



# Alcohol and other drug problems among Indigenous Australians from rural and remote regions

## A policing perspective

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### Executive summary

There is ample evidence that some Australian Indigenous communities face major problems associated with the misuse of alcohol and other drugs. These problems include that:

- high levels of alcohol consumption and related harm are occurring in some communities;
- petrol sniffing (although highly variable) is increasing;
- the age of first time substance use among many Indigenous young people is falling;
- participation in sport, cultural activities and other key aspects of community life is suffering as a result of alcohol and other drug abuse;
- rates of Aboriginal incarceration are increasing, not declining, much of which is alcohol or other drug-related;
- cannabis use has increased dramatically among some communities;
- there is evidence to suggest that the rate of injecting drug use among Indigenous Australians has at least doubled in the past ten years;
- illicit drug use poses a disproportionate health risk to Indigenous communities as compared with the total Australian population; and
- comorbidity (combined alcohol and other drug and mental health problems) and poly-substance use are becoming increasingly prevalent.

It is likely that there is a body of knowledge concerning contemporary approaches to preventing, responding to and treating alcohol and other drug misuse problems, that could more effectively be applied to Indigenous issues. Of particular interest to policing in this regard, is the potential for an enhanced role for supply reduction strategies for alcohol and other drugs in Indigenous communities.

The current paper considers policing strategies to reduce the harms to Indigenous communities that are associated with illicit drugs, alcohol and volatile substances. The paper has been constructed in this way, as a result of the way in which the supporting literature has developed. It should be noted, however, that this is a rather artificial segregation of these problems. In reality, there is generally a large degree of overlap in the existence of these problems, and there are common underlying principles associated with responding to them.

Alcohol remains the major drug problem faced by Indigenous Australians. While the proportion of Indigenous Australians who drink alcohol is lower than that of non-Indigenous Australians, those who do drink alcohol are more likely to do so at very high levels. There is also evidence that Indigenous Australians are subject to disproportionately high levels of irresponsible service of alcohol, including the supply of alcohol to intoxicated people, the supply of alcohol in unhygienic containers and illegal sales of liquor.

A number of effective strategies have been identified to reduce the harm associated with alcohol misuse in Indigenous communities. The most tangible benefits appear to stem from *community supported* restrictions on the supply of alcohol. Evaluations of these strategies have shown that they have generally led to reductions in per-capita consumption, and key indicators of harm, such as hospital admissions and police incidents. Particularly important in this regard, is the restriction of cask wine sales. There are, however, a number of caveats to consider as far as the implementation of supply reduction strategies are concerned. First, any restrictions must be part of a broader, coherent strategy for addressing alcohol problems. Second, any restrictions must have the support of the communities concerned. Third, there must be clearly defined responsibilities for controlling liquor consumption on a day to day basis. Fourth, there must be adequate resources applied to enforce these restrictions. Fifth, consideration needs to be given as to how the restrictions are to be enforced, to ensure that enforcement efforts do not unduly focus on consumers, rather than suppliers of alcohol.

Another effective strategy to reduce the harm associated with alcohol consumption is the use of night patrols. These services are a valuable mechanism to ensure social order, diffuse potentially violent situations and protect the vulnerable.

There is an increasing body of evidence that points to increases in illicit drug use among some Indigenous Australians. Recent increases in the rate of cannabis use in some rural and remote Indigenous communities have been described as “staggering”. Disturbingly, these increases seem to be in addition to, not instead of, the use of alcohol and other substances. This increase in illicit drug use has brought with it a number of adverse consequences, including: declines in the physical and psychological health of community members; increased risks of injury; reductions in participation in work, sport and cultural events; and large amounts of funds leaving the communities to pay for the drugs. A major threat to Indigenous communities is the possibility that the routes and methods currently being employed to distribute

cannabis, could be used for injectable drugs. If this were to occur, it would be likely to have devastating effects on those communities.

Recent research has provided a comprehensive framework for police to use in their efforts to reduce drug-related harm in Indigenous communities. This seven stage process involves:

1. Conducting a comprehensive environmental scan.
2. Conducting a risk assessment of the primary issues.
3. Holding community consultations.
4. Identifying agreed priorities and strategies.
5. Introducing strategies to reduce the risks associated with drug law enforcement.
6. Developing and maintaining an interagency community safety plan.
7. Reviewing and monitoring outcomes with the local community.

Other themes to emerge from the research were:

1. The importance of taking community concerns seriously, agreeing on a set of priority problems or issues and clarifying community members’ expectations of the police.
2. The need to respond to community concerns with law enforcement measures that provide some respite to stressed communities.
3. The value of building on the goodwill created by the selective, but fair, use of discretion and other confidence building measures.
4. The need to adopt, and encourage the range of other agencies involved in communities to adopt, measures that better identify issues so that preventative measures can be taken.

Recently, there have been a number of successful policing initiatives to reduce the supply of illicit drugs to Indigenous communities. These include:

- multi-function police facilities in Western Australia (in which especially trained police share remote facilities with staff from the health, education, and welfare sectors);
- Queensland Police Service’s integrated approach to community consultation;
- the Northern Territory’s Remote Communities Drug Strategy;
- South Australia’s Drug Action Teams; and
- The Commonwealth-funded Tri-State/Territory Substance Abuse Desk.

Volatile substance misuse (in particular petrol sniffing) remains a major problem in some Indigenous communities and is having a range of detrimental effects on the petrol sniffers themselves, the families of sniffers, the communities involved and on the wider society. Volatile substance misuse poses a number of challenges and dilemmas for police services because:

- the volatile substances are readily available (except in some Indigenous communities where they are prohibited under by-laws) and their inhalation is not necessarily illegal;
- users are usually young and from marginalised Indigenous backgrounds;
- volatile substances are not used as frequently as other drugs, and the occurrence of use is often sporadic; and
- there is little evidence to guide good practice.

Although it is notoriously difficult to estimate, the incidence of petrol sniffing appears to be increasing and the practice has now spread to parts of Australia where it has not previously been a problem. There has also been a recent expansion of the age range during which petrol sniffing occurs. While most petrol sniffers are aged between 10 and 14 years, petrol sniffing is now being seen among children as young as five years, as well as among people in their thirties.

Comprehensive approaches are required to address volatile substance misuse problems which include:

- primary interventions (actions to prevent the emergence of petrol sniffing);
- secondary interventions (actions targeted at populations deemed to be at risk or already in the early stages of petrol sniffing); and
- tertiary interventions (treatment programs and other actions aimed at those who are engaged in harmful petrol sniffing).

Recent research has highlighted a range of activities that police can be involved in which can reduce the harm associated with volatile substance misuse in Indigenous communities. These include:

- the policing of illegal supplies;
- restricting the availability of volatile substances from retail stores;
- routine patrolling;
- specific targeted police operations;
- the use of other legislation;
- the establishment of special police units;
- conducting recreational activities;
- school and community-based drug education; and

- facilitating interagency and community cooperation, coordination and support.

In summary, this paper has sought to provide an overview of the major alcohol and other drug problems facing Indigenous Australians with a view to identifying useful policing responses to them. It is evident that these are complex problems and there is no 'magic bullet' solution to them, or a 'one size fits all' approach that can be widely adopted. There may, however, be opportunities to enhance the effectiveness and efficiency of what is currently occurring.

Given the enormity of the problems, it could be imagined that some local police would have difficulties in establishing a starting point for addressing the alcohol and drug problems in the communities which they serve. In this regard, the seven stage process discussed earlier, could be particularly useful. Specifically, the first three stages of assessment (environmental scanning), risk assessment and community consultation, would provide police with a good understanding of the extent and nature of the problems faced by the communities they serve. Although this framework was developed to deal with illicit drug problems, arguably, it has much wider applicability. Its use would help police to systematically identify the problems that are unique to each community and to work with communities to assess, prioritise and develop strategies to address them. Also very helpful in this regard, is a checklist developed to review progress in addressing the problems.

