

NDLERF

Policing alcohol and illicit drug use among
Aboriginal and Torres Strait Islander people
in metropolitan environments

Tracy Cussen, Jason Payne, David Marks

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Tracy Cussen

Jason Payne

David Marks

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Acronyms

ABS	Australian Bureau of Statistics
ACLO	Aboriginal Community Liaison Officer
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drug
APLOs	Aboriginal Police Liaison Officers
CAP	National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan
DUMA	Drug Use Monitoring in Australia
ICI	Indigenous Communities Initiative
IDDI	Illicit Drug Diversion Initiatives
IDU	intravenous drug use/user
MCDS	Ministerial Council on Drug Strategy
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NDLERF	National Drug Law Enforcement Research Fund
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NHS	National Health Survey
NSP	needle and syringe program
POP	problem-oriented policing
PRG	project reference group

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Finally, the research team thanks the law enforcement and other criminal justice, health and alcohol and drug sector personnel who generously participated in the consultations and/or survey for this project.

Executive summary

This report presents the results of Australian Institute of Criminology (AIC) research on issues and challenges of policing alcohol and illicit drug use among Aboriginal and Torres Strait Islander people in metropolitan environments. This report is a companion to the 2006 National Drug Law Enforcement Research Fund (NDLERF) project *The policing implications of cannabis, amphetamine and other illicit drug use in Aboriginal and Torres Strait Islander communities* (Delahunty & Putt 2006b). The main purpose of both pieces of research was to contribute to police service knowledge of substance use by Indigenous people and to provide a framework for good practice policing of the issues associated with alcohol and drug misuse.

Report structure

The first section of this report provides a summary of available data on Indigenous alcohol and other drug (AOD) use in metropolitan areas. The second section reports on the challenges that police and other stakeholders identified through survey results and focus group/interview consultations that relate to policing Indigenous substance use in metropolitan areas. The final section of the report presents a suggested framework for adapting the good practice framework developed in Delahunty and Putt's (2006a) research for general use within metropolitan areas.

Overview of research methodology

This research examined the available data on Aboriginal and Torres Strait Islander alcohol and illicit drug use to ascertain if any trends and patterns were evident. In addition, consideration was given to information about the differences, if any, in the nature and situations of drug use between remote and metropolitan area residents, and between Aboriginal and non-Aboriginal Australians.

Recorded crime statistics and analysis of the AIC's Drug Use Monitoring in Australia (DUMA) data provided supplementary information about Indigenous involvement in AOD use from a sample of police detainees.

Operational police in New South Wales, South Australia, Victoria and Western Australia contributed to the research in an online survey and/or in focus group consultations. These police participants provided accounts of their experiences working with drug and alcohol-affected offenders and their knowledge of substance use issues in the areas they were responsible to police.

In addition, representatives from government and non-government services (including police) were interviewed to explore Indigenous substance use issues from a policy and practitioner perspective.

Main findings from the research

Substance use patterns

Although a considerable amount of research is undertaken on substance use trends and patterns, limited data are available that are sufficiently disaggregated by Indigenous status and location. There is also limited research that engages directly with Indigenous people to ascertain their views and perceptions. It is therefore difficult to accurately depict patterns and trends of substance use among Indigenous people generally and in metropolitan areas specifically. Researchers and policymakers must rely on broad datasets and social surveys to identify drug preferences and changes in patterns of use.

What limited information is available is consistent across the various data sources and this consistency provides some confidence to researchers, policymakers and practitioners that the data can be used to develop broad strategies. New data sources are, however, required to provide nuanced interpretations of the current status of Indigenous substance misuse if targeted interventions are to be trialled.

The available data identify that in the general population:

- there have been only minor fluctuations in the proportion of the population who have 'ever tried' and continue to use alcohol and illicit substances;
- Indigenous people are less likely than non-Indigenous people to consume alcohol and use illicit substances; however, those that do are more likely to do so at risky levels and in risky ways such as binge drinking, drinking in public spaces and injection drug use; and
- alcohol and cannabis are the principal drugs of concern for both Indigenous and non-Indigenous people living in metropolitan and other areas. This suggests that specific strategies that focus on these substances are warranted.

