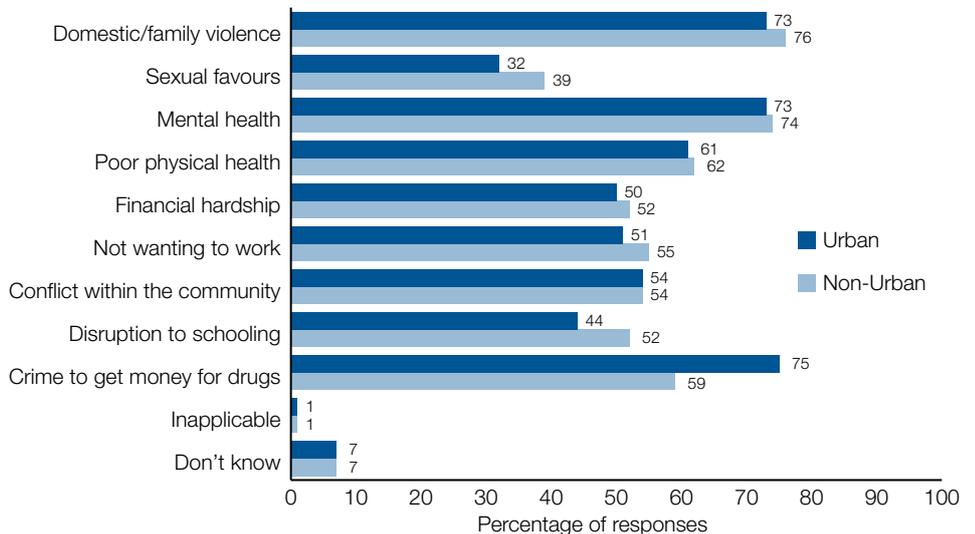
mental health problems (73%; 74%). As Figure 3 shows, urban police were more likely to associate crime to get money for drugs with cannabis use, whereas non-urban police were more likely to cite sexual favours being traded for money or drugs and disruption to children’s schooling as problems exacerbated by cannabis use.

Police were also invited to nominate problems exacerbated by amphetamine use. As Figure 4 shows, urban police were 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. Unlike issues associated with cannabis use, higher proportions of non-urban (30%) and urban police (16%) indicated that they did not know whether problems were being exacerbated by amphetamine use.

**Contribution to crime**

Involvement in the criminal justice system, because of possession or dealing in illicit drugs, and an increase in crime that can be attributed to drug

**Figure 3: Police perceptions of the contribution of cannabis to problems among Indigenous people in local area**



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

use is of particular interest to police. The 2004 Drug Use Monitoring in Australia (DUMA) annual report found that 37 percent of police detainees attributed some of their criminal activity to illicit drug use and 10 percent were looking for drugs at the time of their arrest (Schulte, Mouzos & Makkai 2005). Analysis of DUMA data has shown that there is a more pronounced association between alcohol and offending among Indigenous people than non-Indigenous people detained by police in city sites (Putt, Payne & Milner 2005).

In rural and remote locations there are 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 show 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. Local recorded crime data provided during fieldwork indicated that drug offences constituted a very small proportion of charges (for example, 0.1% of recorded offences in 2003 in the APY Lands). The majority of country police in the survey (61%) estimated that fewer than one-fifth of criminal charges over the past year against local Indigenous people related

to illicit drug offences (44% of urban police). Similarly non-urban police were more likely to estimate that only a very small proportion of the illicit drug charges were for supply, distribution, manufacture or cultivation.

Consultations revealed widespread frustration about the lack of viable diversion schemes for drug offenders in rural and remote Australia, and recognition that quite specific programs might be required for illicit drug users with a history of petrol inhalation, mental instability, and/or violent offending. Many people in rural and remote areas were concerned about increasing Indigenous involvement in drug crime, and the distinctive character of Indigenous distribution networks in rural and remote locations, which inhibited efforts to stop or reduce trafficking.

During consultations police indicated that conventional drug policing strategies are rarely suited to rural and remote areas, especially in Indigenous communities where police officers are highly visible. Even sophisticated attempts to infiltrate drug networks, cultivate informants or conduct surveillance can be easy to detect. There also seems to be a high degree of variance in drug law enforcement results, as indicated by inter- and intra-regional differences revealed during fieldwork in recorded

provider and consumer offences (Delahunty & Putt 2006b).