A number of issues also arise concerning the staffing arrangements for police working in rural and remote regions who are required to respond to these alcohol and other drug problems. First and foremost, the number of police needs to be adequate to undertake the work required of them. Second, the police need adequate education and training concerning the background to the issues they are dealing with, and the operational skills to undertake the work. Third, is the need for continuity of police staffing, so as to facilitate the development of effective relationships with community members and workers from other agencies. Fourth, is the appropriate selection of staff. The officers need to be prepared to engage with the communities they are serving, to be firm but fair in the application of policing strategies and be respectful of community members, including those with alcohol and other drug problems. Fifth, is the need to ensure that the officers receive sufficient organisational support to do what at times, can be a very stressful job.

Finally, there is considerable scope for improvement in the dissemination of information concerning effective approaches for dealing with alcohol and other drug problems in rural and remote Australia. At the very least, it

would be helpful if mechanisms were developed to assist in disseminating information to police working in these environments, about innovative programs to address these problems.

## Introduction

The purpose of this paper is to provide an overview of the major alcohol and other drug problems affecting Indigenous Australians, particularly those living in rural and remote communities, and policing responses to those problems.

The hazardous use of alcohol and other drugs by some Indigenous Australians is a major issue for policing for a range of reasons. For example, as the Ministerial Council on Drug Strategy (MCDS, 2003) reported, the use of alcohol by Indigenous Australians is a likely contributor to their involvement in the criminal justice system. Indeed, Hamilton and Hunter (2002, as cited in MCDS, 2003) found that alcohol was third among six factors underlying the high rates of arrest for Indigenous Australians. The MCDS also reported that, increasingly, illicit drug use is also playing a significant role in Indigenous people's involvement with the criminal justice system. The MCDS called for a careful blend of crime prevention and drug and alcohol strategies to address this high level of criminal justice involvement.

As well as being an important issue for policing and the broader Australian community, alcohol and other drug problems among Indigenous Australians is also one that is demanding urgent attention. Delahunty and Putt (2006a), for example, described the fear of many Indigenous Australians that they consulted in their research, that a whole generation of young people could be 'lost' to substance misuse. The researchers reported that these fears were based on perceptions by those consulted that:

- the age of first time substance use among many Indigenous young people is falling;
- too many young Indigenous people drop out of school early or only complete basic schooling with minimal learning and few prospects for the future;
- participation in sport, cultural activities and other key aspects of community life is suffering as a result of alcohol and other drug abuse; and
- rates of Aboriginal incarceration are increasing, not declining.

The importance and immediacy of the alcohol and other drug problems facing Indigenous Australians was expressed most succinctly by Minutjukur cited in Delahunty and Putt (2006a).

*First there was the stolen generation when the people were taken away from their mothers. This one coming up is the lost generation (p. 38).*

In an environmental scan of alcohol and other drug issues undertaken for policing in Australia, Indigenous Australians were highlighted as being a particularly vulnerable group as far as experiencing alcohol and other drug-related harm is concerned (Nicholas & Shoobridge, 2005). Issues of particular significance in this regard included:

- continuing high levels of alcohol consumption and related harm in some groups;
- evidence of dramatic increases in cannabis use among some groups;
- evidence to suggest that the rate of injecting drug use among Indigenous Australians has at least doubled in the past ten years;
- the fact that illicit drug use poses a disproportionate health risk to Indigenous communities as compared with the total Australian population;
- comorbidity (combined alcohol and other drug and mental health problems) and poly-substance use; and petrol sniffing.

In considering the issue of alcohol and other drug use problems as they impact on Indigenous Australians, it is important to be cognisant that these problems do not adversely impact upon all Indigenous Australians, or on all Indigenous Australians living in remote regions. While it is often stated, it is worth reiterating that there is a considerable degree of heterogeneity present in Indigenous groups in Australia, and great caution needs to be adopted when making generalisations about any characteristics of Indigenous culture or experience.

Nevertheless, it was the extent and nature of alcohol and other drug problems facing some Indigenous Australians, that led the Commissioners' Drugs Committee of the Conference of Police Commissioners of Australasia and the South West Pacific Region, to request that the Australasian Centre for Policing Research prepare a discussion paper on this issue. This paper is the result of that request.

There is a large literature on the topic of the alcohol and other drug use of Indigenous Australians, and therefore, it has been necessary to insert some parameters in the development of this paper, so as not to lose the focus on policing. For this reason, a number of issues will not be explored in detail in this paper. The paper, for example, predominantly focuses on problems experienced by some Indigenous communities living in rural and remote areas, rather than in urban settings. Equally, the paper takes a relatively strategic approach to this issue, and therefore does not focus extensively on operational policing

responses, such as dealing with intoxicated persons. This particular topic is dealt with extensively elsewhere (see Nicholas 2004a and Nicholas 2004b). In addition, the paper does not explore the historical factors that have been associated with the development of alcohol and other drug misuse among some Indigenous Australians.

The paper begins with an examination of some of the issues related to research concerning alcohol and other drug problems among Indigenous Australians. The extent and nature of alcohol, illicit drug and volatile substance misuse problems among Indigenous people are then discussed separately, along with an outline of what appear to be the most effective policing approaches to these problems. The paper is then summarised and conclusions are drawn about the implications of these findings for policing.

## Research concerning alcohol and other drug problems among Indigenous people

As the Australian Institute of Health and Welfare (AIHW, 2006) reported, there is general consensus that substance misuse is a significant problem among some Indigenous peoples, however the literature on this topic is somewhat fragmented. Much of the research that is available on this topic relates to studies of particular communities, geographical places or time periods, and so the findings of these may not necessarily be generalisable to the wider Aboriginal and Torres Strait Islander population.

Equally, as Chikritzhs and Brady (2006) pointed out, researching this area is fraught with difficulties. The authors (while specifically discussing the issue of Indigenous alcohol misuse) noted that these difficulties include:

- the cultural differences between Indigenous peoples and the broader populations in which they are located;
- cultural heterogeneity among Indigenous peoples themselves;
- political and economic disadvantages which exacerbate misuse and its effects;
- methodological difficulties in the appropriate design of data collection instruments;
- sampling issues; and
- issues in the interpretation of data.

Indeed, these authors provided a robust critique of the National Aboriginal and Torres Strait Islander Social Survey conducted by the Australian Bureau of Statistics (ABS, 2004) which is an oft cited source of information

on this topic. They suggested that a number of sources of error existed in the data concerning Indigenous alcohol and other drug use that emanated from this survey. They further argued that the most reliable research data in this area was conducted in 1994.<sup>1</sup> The authors indicated that the 1994 survey did not contain many of the sampling errors they felt were present in later surveys. If this is correct, it represents a large time lapse in the collection of accurate data on this issue, which in turn, complicates the development of evidence-based public policy in this area.

Equally, data obtained from large population samples such as the National Drug Strategy Household Survey may not fully capture the detail of alcohol and other drug problems as they impact on Indigenous people, particularly from remote areas.

In this way, there is a far from complete research picture of Indigenous alcohol and other drug use problems in this country and the information that is available is not necessarily transferable between different groups of Indigenous Australians.

## The extent and nature of alcohol and other drug problems among Indigenous people and best policing practice in responding to them

This section of the paper outlines what is known about patterns of alcohol and other drug problems among Indigenous Australians. It also describes what is currently known, at the strategic level, about appropriate responses to these problems. It should also be noted that while the current paper considers policing strategies to reduce the harms to Indigenous communities that are associated with illicit drugs, alcohol and volatile substances separately, this is a rather artificial segregation of responses. There are common underlying principles associated with responding to these different drugs and many of the measures will overlap.

### Alcohol use among Indigenous Australians

This section first examines what is known about patterns of alcohol-related harm among Indigenous Australians and is followed by an explanation of best practice policing responses to them.

<sup>1</sup> This was the 1994 National Drug Strategy Household Survey Urban Aboriginal and Torres Strait Islander Supplement (Commonwealth Department of Human Services, 1996).