Substance use and offending

Anecdotal and other research information show that substance use directly and indirectly contributes to offending behaviour, although no clear causal relationship has been identified. Of the data that were available on substance use and offending (and in particular those drug and alcohol-related offence data from the police), it was clear that Indigenous people in metropolitan locations are overrepresented relative to their respective population size, but comprise only a fraction of the overall number of offences attended to by the police in any one year. In addition, offences committed by Indigenous people that come to the attention of police were more likely to be identified as alcohol, rather than drug-related. The converse was true of offences committed by non-Indigenous people.

Police reported that, generally, the alcohol and drug-related incident behaviours of Indigenous and non-Indigenous offenders were similar; however, some differences were noted during the course of police focus group and other stakeholder consultations. Namely that:

- Indigenous offending in metropolitan areas was primarily associated with high levels of alcohol use. Non-Indigenous people were seen to be more likely to offend under the influence of a greater array of substances or none at all.
- Indigenous people were identified to be more likely to be offenders and victims in family violence incidents when affected by alcohol than their non-Indigenous counterparts.
- Illicit drugs crimes committed by Indigenous people were more likely to lack sophistication and to be driven by the need for money for alcohol or other drugs rather than for profit.

Although, Indigenous people are responsible for fewer offences than non-Indigenous people in metropolitan areas, this does not negate the need for a response. The potential for substance misuse to exacerbate already poor outcomes across many areas of disadvantage means that a focus on Indigenous substance misuse is warranted.

Challenges in responding to Indigenous substance use in metropolitan locations

Police and other stakeholders identified a number of challenges to policing substance misuse generally and misuse by Indigenous people specifically.

- Indigenous people are not a homogenous group and this is perhaps even more true in metropolitan areas where diverse groups live together. Police services that work to improve relationships with, and outcomes for, Indigenous people in their areas need to invest the time, personnel and other resources to build trust and improve community cohesion.
- Efforts to reduce the supply and demand for illicit drugs are more complex in metropolitan areas due to the broader range of substances available and the increased number of persons involved in drug markets. Law enforcement measures cannot focus exclusively on substances of concern for specific populations, including Indigenous people.
- Metropolitan policing areas are not confined within distinct borders. Law enforcement must be cognisant of the potential for interventions and strategies introduced in one locality to influence other areas and their populations.
- Metropolitan police are busy. They deal with a vast array of crimes and antisocial behaviour. Resources may, at times, be stretched and priorities may need to shift depending on local area needs.
- Metropolitan policing is dynamic incorporating elements of community, problem-oriented and intelligence-led policing, depending on the nature of the issues and desired outcome from a policing perspective.

Opportunities in responding to Indigenous substance use in metropolitan locations

Policing in a metropolitan context also affords many opportunities for individual officers and police services to improve outcomes for community members and reduce the burden of substance misuse on the community.

- In metropolitan areas a broad spectrum of services are available, although service providers and police services acknowledge that many are under-funded and/or under-resourced. The plethora of services provides police with a range of referral points for people they encounter and a range of contacts from whom to source information about local area issues and problems.
- Service providers and other agencies may also be accountable, albeit at varying levels, for public safety. Police may develop partnerships with these local agencies and community members, lessening their organisational burden and ensuring that tight resources can be appropriately directed to meet community needs.
- Service providers from the government and non-government sector can help police to better understand the complex life circumstances of people they encounter who are affected by AOD. These opportunities for training and development can increase police confidence in handling complex situations and increase service sector awareness of the range of tasks and behaviours police are expected to perform and manage.
- Police services in metropolitan areas often have specialist units and liaison officers to work with the diverse population groups and assist operational police to develop trust and cultural security to meet their needs.
- Police efforts and operations targeted at crime prevention and harm minimisation are likely to have flow-on effects for families, business and the broader community.

Developing a framework

Any framework adopted by policing services to manage and mitigate the harms associated with substance misuse needs to be cognisant of the context of policing in metropolitan areas and the associated challenges and opportunities. The framework should incorporate problem solving, intelligence-led and community-based policing approaches and be sufficiently flexible to adapt to emerging environmental and social factors.