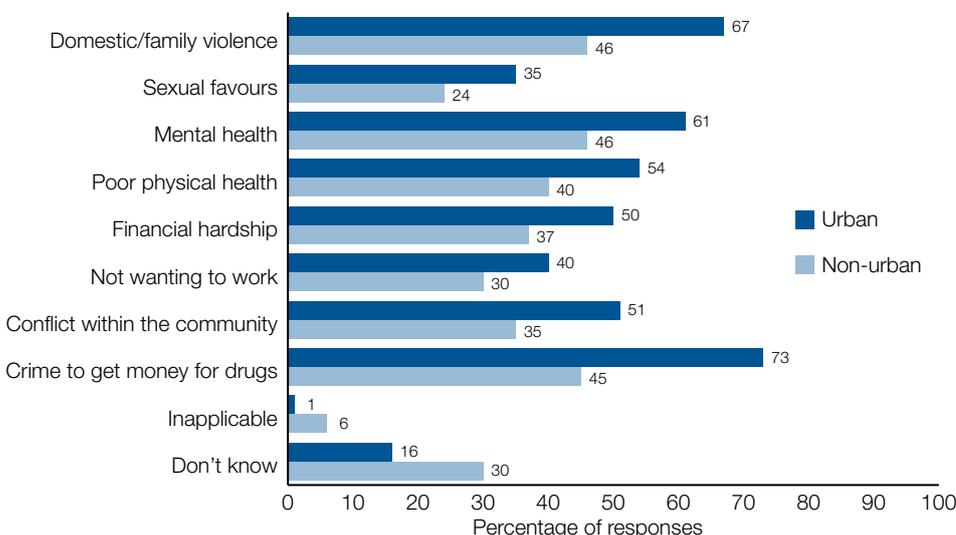
**Conclusion**

This research project confirmed that substance abuse among Indigenous users in rural and regional locations primarily involves alcohol, cannabis, petrol and other solvents, and, increasingly, amphetamines. According to non-urban police, the main illicit drugs used by Indigenous people in their area ranged from cannabis (88% of police) and amphetamines (25%) to much lower levels for ecstasy (7%), non-prescription benzodiazepines (5%), heroin and cocaine (2%). Alcohol was seen as the most serious problem in their community by urban and non-urban police (93%), followed by cannabis (77%), inhalants (47% of non-urban police), petrol (31% of non-urban police), and amphetamines (29% of non-urban police).

A major concern during community consultations was the impact of widespread heavy use of cannabis, mostly by young people, perceived as exacerbating existing substance misuse related problems. The majority of non-urban police believed cannabis use contributed to many local community problems, with domestic/family violence (76%) and mental health (74%) being the most frequently cited. Crime to get money for cannabis or amphetamines was seen as less of a problem by non-urban police. The survey revealed that country police believe many local and non-local Indigenous people are involved in the distribution of cannabis. However, only a small fraction of charges against local Indigenous people were believed to be related to illicit drug offences.

Although of less concern than cannabis, there was evidence that amphetamine use was increasing among Indigenous people, including intravenous use in regional centres and some rural and remote locations. Police believed non-Indigenous dealers were driving the growth in Indigenous amphetamine use. There were also fears that the efficiency and profitability of existing cannabis

**Figure 4: Police perceptions of the contribution of amphetamines to problems among Indigenous people in local area**



Source: AIC police survey 2005 [computer file]. Urban n=232, non-urban n=493. The question on disruption to schooling in previous tables was not asked for amphetamines

networks could open the way for amphetamines to flow into more remote settlements. As amphetamine use was seen as less common by country police, it was perceived as playing a lesser role in contributing to current community problems. Illicit drug use in general was seen by non-urban police as increasing, and the potential impact on rural and remote Indigenous communities of more amphetamine use and local involvement in production and distribution was widely viewed as a matter of grave concern.

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 Indigenous communities. Regional or local area protocols with service providers are likely to improve both crisis prevention and intervention, and referrals to treatment and educational programs.

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 Indigenous leaders to convene community forums and to elicit formal community recognition of the harms associated with illicit drug use. Senior 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 resources. Other measures with the potential to sustain and extend these successes include special legislative provisions and operational strategies sensitive to the sociocultural milieu and the probable impact of disruption. The full report outlines in more detail good practice identified during research (Delahunty & Putt 2006b) and a policing good practice framework offers practical examples and scenarios to assist with policing illicit drugs in rural and remote Indigenous communities (Delahunty & Putt 2006a).

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