## **What do we know about levels and patterns of alcohol use among Indigenous Australians?**

Alcohol remains the major drug problem impacting upon Indigenous Australians. Among both urban and non-urban police officers surveyed by Delahunty and Putt (2006a), 81% regarded alcohol as a serious problem among Indigenous Australians in their area. This compared with the next most problematic drug, cannabis, which 47% regarded as being a serious problem.

The MCDS (2003) noted that the proportion of Indigenous Australians who drink alcohol, is lower than that of non-Indigenous Australians, however, those who do drink are more likely to do so at hazardous or harmful levels. The ABS (2004), reported that around one-sixth (15%) of Indigenous people aged 15 years or over, reported risky/high risk alcohol consumption in the last 12 months. This rate was higher for Indigenous males (17%) compared with (13%) for females and peaked for males aged 45-54 years (22%) and females aged 35-44 years (19%). The level of risky/high risk alcohol consumption in the last 12 months was similar for Indigenous people in non-remote and remote areas. People with a post-schooling qualification reported risky/high risk alcohol consumption at a lower rate (14%) than did people whose highest educational attainment was Year 9 or below (18%). For the reasons outlined earlier (see footnote 3), these data need to be viewed with some caution as they may significantly underestimate both overall levels of alcohol consumption and problematic patterns of consumption.

Similarly, Brady (2004) reported that approximately 62% of Aboriginal people drink alcohol, of whom about two thirds drink alcohol at harmful levels. Of particular concern is that the quantities associated with these levels can be enormous. She reported that binge drinking is the main distinguishing feature of Aboriginal drinking styles in both remote and rural regions, and that alcohol is implicated as a direct cause in approximately 10% of deaths among Aboriginal people. This death rate is three to five times higher than in the general Australian population. Chikritzhs and Pascal (2004) also reported that young Indigenous Australians in particular, are at risk of death from an alcohol-attributable cause.

Furthermore, Bourbon, Saggars and Gray (1999) also reported that Indigenous Australians are disproportionately affected by alcohol-related harms such as mortality, morbidity and rates of alcohol-related crime. The individuals responsible for responding to Indigenous alcohol problems consulted by the researchers, also suggested that Indigenous people were subjected to disproportionately high levels of irresponsible service of alcohol. This included the supply of alcohol to intoxicated people, the supply of alcohol in unhygienic containers,

the supply of alcohol in ways that contravene license conditions and illegal sales of liquor. Equally, it was reported to the researchers that Indigenous people were more likely to frequent premises that had lower levels of amenity, and as a consequence, were more likely to be subjected to alcohol-related injuries resulting from excessive alcohol consumption on licensed premises. A further problem identified was the sale of alcohol on credit, which was allegedly widespread in most jurisdictions. Those consulted by the researchers alleged that it was common practice for alcohol retailers to allow Indigenous people to purchase alcohol against incoming social security funds.

## **What do we know about effective policing strategies in responding to alcohol misuse and its associated harms among Indigenous Australians?**

Gray, Saggars, Sputore and Bourbon (2000) conducted a review of evaluated alcohol misuse interventions among Indigenous Australians. While the authors were hampered by a lack of systematic evaluations, they were able to provide some pointers to successful strategies. They produced findings concerning treatment, health promotion and supply reduction strategies. Given the policing focus of this paper, with the exception of sobering up shelters, only the supply reduction strategies are considered in detail.

Gray et al. (2000) found that sobering up shelters were an acceptable intervention strategy to both Indigenous community members and police. While they could find no quantitative evidence of the shelters' impact on indicators of alcohol-related harm, there was evidence that they provide a cost-effective means of diverting intoxicated people away from police lockups.

The authors found that of the interventions they examined, restrictions on the supply of alcohol appeared to have produced the most tangible results. There were, however, a number of caveats to this finding. First, this finding could have arisen because the results of reducing alcohol supply are the easiest to measure. Second, these restrictions do not guarantee community control over alcohol and, therefore, need to be part of a coherent strategy for dealing with alcohol. Further, these restrictions must have community support and there must be clearly agreed roles for controlling liquor consumption on a day-to-day basis. Also, without adequate resources to enforce these restrictions, they are unlikely to be effective. Nevertheless, as Gray (2000) pointed out, evaluations of these restrictions show that they have generally led to reductions in per-capita consumption of alcohol, and key indicators of harm, such as hospital admissions and police incidents. Gray reported that these restrictions are generally much more effective than accords, in which licensees voluntarily

agree to limit supply in ways that are similar to licensing restrictions. While Gray et al. (2000) also noted while the evaluations of supply reduction strategies had considerable variation in effect, where they were successful, restrictions on the sale of cask wine played a significant role in this success.

In support of the value of supply reduction strategies, D'Abbs and Togni (2000) reported that restrictions on the sale of alcohol in five sites<sup>2</sup> in northern Australia led to:

- reductions in total apparent consumption or purchases of alcohol of up to 79%;
- reductions in selected public disorder offences of up to 38%;
- significant reductions in alcohol-related violence in some sites, and reductions in hospital admissions, particularly those which are known to be alcohol-related; and
- significant reductions in work absenteeism in the communities.

D'Abbs and Togni (2000) also reported that generally, restrictions on the availability of alcohol were supported by the communities involved. They also identified five issues which need to be considered when community groups are planning to introduce restrictions. These were:

- the issue of representativeness, specifically, who speaks for the community?;
- the selection of particular kinds of restrictions on availability;
- the selection of the most appropriate additional measures to be implemented to support the restrictions;
- the question of whether restrictions on availability are to be imposed on all residents or on a particular category of people; and
- the role of State/Territory licensing authorities in bringing about and upholding the restrictions on availability.

Bourbon et al. (1999) reported that the Indigenous people consulted during their research argued that harm minimisation provisions of liquor licensing legislation need to be more rigorously enforced. Further, they found that liquor licensing authorities need to be more cognisant about how the supply of alcohol affects Indigenous people's attempts to control its negative impacts.

Despite their apparent effectiveness, Gray (2000) described four barriers to the effective implementation of licensing restrictions, namely:

- the belief that alcohol problems, including alcohol problems among Indigenous Australians, are issues for the individuals concerned and therefore these individuals, rather than the licensees, should be specifically targeted with interventions;
- contradictions in current legislation which concurrently seeks to reduce the harm associated with alcohol consumption while removing legislative and administrative restrictions on the supply of alcohol;
- resistance to the imposition of restrictions from the alcohol industry; and
- the perception by some bureaucrats and health workers that restrictions are a quick fix solution, which results in the implementation of restrictions in the absence of consultation with relevant communities. This ultimately results in the restrictions being circumvented by the communities.

Bourbon et al. (1999) reported that while all Australian jurisdictions had liquor licensing provisions that allowed community members to participate in liquor licensing matters, Indigenous community members were often poorly informed of this. This was further compounded by the complexity of the legislation and the costs involved. A related issue was the need for licensing authorities to develop culturally appropriate ways of eliciting community views on liquor licensing matters, including the appointment of Indigenous community liaison officers. Specifically problematic in this regard, was that the existing advertising requirements (for the establishment of new licenses, or changes to conditions) were not necessarily such that they came to the attention of relevant community members. Equally important, was the need for licensing authorities to conduct license hearings in locations that are accessible to community members.

Bourbon, et al. (1999) also reported that many Indigenous people they consulted, felt that the existing enforcement of liquor licensing has highly problematic. Specifically, there was a perception that the legislation was enforced in a way that discriminated against Indigenous people and that authorities tended to focus their enforcement efforts on consumers, rather than on suppliers of alcohol. 'Sly grogging' in contravention of alcohol restrictions was another problem identified by the authors. This is a difficult offence to prove, unless the only evidence required is simple possession.

Although not a policing initiative Blagg (2003) found that night patrols provide an invaluable service to reduce alcohol (and other drug-related) harm. Blagg defined night patrols as services which:

<sup>2</sup> Note that there were significant variations in the results among the sites.