The approach suggested in this research is three tiered, integrating assessment, implementation and post-implementation. Problem identification is a key activity in the planning process and police services should consider a number of activities to assess the nature and extent of local problems and concerns—environmental scan, risk assessment and community consultation. The timing and frequency of these assessment activities will vary depending on the nature of the impetus for problem identification and the complexity of the required response.

Implementation of plans should consider analysis of requirements under the following domains—internal support, external support, leadership, communication, resources and staffing. Implementation is reinforced by the development of accountability mechanisms that clearly articulate the various roles, responsibilities and aims of the intervention.

Post-implementation involves exit strategies, review and evaluation. This stage is a learning stage. During this phase, it is important to consider whether the original identified problem has been addressed sufficiently, what impact ceasing the intervention will have on the problem and stakeholders, and what lessons were learned to improve the efficiency and results of future initiatives.

There is no doubt that substance misuse causes community harms. Substance misuse by Aboriginal and Torres Strait Islander people is of particular concern, not because of the size of the problem, but because of the levels of disadvantage and poor health already experienced by Indigenous Australians. The extent to which police, working with other sectors and local Indigenous people, can mitigate these harms requires awareness of the issues, acknowledgment of the challenges, plans that engage people and agencies and a commitment, by all to working together to mitigate community harm and increase community safety.

Introduction

National figures show the complex impact of substance use across Australia. Although prevalence estimates vary, there is little doubt that the use of both licit and illicit substances is linked to a range of individual and community harms that impose significant costs. For example, research has estimated that between one-quarter and one-third of all fatal road accidents in Australia involve drivers or riders with blood alcohol levels above the legal limit (AMA 2009). It is estimated that between 50 and 80 percent of child protection substantiations involve problematic parental alcohol or other drug use (COAG 2009). Further, evidence suggests that people who begin regular use of cannabis at an early age are more likely to associate with deviant peers (Brook, Balka & Whiteman 1999), engage in criminal activity and develop mental health problems (Fergusson & Horwood 1997; Fergusson, Horwood & Swain-Campbell 2002). These are just a few examples of the deleterious impact substance use has on the community and a number of studies have attempted to quantify the costs associated with these harms. Perhaps the most frequently cited is the work of Collins and Lapsley (2008) and their efforts to quantify the total cost of substance use (including alcohol and tobacco) to the Australian community. In their most recent report (the fourth in a series commencing in 1991), the cost of substance use was estimated at approximately \$55.2 billion—\$15.3 billion of which was attributable to alcohol use and \$8.2 billion of which was attributable to illicit drugs. Further, Collins and Lapsley (2008) disaggregate these costs according to the policy area to which they are attributable. They estimate that more than half (53%, or \$4.4 billion) of all costs associated with illicit drugs are shouldered by law enforcement agencies and the criminal justice system through crime, victimisation and motor vehicle accidents.

While these figures reaffirm the need for continued investment in program and policy responses that seek to tackle the rising costs of substance use, there are mixed views about what constitutes best practice in the management of drug and alcohol-related issues and the treatment of drug and alcohol dependent persons in the community (see Hussain & Cowie 2005 for a discussion of some of the relevant literature). Yet, despite these ongoing debates, there appears to be a general consensus among policymakers and practitioners alike that the best response is likely to be one that is tailored to individual needs and at a more holistic level, recognises the complexities of characteristics of the local communities in which these efforts are likely to be implemented.

In 2006, NDLERF commissioned the AIC to conduct research into the use by Aboriginal and Torres Strait Islander peoples of cannabis, amphetamines and other illicit drugs, as well their consequences for policing practice in rural and remote regions of Australia (Delahunty & Putt 2006b). That research was the first of its kind to utilise a systematic survey of operational police officers in conjunction with key stakeholder consultations to develop a good practice framework for policing; one that would arm police with a suite of options and tools for dealing with substance use within local Indigenous communities (Delahunty & Putt 2006b). The research brought focus to an issue that had long been of concern to policing agencies right across Australia—how should police respond to substance use in remote areas where cultural and contextual issues are likely to influence their approach to local Indigenous people who are using drugs?

The 2006 report discussed policing in Western Australia, the Northern Territory, Queensland and South Australia. Although some detail was provided for comparative purposes about the nature of Indigenous substance use in the broader urban context, the key aim of the report was to identify and describe the implications for policing specific to rural and remote locations. While it may be true that a number of the report's findings and recommendations have practical implications for metropolitan locations, there are some significant gaps. For instance:

- the prevalence of other substance use (such as amphetamines, opiates and other illegal pharmaceuticals) is likely to be higher in metropolitan locations where the availability of such drugs is higher;
- the context of substance use (where use occurs and the activities to which it is connected) are likely to be different in metropolitan locations;

- the number of government and non-government services available for diversion and treatment is likely to be significantly greater in metropolitan locations; and
- the policing practices in metropolitan areas are likely to be highly variable, but in particular within Indigenous populations whose historical experience with law enforcement agencies differs from their rural counterparts.

In recognition of these differences, NDLERF commissioned a second stage of research focusing on issues specific to metropolitan areas. The purpose was to identify areas where the existing good practice framework (Delahunty & Putt 2006a) could be appropriated for use in the metropolitan context. To do this, stage two was guided by the following questions:

- How do patterns of Indigenous alcohol and illicit substance misuse in metropolitan environments and policing-related consequences arising from this misuse, differ from:
 - (a) patterns and consequences of misuse among non-Indigenous people living in metropolitan environments;
 - (b) patterns and consequences of misuse among Indigenous people living in rural and remote communities?
- What issues arise for police when dealing with alcohol and illicit substance misuse among Aboriginal and Torres Strait Islander people living in metropolitan environments?
- How have alcohol and illicit substance misuse, and policing-related consequences arising from this misuse, changed in recent years, how are they likely to change in coming years and what are the implications of these changes for policing?
- What represents good practice for police when dealing with alcohol and illicit substance misuse among Aboriginal and Torres Strait Islander people living in metropolitan environments and how can this be applied to achieving the best possible outcomes for Aboriginal and Torres Strait Islander people, communities and police?

A Project Reference Group (PRG) comprising representatives from the New South Wales, Northern Territory, South Australian, Victorian and Western Australian police services provided guidance during the second stage of this research. The research was approved by the AIC and Victoria Police Human Research Ethics Committees.

Methodology and scope

The methodology and data collection approach of this research was designed to ensure consistency with its predecessor (Delahunty & Putt 2006b).

In particular, stage two used:

- an environmental scan of research and legislation relevant to the policing of substance use among metropolitan Indigenous populations;
- secondary analysis of DUMA data collected by the AIC and the development and analysis of a project-specific addendum;
- a survey of operational police about their knowledge and experiences working with local Indigenous people; and
- a program of consultation with government and non-government organisations.

DUMA data and addendum

Secondary analysis of the AIC's DUMA data collection was undertaken to augment data from other national survey instruments. The DUMA program surveys detainees in nine metropolitan police watch houses across Australia on a quarterly basis. Selected survey results are presented in this report to provide a perspective on drug use and offending from a sample not captured in other national surveys such as the National Drug Household Survey. The DUMA program is described in further detail, with the results of the analysis presented in this report and in the 2009 DUMA annual report (Gaffney et al. 2010).

Each quarter, an addendum is included in the DUMA survey to capture information on emerging issues of policy relevance. In the fourth quarter 2010 (October–December), the addendum focused on situational circumstances of alcohol and illicit drug use, access to treatment and diversion. Questions in the addendum were designed to provide additional contextual information for this report on issues of interest to police services as identified by the PRG.

The addendum was only asked of detainees who identified that they had consumed alcohol or illicit drugs in the preceding 30 days. All of these detainees were asked questions relating to their participation in treatment or support programs and further, to identify what they perceived as barriers in accessing these programs. Analysis was undertaken to determine if there were differences in the perceptions of treatment/support availability and barriers to accessing these services between persons who had experience of treatment services and those who had not. Those respondents who also identified that they had been approached or questioned by police while in the possession of a quantity of illicit drugs were asked a series of questions regarding their knowledge of, and experience with, diversion.