*Provide non-coercive community intervention or order maintenance services designed to prevent or stop harm, and maintain community peace, security and safety. Patrols carry out a form of community-based policing, but they should not be confused with the police or private security.*

*The service they provide generally includes a mobile-patrol of some form (on foot or by vehicle) and attempts to target a group of people in need, or at risk, by offering options other than those principally available to the police.*

*A patrol would generally emerge to serve and protect the interests of a particular community, initiated by members of that community (p 9).*

As Blagg (2003) noted, night patrols particularly in remote Aboriginal communities, often represent the only consistently available mechanism for ensuring social order, preventing or defusing potentially violent situations and protecting the vulnerable. In addition, the patrols divert intoxicated people away from the criminal justice system and assist vulnerable young people. In this way, night patrols are certainly an option that should be considered in reducing the harm associated with alcohol consumption in Indigenous communities.

This represents only a brief overview of possible responses to alcohol problems in Indigenous communities. For a more comprehensive outline of possible initiatives, see Brady (2005).

## **Illicit drug use among Indigenous Australians**

This section first examines what is known about patterns of illicit drug-related harm among Indigenous Australians and is followed by an explanation of best practice policing responses to them.

### **What do we know about levels and patterns of illicit drug use among Indigenous Australians?**

As the AIHW (2005) reported, Aboriginal and Torres Strait Islander Australians appear to use illicit drugs at a higher rate than do non-Indigenous Australians. As was discussed earlier, however, data concerning the alcohol and other drug use of Indigenous Australians needs to be treated with some caution as a result of a number of methodological difficulties associated with its collection.

#### **Cannabis**

There is an increasing body of evidence that suggests that cannabis use is having a substantially detrimental effect on some Aboriginal and Torres Strait Islander communities. As the AIHW (2005) reported, in 2004, 19%

of Indigenous Australians claimed to have used cannabis in the preceding 12 months, compared with 11% of other Australians.

The most recent evidence on this issue comes from Delahunty and Putt (2006a). These researchers found that there is now a thriving trade in cannabis in some Aboriginal and Torres Strait Islander settlements, even in Australia's most isolated regions. This trade has grown substantially over the past decade, to the point where even very remote locations now have regular deliveries of cannabis. These authors described the rate of increase in cannabis use in some Indigenous communities as "staggering". This often results in very high levels of use of the drug in those communities.

In their survey of 792 police officers in the Northern Territory, Queensland, South Australia and Western Australia, Delahunty and Putt (2006a) found that most (81%) of the officers reported that cannabis was 'easily available' in their area. In addition, most (87%) of the police 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. The researchers reported that up to two-thirds of males and one in five female Indigenous Australians in some remote areas regularly use the drug, and that the age of initiation into cannabis use is falling, with children as young as 10 or 11 years old smoking it. Indeed, they found that some of the poorest and youngest users spent between one-third and two-thirds of their weekly incomes on cannabis.

The authors also reported on binge patterns of cannabis use in some communities, including those who smoke the equivalent of up to 20 'joints' in a single session. Bucket bonges were found to be widely used to binge on cannabis.

Disturbingly, the new wave of cannabis use appeared to be *in addition to*, not instead of, the use of alcohol and other substances. In fact, there was no evidence that users in rural and remote settlements were substituting one drug for another. In this regard, the combination of heavy cannabis and alcohol use was found to be common, even in communities with liquor controls.

The police surveyed, indicated that heavy cannabis use exacerbated many existing problems among local Indigenous residents, especially family violence and mental illness. The use of the drug also tended to exacerbate long-standing community divisions, conflicts and disorder, especially in areas where community leaders and others with influence were involved in using or selling cannabis.



Another issue of concern highlighted by the researchers, was the potential for the drug networks that currently supply cannabis to outlying areas, to be used to channel amphetamines and other injectable drugs in the future. As is evident, this would bring with it the concomitant risk of the spread of blood borne diseases such as HIV and Hepatitis C.

Delahunty and Putt (2006a) found that the use of cannabis in these communities also has a range of adverse consequences on the physical and psychological health of community members and increased the risks of injuries and accidents. This was particularly the case when cannabis use was combined with excessive drinking, and kava or inhalant misuse. Heavy and widespread use of cannabis was also found to impact on participation in work, school, sport, cultural activities and other aspects of community life.

As with most facets of the illicit drug trade, the sale of cannabis in Indigenous communities was found to be motivated by profit. Indeed, the authors found that in some remote areas, \$4,000 worth of cannabis could be expected to return \$16,000 to \$21,000 in profits, often within hours of arriving in a community.

Delahunty and Putt (2006a) reported that a key issue that appeared to impact upon both the degree to which Indigenous communities tolerate the cannabis trade, and the degree to which the cannabis trade causes financial hardship, is the proportion of funds generated that stay within the communities themselves. As the authors noted, in communities 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 communities themselves. This, in turn, tends to lead to a greater degree of tolerance to the trade. The police consulted by the authors reported that this ad hoc trade was giving way to organised traffickers who target settlements to sell cannabis directly to remote area users. Since this pattern of trade results in less of the profits remaining in local hands, it is less well tolerated by the communities. This shift in the dynamics of cannabis sales could significantly assist policing efforts to control the drug.

Other studies have also reported on this dramatic increase in cannabis use in some Indigenous communities. For example, in their research conducted in Arnhem Land, Clough et al. (2004) reported major increases in the prevalence of cannabis use in the preceding five years. Indeed, they reported that ten years ago there was virtually no cannabis use in these communities. At the time of their research, approximately 65% of males regularly used the drug. They also reported that, while women

generally smoke less than do men, when they do smoke the drug they tend to do so in very large quantities. These researchers also found that the proportion of Indigenous males who had used cannabis in the *month* prior to the interview (67%) was almost double the proportion of the broader Northern Territory (NT) population reporting use of cannabis *in the last year*. Cannabis use by males in the NT is, in turn, approximately 1.7 times higher than that of males of a similar age in other Australian jurisdictions.

As is evident, there is little doubt that there has been a recent burgeoning of cannabis use in some Indigenous communities and that this is having a substantially detrimental effect on some of those communities. This is clearly an issue of concern to policing in its own right and there is also a grave risk that the means used to get cannabis into the communities, could be used to traffic injectable drugs in the future.

### *Illicit drugs other than cannabis*

There is little research which provides a broad perspective on the levels and patterns of the use of illicit drugs other than cannabis by Indigenous Australians. One such piece of research conducted by the AIHW (2005), reported that 10% of Aboriginal and Torres Strait Islander Australians claimed to have used an illicit drug other than cannabis in the past 12 months compared with 8% of other Australians.

As Nicholas (2004a) and Delahunty and Putt (2006a) reported, the potential for the rapid uptake of amphetamines by Indigenous people is of considerable concern. The risk of increases in amphetamine use is probably greater than for other injectable drugs, because amphetamines provide powerful euphoric effects which last for a relatively long period of time and cost relatively little.

Indeed, early studies have suggested a preference for amphetamines over heroin by Indigenous injecting drug users (see, for example, Gray, Saggars, Atkinson, Carter, Loxley & Hayward, [2001]; Shoobridge, Vincent, Allsop, & Biven, [1998]; and Larson, Shannon, & Eldridge, [1999]). In fact, Shoobridge et al. (1998) reported that amongst some (and especially younger) users, amphetamines were preferred over alcohol. This was due to the stimulant effects of amphetamines (e.g. increased confidence and energy) having fewer negative social connotations compared with those associated with alcohol. If the use of stimulants does increase in Indigenous communities, it will have major ramifications for the individuals and communities involved, many of whom are already experiencing substantial harm as a result of alcohol and other drug use. It will also have major impacts in terms of

the provision of policing services to these communities, as it could be expected to lead to increases in violence and amphetamine induced psychosis.