Police survey

Operational police in New South Wales, South Australia, Victoria and Western Australia undertook a survey. The method used to invite participation in the survey varied by state in accordance with jurisdictional procedures and the requirements of local ethics or research advisory committees. A flyer describing the survey and providing an access link was placed on police service intranet sites in each of the four jurisdictions. An electronic version of the survey was also distributed via email in New South Wales, South Australia and Western Australia. Officers were able to contact the research team to obtain a hard copy of the survey, a copy of which is provided at *Appendix B*.

The survey was distributed across all metropolitan police stations in each of the four participating jurisdictions, in addition to selected regional and remote stations in New South Wales, South Australia and Victoria chosen in consultation with the PRG. Key survey results from metropolitan locations are presented in this report (n=247). The results from regional and remote locations (n=62) are used to inform analysis of key differences between policing in metropolitan and rural/remote locations.

The 247 metropolitan-based police who participated in the survey represent a cross section of age, substantive rank and years of experience. Where age was identified, 42 percent of respondents were 18–34 years (n=81) and 58 percent (n=111) were aged 35 years or over. Of those participants who identified their substantive rank, 34 percent (n=65) were of the rank of Sergeant or above, 34 percent (n=65) were Senior Constables or equivalent and 28 percent (n=54) were Constables or equivalent. A further eight officers (4%) identified other ranks including Indigenous liaison officer, Senior Constable First Class and Detective (with no other rank identifier). Of those officers who identified their length of service, the vast majority (91%) reported having three or more years of experience at their current location to draw on when responding to survey questions.

Few women and Aboriginal and/or Torres Strait Islander people participated in the survey; however, the proportion of each is generally consistent with the proportion engaged by police services across these jurisdictions. Of those respondents who identified their gender, 139 (72%) were male and 53 (28%) were female. Four percent of respondents identified as Aboriginal and/or Torres Strait Islander.

Consultations

Consultations were undertaken with operational and non-operational police, and representatives from government and non-government service providers. Consultations consisted of focus groups or face-to-face interviews. One person participated in a telephone interview.

The interviews and focus groups were semi-structured, allowing the research team to explore specific areas of relevance to the research and to allow participants to raise additional issues. The consultations focused on:

- perceptions of the nature and extent of alcohol and illicit drug use, and offending by Indigenous and non-Indigenous people;
- typical scenarios encountered that involve drug and/or alcohol affected people; and
- challenges faced when trying to assist in reducing the harms associated with substance misuse.

Twenty-nine operational and non-operational police personnel from Adelaide, Melbourne, Perth and Sydney participated in focus groups or individual interviews as part of the consultations for this project. Separate interviews were conducted with the operational police representatives and the personnel from policy development units. Operational police participants ranged in rank from Constable through Inspector/Local Area Commander.

Eighty-seven government and non-government agencies were invited to participate in the consultations for this research. A total of 30 individuals representing 14 agencies agreed to participate. A list of the specific agencies that participated in this research is not provided because of the potential that comments, although not directly attributed, could erroneously be assumed by some readers to come from particular sources or individuals. Instead, a description of each participating agency's function is provided to contextualise the range of input received. The agencies whose personnel participated in this research are:

- a not-for-profit community service organisation with specialist services for Indigenous people in metropolitan areas, focusing on client care coordination, counselling, information and advocacy, social support and transport;
- a service that provides support and information for individuals charged with a criminal offence, offenders, prisoners and their families;
- a government agency that works across the government and non-government sectors to address AOD issues in the community, including oversight of local diversion programs;
- a government agency that coordinates all government run AOD sector services across the state;
- a non-government agency that coordinates all of the non-profit AOD sector services across the state;
- a state corrections service;
- a peak body for Aboriginal health;
- a service that provides support to injecting drug users;
- an integrated community health service that provides counselling, support and medical services to AOD users;
- a court-based diversion service;
- a government agency that works across the government and non-government sector to address drug and alcohol issues in the community;
- a state health service;
- an integrated community service that provides support to people who are homeless or at risk of homeless, have mental health issues and or alcohol or other drug issues;
- an illicit drug users advocacy group; and
- a service that works with young people involved in or at risk of involvement in the youth justice sector.

Limitations of the project

Very few Indigenous people participated in this research. Only five people consulted identified that they are Aboriginal and only one of the agencies that agreed to participate in this research is Indigenous-specific. Many peak Indigenous services and groups were invited to participate, however, they declined. In addition, the experience of Indigenous substance users is missing from this report. The research team approached AOD and legal sector services to assist in presenting invitations to participate to their Indigenous clients; however, none of these services was either willing or able to assist.

A further limitation on this research is its geographic scope. This research focuses on metropolitan Local Government Areas in New South Wales, South Australia, Victoria and Western Australia as defined by the Australian Standard Geographical Classification (ABS 2011).

Why is a focus on Indigenous substance use important?

Cited as a wicked, intractable social problem (APS 2007), Indigenous disadvantage is a primary focus of policymakers—including the Australian Government through its *Closing the Gap* strategy. Substance misuse exacerbates disadvantage across the economic, health and social sectors. Of specific concern to this research is the overrepresentation of Indigenous people across the criminal justice system and the potential for interventions targeting substance misuse to reduce this overrepresentation.

Key indicators of disadvantage from the 2011 *Overcoming Indigenous Disadvantage* report (SCRCSP 2011) state that:

- The unemployment rate for Indigenous people in major cities was 17 percent compared with three percent of non-Indigenous people.
- Median individual income for Indigenous adults in major cities in 2008 was \$500 per week compared with \$658 for non-Indigenous people.
- Government pensions and allowances were the main source of income for 36 percent of Indigenous people aged 18–64 years in major cities compared with 12 percent of non-Indigenous people in 2008.
- Suicide death rates were higher for Indigenous people than non-Indigenous people (between 10.1 and 37.2 per 100,000 versus 7.8–12.9 per 100,000) as were hospitalisation rates for non-fatal self-harm.
- Between 2005 and 2009, rates of death from avoidable causes of persons aged 0–74 years in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined were 3.5 and 1.7 times higher respectively for Indigenous females and males than their non-Indigenous counterparts.

Indigenous people are also overrepresented across the criminal justice system. Of the 29,700 adult prisoners in Australia as at 30 June 2010, 26 percent identify as Aboriginal and/or Torres Strait Islander, despite comprising only 2.5 percent of the population at the 2006 census (ABS 2010). Indigenous young people remain substantially overrepresented in detention compared with their non-Indigenous counterparts. At 30 June 2008, Indigenous young people were 24 times as likely to be in detention as non-Indigenous young people (Richards & Lyneham 2010).

The 1991 Royal Commission into Aboriginal Deaths in Custody attributed the underlying causes of Aboriginal overrepresentation across the criminal justice system to poverty and disadvantage, and noted the link between alcohol and illicit substance misuse and factors that increase disadvantage including poor health outcomes, offending, victimisation and general social and psychological instability (RCIADIC 1991). This is confirmed in the 2009 NSW inmate health survey, which found that:

- Aboriginal men were significantly more likely than non-Aboriginal men to report risky drinking behaviour (74% vs 57%, $p < 0.01$), dependent drinking behaviour (44% vs 30%, $p < 0.01$) and binge drinking behaviour such as usually drinking 10 or more drinks (58% vs 41%, $p < 0.01$). Aboriginal women who drank alcohol were also significantly more likely to do so as a dependent drinker (29% vs 11%, $p < 0.01$) or a binge drinker usually drinking 10 or more drinks (31% vs 15%, $p < 0.01$) compared with non-Aboriginal women (Indig et al. 2011).
- Aboriginal men were significantly more likely than non-Aboriginal men to have used illicit drugs on a regular basis in the year before prison (51% vs 38%, $p < 0.01$).

While the literature identifies that a greater proportion of Indigenous people abstain from alcohol and illicit drug use than non-Indigenous people, it is important to focus attention on Indigenous substance misuse, as making improvements in this area may have a dramatic impact on lessening the burden of disadvantage faced by Indigenous Australians, the burden on policing resources and the costs to the criminal justice system.