The largest study conducted to date on patterns of injecting drug use among Indigenous Australians was conducted in 2001 by Holly and Shoobridge (2003). This project involved interviewing 58 key consultants and 307 Indigenous injecting drug users, who lived in and around the metropolitan city of Adelaide. The key consultants identified injecting drug use (IDU) as increasingly widespread within the Indigenous community. IDU was found to have considerable negative ramifications upon the structure of families and the community, and contributed to further social and economic disadvantage. IDU was found to contribute to family stress and breakdown, interfere with parenting responsibilities, cause shame and disruption to family life, and perpetuate the cycle of grief and loss already experienced by many families. These consultants perceived IDU and the use of heroin and amphetamines was displacing alcohol as the primary drug of concern.

Key findings of the survey of 307 injecting drug users included that:

- the drugs currently in use were heroin (97% of users), amphetamines (68%), alcohol (66%), cannabis (62%), benzodiazepines (34%), and methadone (34%);
- most were polydrug users, using four different drug types in the 6 months prior to interview;
- drugs were often used in combination (e.g. cannabis and heroin, cannabis and amphetamine, amphetamine and alcohol, heroin and alcohol);
- only 12% participated in a registered methadone program, however the use of illicitly obtained methadone was quite prevalent;
- there were some distinct groups within the sample, some of whom preferred heroin, others who may have used heroin but preferred amphetamines, and other polydrug users who used whatever was available;
- the average age of injection was 18 years, with heroin the drug most frequently the first drug that was injected;
- amphetamine was often the drug first injected but was also the drug most commonly used by other means (e.g. snorting, swallowing) on the first occasion of use; and
- a small proportion (12%) regularly shared needles (these people were more likely than others to be drug dependent, to be heavy polydrug users, and be frequent users of amphetamine).

Using standardised assessment tools, the study revealed very high rates of dependence on heroin and amphetamines amongst the injecting drug users surveyed.

Over half of the sample (51%) had been imprisoned, many of whom injected in prison and shared needles during their imprisonment.

As was noted earlier, this was a sample of Indigenous Australian injecting drug users living in an urban area. It was also conducted at a time which was prior to an increase in amphetamine use in the broader community. Similar research, if conducted now, is likely to reveal a higher proportion of Indigenous amphetamine users.

While the research is patchy, there is mounting evidence of increases in the use of cannabis and other illicit drugs by Indigenous Australians. As is evident, the use of cannabis is already very problematic, but if the use of injectable drugs were to spread among this population, the effects could well be catastrophic.

### **What do we know about effective policing strategies in responding to illicit drug use among Indigenous Australians?**

Before considering this issue it is important to remain cognisant that, as Delahunty and Putt (2006b) reported, in developing policing strategies to address drug-related harms in Indigenous communities, no one size fits all. Indigenous communities and the way they function, vary widely, so each must be treated on its own merits. In this way, in the development of appropriate policing strategies, it is necessary for police to rely on their professional judgement, on the available evidence and advice from communities and the experience of colleagues.

Much of this section draws on the work of Delahunty and Putt (2006b), who, as well as discussing illicit drug law enforcement activities, made some observations and recommendations about appropriate police staff selection, retention, training, and support strategies for remote area officers. They also made recommendations about broader police/Indigenous relations.

The researchers recommended that police seeking to reduce illicit drug-related harm in rural and remote areas adopt a seven stage process to aid local district and regional planning.

1. Conducting an environmental scan which encompasses community concerns, the nature and extent of services available, cultural complexities and police resources.
2. Conducting a risk assessment of the primary issues.
3. Holding community consultations, ranging from formal meetings through to informal processes.
4. Identifying agreed priorities and strategies that will improve community safety and aid drug law enforcement.

5. Reducing the risks associated with drug law enforcement by using strategies such as respecting local cultural protocols, using intelligence and experienced local staff, securing management support and periodic reviews.
6. Developing and maintaining an interagency community safety plan which incorporates drug law enforcement as a police-specific activity.
7. Reviewing and monitoring outcomes with the local community. In this regard, the authors provided an extensive checklist of issues to be considered when reviewing and monitoring outcomes for the local community. These were grouped under the headings of drug strategies, custodial safety, communication and liaison, education and training, improving Indigenous recruitment and safety and crime prevention.

The authors also provided guidelines concerning best practice for individual police officers in reducing illicit drug-related problems in Indigenous communities. It was suggested that police officers should:

1. Take community concerns seriously and listen to residents and work with them, to resolve the relevant issues. This assists communities to agree on a set of priority problems or issues and to clarify community members' expectations of the police. This also serves to give police the authority to deal with obstruction and resistance which may be encountered in trying to implement strategies.
2. Respond to community concerns with law enforcement measures that provide some respite to stressed communities. This can be achieved by using conventional law enforcement strategies to target the small number of people who cause the most distress in communities.
3. Build on the goodwill created by the selective, but fair, use of discretion and other confidence building measures.
4. Adopt, and encourage the range of other agencies involved in communities to adopt measures that better identify issues so that preventative measures can be taken.

Delahunty and Putt (2006b) also provided a range of scenarios and suggested appropriate policing responses to those scenarios. They also summarised the challenges facing police in reducing illicit use problems in Indigenous communities. These included:

- the apparent extent of drug use and harms in a number of settlements and the rate of increase;
- the recent surge in cannabis use and supply in many isolated communities;
- increases in organised drug trafficking;

- an alarming increase in the incidence of hepatitis C;
- the threat of amphetamines and the havoc that would occur if amphetamine use was to become established in communities;
- the fact that these illicit drug use problems are occurring *in addition to* alcohol-related problems (which means that efforts to reduce illicit drug-related harms must take place in conjunction with efforts to reduce alcohol-related problems);
- the divisions, conflicts and disorder that already exist in some settlements;
- the fact that in some areas, community leaders are implicated in the illegal drug trade (as well as the illegal alcohol trade);
- the level of ambivalence in some communities concerning the emerging harms related to cannabis and other illicit drug use;
- skills shortages and high police turnover which hampers effective policing responses; and
- the fact that mainstream policing strategies are rarely suited to remote areas.

Delahunty and Putt (2006a) also pointed to a number of recent policing initiatives that represent important steps in this regard. These included:

- multi-function police facilities in Western Australia (in which especially trained police share remote facilities with staff from the health, education, and welfare sectors);
- Queensland Police Service's integrated approach to community consultation;
- the Northern Territory's Remote Communities Drug Strategy; and
- South Australia's Drug Action Teams.

Another important initiative is the Commonwealth-funded Tri-State/Territory Substance Abuse Desk. Since its inception, this initiative has been instrumental in gathering intelligence about the trafficking and illegal supply of drugs, alcohol and petrol, in the Northern Territory, South Australia and Western Australia. It has been successful in impacting on the supply of these substances into remote communities in the cross-border regions.

In short, while this is likely to remain a difficult area of activity for policing, there many initiatives already being implemented. For a more comprehensive outline of potential programs readers are referred to Delahunty and Putt (2006a) and Delahunty and Putt (2006b).

## Volatile substances

This section first examines what is known about patterns of volatile substance-related harm among Indigenous Australians and is followed by an explanation of best practice policing responses to them.

### **What do we know about levels and patterns of volatile substance use among Indigenous Australians?<sup>3</sup>**

As Nicholas (2004b) noted, volatile substance use (particularly petrol) in some Aboriginal and Torres Strait Islander communities is entrenched and problematic. As d'Abbs and MacLean (2000) reported, this leads to a range of problems for individuals and for the community, including the social alienation of the petrol sniffers, social disruption, vandalism, violence, inter-family conflict, and reduced community morale. They also noted that the volatile substance misuse that occurs in some Aboriginal communities occurs in conjunction with other manifestations of poor health and a lack of social opportunities. This gives rise to more serious consequences resulting from volatile substance misuse, than does this behaviour among non-Aboriginal people.

As d'Abbs and MacLean (2000) noted, there are important differences between the patterns of petrol sniffing that occur in some Aboriginal communities and patterns of volatile substance use that occur among young people in urban settings. Specifically, volatile substance misuse among young urban people appears to involve a relatively high proportion of experimental or occasional users and a very small number of chronic users. On the other hand, in those Aboriginal communities where petrol sniffing occurs, the sniffing population often contains a relatively high proportion of chronic sniffers, particularly among somewhat older age groups.

Gray et al. (2006) reported that petrol sniffing has been present in the 'tri-state' region of the Northern Territory, South Australia and Western Australia since the 1960s. More recently it has been reported in the Cape York region of north Queensland, south west Queensland, western New South Wales and northern Victoria. The authors also pointed to recent changes in the patterns of petrol sniffing in Indigenous communities. The first of these changes was that the phenomenon appears to be increasing and, as described above, the practice has spread to parts of Australia where it has not previously been a problem.

<sup>3</sup> In considering this issue, it should be noted that this paper cannot hope to do justice to the range of complex issues surrounding petrol sniffing and other volatile substance misuse in Aboriginal communities. A more thorough consideration of these issues can be found in d'Abbs and MacLean (2000) and Brady (1992). The National Inhalant Abuse Taskforce (NIAT, 2006) also provides a comprehensive overview of national responses to this problem among all Australians and the reader is referred to this document for additional information.

The second change, has been an expansion of the age range during which petrol sniffing occurs. Citing the NT Police, (Northern Territory Legislative Assembly Select Committee on Substance Abuse in the Community, 2004) the authors reported that while most petrol sniffers were aged between 10 and 14 years, the police had begun to encounter sniffing by children as young as five years and people as old as their thirties.

As MacLean and d'Abbs (2002) reported, estimates of the numbers of petrol sniffers in Aboriginal communities are notoriously imprecise and often conflict with one another. This is largely because petrol sniffing is a semi-clandestine activity often carried out at night. In addition, they reported that in most communities where it occurs, its prevalence fluctuates widely even within a period of a few weeks. Further, in some places, petrol sniffing becomes quiescent for periods of time, perhaps with a small group of chronic sniffers maintaining their habit in an almost invisible way and then re-emerges, often as a result of movements of young people and their families between communities. Indeed, Chivell (2002) found that despite the fact that a considerable amount of research has been undertaken on this topic, governments still do not have a clear idea of how many people are involved or the extent to which they have already suffered serious harm.

MacLean and d'Abbs (2002) reported that the prevalence of petrol sniffing in Aboriginal communities diminished in the mid 1990s as a result of the introduction of aviation fuel (avgas, comgas) as an alternative to conventional petrol. Avgas/comgas (and more recently Opal) is a useful substitute in this regard because it is less volatile than petrol, and causes severe headaches and stomach cramps in would-be sniffers. Another factor that led to a reduction in petrol sniffing at that time, was the introduction of a range of community-based interventions.

MacLean and d'Abbs (2002) noted that where petrol sniffing occurs in Aboriginal communities, the majority of participants are male (with a male to female ratio of approximately 3:1) although this appears to be changing slowly. They also reported that while petrol sniffing occurs mainly among adolescents and even young children, it also occurs among young adults, with the latter group being more likely to become chronic sniffers.

There are clearly some Aboriginal communities in which petrol sniffing is having a major detrimental effect. In a Coronial Inquest into the deaths of three Aboriginal men in the Anangu Pitjantjatjara Lands, Chivell (2002) noted that:

*Petrol sniffing is endemic on the Anangu Pitjantjatjara Lands. It has caused and continues to cause devastating harm to the community, including approximately 35 deaths in the past 20 years in a*

*population of between 2,000 and 2,500. Serious disability, crime, cultural breakdown and general grief and misery are also consequences (p. 1).*

D'Abbs and MacLean (2000) discussed a range of problems associated with petrol sniffing in some Aboriginal communities.

For the petrol sniffers themselves:

- increased sexual promiscuity and the associated spread of venereal diseases;
- detrimental effects on unborn children of petrol sniffing during pregnancy;
- poor school attendance and performance;
- loss of opportunity to learn cultural knowledge;
- alienation from family support;
- ostracism from non-sniffing peers, kin and other families; and
- increased risk of involvement with the criminal justice system.

For the families of sniffers:

- loss of control over sniffers and the associated shame;
- grief and hardship due to caring for long term disabled petrol sniffers; and
- fear of violence if they intervene to stop petrol sniffing.

For the local community:

- intensification of inter-familial fighting through blaming;
- damage to property and other vandalism;
- flouting of Aboriginal and non-Aboriginal authority and the associated social disruption;
- adverse effects on morale and turnover among non-Aboriginal staff from health, welfare and policing agencies; and
- the loss, temporarily or permanently, of a proportion of the community's young people.

For the wider society:

- demands on hospital-based and other health resources, including aerial medical evacuations;
- long term care for those disabled by petrol sniffing; and
- demands on the criminal justice system arising out of petrol sniffing.

### **What do we know about effective policing strategies in responding to volatile substance misuse and its associated harms among Indigenous Australians?**

As Gray et al. (2006) reported, volatile substance misuse poses a number of challenges and dilemmas for police services because:

- the volatile substances are readily available (except in some Indigenous communities where they are prohibited under by-laws) and their inhalation is not illegal;
- users are usually young and from marginalised Indigenous backgrounds;
- volatile substances are not used as frequently as other drugs, and the occurrence of use is often sporadic; and
- there is little evidence to guide good practice.

As Gray et al. (2006) noted, the responsibility for addressing volatile substance misuse is shared by a number of agencies, including the police, and the communities themselves. Police have a particular interest in this issue because they have responsibility to:

- protect the safety of the community, including those who are at risk from their volatile substance use;
- prevent crime and deal with offences associated with volatile substance use; and
- prosecute offenders who supply volatile substances (especially to minors) for the purpose of inhalation.

D'Abbs and MacLean (2000) (see also MacLean & d'Abbs, 2002) undertook a comprehensive examination of interventions that have been trialled to address petrol sniffing in Aboriginal communities. Although their efforts were hampered by a paucity of program evaluation data, they were able to make a series of valuable recommendations about a whole range of programs to address petrol sniffing in Aboriginal communities. Their recommendations dealt with:

- primary interventions (actions to prevent the emergence of petrol sniffing);
- secondary interventions (actions targeted at populations deemed to be at risk or already in the early stages of petrol sniffing); and
- tertiary interventions (treatment programs and other actions aimed at those who are engaged in harmful petrol sniffing).

They called for the implementation of programs that are integrated and coordinated across these three levels of intervention, have a high degree of involvement along with the acceptance by community members and involve a high level of coordination between service providers. This is entirely consistent with the approach outlined in the

National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006 (MCDS, 2003).

In their consultations with police officers who were involved in responding to volatile substance misuse problems, it was evident to Gray et al. (2006) that most of the officers had a good understanding of the issues involved, showed empathy towards the users and recognised the importance of dealing with volatile substance misuse. There was, however, some divergence from this, with a group of mostly junior officers, having less understanding of the issues involved and being more likely to regard volatile substance misuse as not being part of core policing business. Although small in number, this can present a problem in the context of the relatively small number of police available to respond to these problems in remote communities. In these communities, it is important for all of the officers to engage fully in addressing the problem. The authors also encountered high levels of frustration among police officers in areas in which volatile substance use was a problem. This frustration stemmed from the lack of options available to them when dealing with intoxicated users, and the fact that they repeatedly encounter the same users. These officers expressed the view that, while volatile substance misuse is generally referred to as a health and welfare problem, police are left to deal with its manifestations.

Gray et al. (2006) found that the effective policing of volatile substance misuse problems – like all policing – is dependent on positive relationships between police and community members, and acceptance by the community of the authority of police officers to intervene. These authors perceived it to be particularly important that police take the time to get to know community members, including users, and treat them with respect. Conversely, negative aspects of policing style, such as limited communication with community members and other agencies, failure to observe local etiquette, and holding overtly negative attitudes to users and their behaviours, tend to impede policing efforts in this area.