Substance use by Indigenous people in metropolitan locations

Although a range of sources identify alcohol and illicit drug use patterns and harms, there remains little specific information about the prevalence and patterns of use among metropolitan-dwelling Indigenous Australians. In this section of the report, general information from key data sources is presented. The information provides necessary background information to understand the nature of the perceived problems faced and caused by Indigenous people who misuse substances.

Police data on drug and alcohol-related offences

Quantifying precisely how often Indigenous people in metropolitan locations come to the attention of the police for drug or alcohol-related offences is complicated by a number of factors, not the least of which is the absence of nationally consistent policing data. Yet, even if every state and territory policing agency recorded nationally consistent information about drug and alcohol-related offences, there remains a significant portion of policing time spent dealing with drug or alcohol-related incidents that may never be recorded in official police databases. These nuances not only affect national comparisons of police incident records, but are also likely to affect comparisons at the local police service area level¹.

In an effort to provide context for this report, a range of data on alcohol and drug-related offences were requested from the four participating jurisdictions. Data were provided by all jurisdictions except South Australia, who were unable to identify data in accordance with the framework requested. The data pertain to incidents recorded in metropolitan locations² of drug offences (offences against drugs of dependence legislation), alcohol restriction or licensing offences (offences against local alcohol restriction or licensing legislations) and drug or alcohol-related offences (offences which the police noted involved the use of drugs or alcohol). The data were disaggregated by gender and Indigenous status, and where possible, historical data were provided.

It is important to note at the outset that these data cannot be directly compared between jurisdictions since there are significant variations in the counting rules, as well as the local policies and practices that govern the recording of offences flagged as alcohol or drug related. It is also important to recognise that, whereas in some jurisdictions (for example Western Australia) only alcohol-related offences are flagged by the police, in others (for example Victoria) both alcohol and drug-related offences are flagged.

The most recent data provided for the purposes of this report were for 2009–10. In metropolitan Western Australia (Table 1 and Figure 1):

- 5,668 apprehensions were recorded for drug offences (offences against drugs of dependence legislation). Of these, 459 (8%) were attributable to male Indigenous offenders, while 225 (4%) to female Indigenous offenders. Combined, Indigenous offenders accounted for 12 percent of all drug offences recorded in metropolitan Perth.
- 10,391 offences were flagged by the police as alcohol related, of which 2,098 (20%) were attributable to Indigenous male offenders and 690 (7%) to Indigenous female offenders. In all, Indigenous offenders were responsible for 27 percent of offences flagged in metropolitan Perth as alcohol related.

1 In this report, the term police service area refers to policing areas under the direction of one Inspector or Commander.

2 Metropolitan locations were identified by the AIC research team to include all Local Government Areas designated as metropolitan under the Australian Standard Geographical Classification. Police services may use different metropolitan designations for police service reporting and therefore these data may not correspond with other data published by police services.

- As a proportion of all drug and alcohol-related offences, Indigenous offenders were disproportionately more likely than non-Indigenous offenders to be apprehended for an alcohol-related offence (80% vs 61%) than for a drug-related offence (20% vs 39%). In both cases however, more alcohol-related offences were recorded than drug offences.

In metropolitan Victoria (Table 2 and Figure 2), the police recorded data for 2009–10 illustrates:

- 10,735 offenders were processed for drug offences. Of these, 132 (1%) were attributable to Indigenous male offenders and 43 (<1%) were attributable to Indigenous female offenders.
- 7,202 offenders were processed for offences flagged by the police as drug or alcohol-related. Of these, 174 (2%) were for Indigenous male offenders and 96 (1%) were for Indigenous female offenders.
- A greater proportion of Indigenous offenders were processed for alcohol-related (57%) rather than drug offences (43%). The opposite was true for non-Indigenous offenders who were more often processed for drug offences (59%) than alcohol-related offences (41%).