Two other police staffing issues were identified as being important. First, the number of police officers needs to be adequate for the situation, and those police who are involved need to have the appropriate skills and attitudes. The second issue raised by Gray et al. (2006) is the requirement to ensure that there is stability and continuity in police staffing arrangements. This was seen as being particularly important to developing and maintaining positive working relationships with community members and the staff of other agencies.

Gray et al. (2006) also considered the potential role of community constables or police liaison officers in responding to volatile substance misuse issues and incidents. The authors were of the view that they should not be required to take the leading role in this area, but rather should play a supporting role to sworn officers and act in a community policing role. They came to this conclusion as a result of noting the considerable and conflicting pressure that these personnel can face as a result of their relationships with community members.

Furthermore, Gray et al. (2006) also observed that although police services offered training in responding to volatile substance misuse problems, many police officers believed that they, or those that they supervised, had insufficient training to deal with volatile substance misuse. Identified learning needs included:

- the effects of volatile substances;
- the assessment of users and their needs;
- appropriate and inappropriate responses to dealing with intoxicated users;
- clarification of police powers;
- the background to the problem; and
- strategies to work with young people in Indigenous communities.

The authors indicated that this training would most effectively be provided 'in-service' and, where possible, include locally relevant input.

Gray et al. (2006) also described a range of proactive policing activities designed to address volatile substance misuse problems. These were divided into two categories. The first of these categories contained the activities for which police have primary responsibility, including supply reduction, targeted operations and routine patrolling. The second category of activities, are those in which police have a supportive, though no less important role. These include organising and participating in recreational activities, conducting community drug education, and supporting other community agencies. Each of these is discussed in turn.

#### *Activities for which police have primary responsibility*

##### **A. Supply reduction**

There are two facets to policing efforts to reduce the supply of volatile substances to rural and remote communities. These are the policing of illegal supplies (predominantly petrol) and the restriction of availability from retail sources. Each of these is considered in turn.

### *The policing of illegal supplies*

As Gray et al. (2006) pointed out, there are two important, inter-related aspects to the issue of supply, namely physical availability and price. In towns and cities, volatile substances are widely available and cheap. In remote areas, where other volatile substances are not widely available and where there have been restrictions on the availability of petrol, sniffers are prepared to pay high prices for small amounts of petrol (for example \$50 for 300ml).

As Gray et al. (2006) reported, Police in several jurisdictions have been active in targeting those supplying petrol illegally to Indigenous people. A key factor that facilitates the identification of those responsible for supplying petrol illegally to Indigenous communities, is the quality of the communication links between police and the members of those communities. Also important, is the belief by the communities that reporting the activity to police will result in policing action. Obtaining sufficient evidence to prosecute offenders is, at times, difficult because police can be required to prove that the apprehended person does not have a legitimate use for the fuel. This can be further complicated by the difficulties associated with obtaining reliable court testimony from the petrol sniffers, who may themselves, be cognitively impaired as a result of their petrol sniffing. In addition, in some jurisdictions the penalties for illegally supplying petrol and other volatile substances do not reflect the severity of the offence or the profits that can be made. Gray et al. (2006) cited the example of the situation in the Ngaanyatjarra Lands, in which the maximum fine for supplying petrol is \$600 and there is no provision for the imprisonment of offenders. When a jerry-can of petrol can be sold for between three and four thousand dollars, arguably, this penalty does not reflect the seriousness of the offence.

Despite the myriad of difficulties associated with policing illegal supplies of volatile substances, police have successfully prosecuted a number of offenders and this is likely to remain an important policing response to this problem.

### *Restricting the availability of volatile substances from retail stores*

This strategy is more applicable in urban and regional areas than in remote areas, where there are less opportunities to obtain volatile substances from retail stores. Gray et al. (2006) reported that a number of strategies have been employed to achieve this outcome. One such strategy is the development of accords between the police, retailers and local municipal councils to restrict the sale of volatile substances. The authors reported that in some instances, retailers are willing to implement these

measures out of a genuine concern for the users and the problems associated with volatile substance misuse. In other instances, it has been necessary for police to appeal to the self interest of store owners and managers by suggesting the implementation of measures to reduce the theft of volatile substances from their stores.

As Gray et al. (2006) noted, attempts to restrict the supply of volatile substances are not without their problems. Some retailers, for example, are simply unwilling to cooperate with the restrictions. In addition, in larger department stores, the ultimate enforcement of prohibitions on the sale of volatile substances, often falls to junior check-out staff, who may not feel sufficiently confident to ask customers about their intended use for the volatile substances they are seeking to purchase. There is also the risk of users substituting other, potentially more dangerous, substances (such as hair spray and deodorants) when the sales of volatile substances, such as paints and glues, are restricted. Further, in situations in which the volatile substances are not adequately secured in retail outlets, users can also attempt to circumvent these restrictions by simply stealing the items.

An important strategy to reduce the sale of volatile substances is the substitution of unleaded petrol with non-sniffable alternatives. As Gray et al. (2006) reported, the sale of avgas and more recently Opal fuels instead of unleaded petrol, has made a significant contribution to reducing levels of sniffing and associated harms. In this regard, sniffers tend to become less intoxicated and cause less harm to themselves and others, when they do sniff. Both of these fuels are significantly more expensive than unleaded petrol, and in order to make the sale of these fuels viable, they are subsidised by the Australian Government Department of Health and Ageing. The utility of this strategy is reflected in the fact that NIAT (2006) recommended that Opal fuel should be available to all those communities that wish to use it. Naturally, where these schemes have been introduced, police have an important role in containing the bootlegging of sniffable fuels.

In short, while restrictions on the sale of volatile substances cannot be regarded as a panacea, they do seem to be a useful strategy, if undertaken in conjunction with other measures.

### **B. Routine patrolling**

Gray et al. (2006) reported that routine patrolling by police plays an important role in reducing the incidence of, and harms associated with, volatile substance misuse. Both generalised and targeted patrolling, appear to be useful strategies, depending on the location. This routine patrolling serves to:

- disperse users who might otherwise become involved in incidents;
- enable police to pick up minors and take them home or to a safe place to prevent crime and preserve the safety of the minors;
- enhance the safety and perceptions of safety of the community; and
- prevent vandalism of community and private property and other crime.

As Gray et al. (2006) reported, a potentially serious criticism of this approach is that it could be seen to victimise young people, or to encroach on their rights to associate and to access public space. The authors suggested that this might more accurately be seen as a criticism of the way in which some officers conduct the patrols, and their failure to engage constructively with the users. It may not therefore, necessarily be a valid criticism of the effectiveness of the patrols per se. Police can make considerable inroads in addressing volatile substance misuse, provided that patrol officers are able to engage positively and constructively with users and community members in general.

In all, if conducted appropriately, routine patrolling seems to be a useful adjunct to other strategies to reduce the incidence of, and harm associated with, volatile substance misuse.

### **C. Specific targeted police operations**

Gray et al. (2006) reported that in recent years, there have been a number of police operations that have targeted petrol sniffing (as well as other substance misuse, violence and other crime) in rural and remote Indigenous communities. These operations required the provision of significant additional levels of policing resources, with extra police officers being flown into the relevant areas. These operations do appear to be effective in reducing crime (including drug and volatile substance trafficking) and identifying petrol sniffers, at least for so long as the operations are in place. One of the outcomes of this approach has been to put additional pressure on the health and welfare sector to make greater efforts to address this problem. This pressure results from the increased number of offenders who are placed before courts and then referred to other agencies.

### **D. The use of other legislation**

Gray et al. (2006) reported that another useful strategy is the use of legislation such as the *Northern Territory Trespass Act* to control the impact of individual users and suppliers of volatile substances on particular families and localities. In situations where a person or community wishes to keep another individual away, they are required

to sign a form stating that the particular person is not allowed at a particular location. The individual is then given a copy of the order and if they subsequently trespass on the location, the police have an obligation to remove them. If the person complies, then there is no penalty, but if they refuse to do so, they are summoned to appear in court. Restraining orders can be used in a similar fashion.

### **E. Special police units**

Some jurisdictions have established special units to deal with young people (Gray et al. 2006). This strategy is more widely used in urban regions where there are greater levels of policing resources. These units focus on building relationships with young people, and where appropriate, referring them to other relevant services. Although evaluation evidence is lacking, this also appears to be an effective strategy.

### **Activities for which police have joint responsibility**

As Gray et al. (2006) reported, in addition to those activities for which police have primary responsibility, there are a number of activities that address volatile substance misuse, for which police have joint responsibility. These include the provision of recreational activities, school and community-based drug education, and interagency coordination, cooperation and support. Each of these is considered in turn.

#### **A. Recreational activities**

Gray et al. (2006) indicated that one strategy that is useful in addressing volatile substance misuse, is the involvement of police in organising recreational activities. These include Police and Citizens Youth Clubs, drop-in centres, blue light discos, film nights, sporting activities, excursions, hunting and camping expeditions, providing assistance to obtain drivers licenses, bicycle programs and community events. The key value of these events lies in their preventive value, and they should not be seen as measures that directly address volatile substance misusers. They also provide an opportunity for police to get to know community members, outside of a law enforcement context, and they provide an opportunity for police to spread the message to community members that volatile substance misuse is an issue that the police are seeking to address.

As with other proactive policing actions, these recreational activities are at risk of being squeezed out by reduced policing resources or by changing policing priorities. While no formal evaluations have been conducted in Australia, police participation in these programs seems to be very worthwhile, assuming that they are well organised and well conducted.



## B. School and community-based drug education

Gray et al. (2006) reported that another common proactive strategy engaged in by police, is school and community-based drug education. This not only provides an opportunity for police to educate young people about alcohol and other drug issues, but also provides an opportunity for students and community members to get to know police officers in a non-threatening context. Education programs such as this can be effective, but there are a number of caveats to this. These programs, for example, need to be conducted by appropriately trained officers, using suitable teaching approaches and be well planned. Police should not provide drug education programs on an ad hoc basis simply because they perceive that 'something is better than nothing'. As Midford and Munro (2006) pointed out, if conducted in an inappropriate manner, drug education, particularly in schools, can be counter-productive.

## C. Interagency and community cooperation, coordination and support

There is a myriad of agencies involved in addressing volatile substance misuse in Indigenous communities including those from the health, welfare and policing sectors. As Gray et al. (2006) pointed out, coordinating the activities of these agencies greatly enhances responses to volatile substance misuse and can make more effective use of scarce resources. The police officers consulted by these authors suggested a number of strategies to improve interagency coordination and cooperation. These included:

- establishing formal memoranda of understanding between agencies regarding their respective roles;
- regularly attending inter-agency meetings to exchange information and explore ways of enhancing current responses;
- providing support to community groups also seeking to address this problem; and
- taking a lead role in the development of new initiatives – including calling meetings to discuss volatile substance misuse and to canvas views on possible responses.

Gray et al. (2006) also cautioned that mere attendance by agency workers at interagency meetings did not in itself, result in enhanced cooperation and coordination. The meetings have to be purposeful and a useful conduit through which information and decisions are relayed to operational staff.

Police can also play an important role in supporting community groups with an interest in reducing volatile substance misuse. Specifically, police are often well placed to give community leaders and elders the confidence to take action to address volatile substance

misuse problems. Particularly important in this regard, is the relationship between the police and the organisations conducting community warden or night patrol services. As Gray et al. (2006) reported, it is essential that there is a clear understanding and agreement between the police and the providers of these services about their relative areas of responsibility.

## Summary

As is evident, there is a range of activities for which police have primary responsibility as well as a shared responsibility, which seem to be effective in reducing the incidence of, and harm associated with, volatile substance misuse. In their examination of approaches to this issue Gray et al. (2006) were unable to locate any radical new strategies, but rather, many police consulted in their study simply sought to enhance the efficiency and effectiveness of what they were currently doing. A key issue to emerge concerning the effectiveness of police in remote areas in reducing problems associated with volatile substance misuse, was the extent to which the police are engaged with the communities. There were a number of facets to this. First, continuity of police staffing is important, given the amount of time it can take to build these relationships. Second, the training requirements of police to allow them to deal with the difficult manifestations of this problem, was identified as an important issue. Third, the attitudes and resultant behaviours of the officers themselves, were seen as a critical factor in their ability to respond appropriately to community issues.

## Summary and implications for police

This paper has sought to provide an overview of the major alcohol and other drug problems facing Indigenous Australians with a view to identifying useful policing responses to them. It is evident that these are complex problems and there is no 'magic bullet' solution to them, or a one size fits all approach, that can be widely adopted.

It is also likely that there is a body of knowledge concerning contemporary approaches to preventing, responding to and treating alcohol and other drug misuse problems, (such as those concerning early intervention and supply reduction strategies) that could more effectively be applied to Indigenous issues. Of particular interest to policing in this regard, is the potential to enhance supply reduction strategies for alcohol and other drugs in Indigenous communities. This approach has been successful in other contexts, for example, in addressing alcohol problems, (see Nicholas, 2007) and heroin related problems (see Degenhardt, Day and Hall, 2004).

Unsurprisingly, this paper has identified the need to work with individual Indigenous communities to assess whether the full gamut of supply, demand and harm reduction strategies are being implemented. Equally, although this paper has examined policing responses to alcohol, illicit drug problems and volatile substances separately, this is an artificial artefact of the way in which the scientific literature is structured, and in reality, there would be a considerable degree of overlap in these problems and appropriate responses to them.

Given the enormity and complexity of the problems, it could be imagined that some police would have difficulties in establishing a starting point for addressing the alcohol and drug problems in the communities they serve. In this regard, the seven stage process developed by Delahunty and Putt (2006b) could be particularly useful. In particular, the first three stages of assessment (environmental scanning), risk assessment and community consultation would provide police with a good understanding of the extent and nature of the problems faced by the communities. Although this framework was developed to deal with illicit drug problems, arguably, it has much wider applicability. Its use would help police to systematically identify the problems that are unique to each community and to work with communities to assess, prioritise and develop strategies to address them. Also very helpful in this regard, is the checklist provided by the authors to review progress in addressing the problems.

The paper also identified the staffing arrangements for police working in remote areas, as being critical to addressing alcohol and other drug use problems in Indigenous communities. First and foremost, the number of police needs to be adequate to undertake the work required of them. Second, the police need adequate education and training concerning the background to the issues they are dealing with and the operational skills to undertake the work. Third, the need for continuity of police staffing, so as to facilitate the development of relationships with communities and workers from other agencies, is an important consideration. Fourth, the appropriate selection of staff is needed. The officers need to be prepared to engage with the communities they are serving, to be firm but fair in the application of policing strategies, and to also be respectful of community members, including those with alcohol and other drug problems. Fifth, is the need to ensure that the officers receive sufficient organisational support to do what at times can be a very stressful job.

There is also considerable scope for improvements in the dissemination of information concerning effective policing (and other) approaches to dealing with alcohol and other drug problems in rural and remote Australia. Researchers

often call for rigorous evaluations of these programs and, while this would be ideal, it is not always possible. At the very least, it would be helpful if mechanisms were developed to help disseminate information about innovative programs to address these problems to police working in these environments.

The alcohol and other drug problems facing some Indigenous communities require urgent attention from a range of agencies including the police. Australia has a long history of approaching alcohol and other drug problems using a balanced approach of supply, demand and harm reduction strategies. It therefore seems appropriate that such a balanced approach should be applicable in the context of Indigenous Australians. Arguably, there is considerable scope for the implementation of further community-supported supply reduction programs in particular.

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