Data were also provided by police for NSW metropolitan areas (Table 3 and Figure 3). These data reflect:

- 12,058 offenders were processed for drug offences. Of these, 355 (3%) were attributable to Indigenous male offenders and 186 (2%) were attributable to Indigenous female offenders.
- 39,066 offenders were processed for offences flagged by the police as drug or alcohol related. Of these, 5,470 (14%) were for Indigenous male offenders and 1,666 (4%) were Indigenous female offenders. As mentioned previously, direct comparisons between jurisdictions cannot be made and the considerably higher total number of alcohol-related offences recorded in New South Wales compared with both Western Australia and Victoria reflects policing practices on what constitutes an alcohol-related offence.
- A greater proportion of both non-Indigenous and Indigenous offenders were processed for drug and alcohol-related offences than for drug offences (73% non-Indigenous; 93% Indigenous).

These data indicate that Indigenous people tend not to be apprehended for offences against drug laws, although they may be affected by illicit drugs when apprehended for other offences. In metropolitan New South Wales and Western Australia, offences committed by non-Indigenous persons are also more likely to be recorded as alcohol related rather than illicit drug related. Missing from this analysis is an assessment of the types of offences that are both alcohol and drug related and any differences between Indigenous and non-Indigenous offenders. Due to the differences in the nature of the data provided by each jurisdiction, it was not possible to make these comparisons. However, data provided by New South Wales suggests that there are limited differences in the nature of the offences committed by Indigenous and non-Indigenous persons and that the proportion of specific offence types indicated as alcohol related are similar both by Indigenous status and gender.

Data such as these cannot confirm that the offences are directly attributable to alcohol or drug use. Although significant research identifies an association between illicit drug use and crime, a causal relationship has not been established (see for example, Bennett & Holloway 2005, Sweeney & Payne 2011). Policing and other approaches designed to curtail alcohol and drug-related offending must consider the specific offending behaviours, the role of substance use and the nexus between the two.

Table 1 Drug and alcohol-related apprehensions by Indigenous status, metropolitan Western Australia, 2006–07 to 2009–10

		2006–07		2007–08		2008–09		2009–10	
		n	%	n	%	n	%	n	%
Apprehensions for drug offences									
Male	Indigenous	347	7	420	8	498	8	459	8
	Non-Indigenous	3,393	73	3,846	72	4,258	71	4,036	71
Female	Indigenous	159	3	204	4	246	4	225	4
	Non-Indigenous	737	16	881	16	980	16	948	17
Total		4,636		5,351		5,982		5,668	
Apprehensions against alcohol restrictions or licensing									
Male	Indigenous	n/a	n/a	0	0	2	2	3	3
	Non-Indigenous	n/a	n/a	36	75	105	79	88	88
Female	Indigenous	n/a	n/a	0	0	0	0	2	2
	Non-Indigenous	n/a	n/a	12	25	26	20	7	7
Total		n/a	n/a	48		133		100	
Apprehensions for alcohol-related offences									
Male	Indigenous	1,562	22	1,695	20	1,986	19	2,098	20
	Non-Indigenous	4,539	64	5,356	64	6,621	65	6,619	64
Female	Indigenous	434	6	634	8	610	6	690	7
	Non-Indigenous	546	8	696	8	999	10	984	9
Total		7,081		8,381		10,216		10,391	
Apprehensions involving drugs or alcohol (total)									
Male	Indigenous	1,909	16	2,115	15	2,486	15	2,560	16
	Non-Indigenous	7,932	68	9,238	67	10,984	67	10,743	66
Female	Indigenous	593	5	838	6	856	5	917	6
	Non-Indigenous	1,283	11	1,589	12	2,005	12	1,939	12
Total		11,717		13,780		16,331		16,159	

Note: Data exclude apprehension events where Indigenous status and/or gender was not recorded

Source: AIC data request to WA Police Services, January 2011

Table 2 Drug and alcohol related apprehensions by Indigenous status, metropolitan Victoria, 2004–05 and 2009–10

		2004–05		2009–10	
		n	%	n	%
Offenders processed for drug offences					
Male	Indigenous	107	1	132	1
	Non-Indigenous	7,985	84	8,944	83
Female	Indigenous	21	0	43	0
	Non-Indigenous	1,411	15	1,616	15
Total		9,524		10,735	
Offenders processed for alcohol restriction or licensing offences					
Male	Indigenous	8	2	9	2
	Non-Indigenous	339	84	314	74
Female	Indigenous	3	1	1	0
	Non-Indigenous	53	13	101	24
Total		403		425	
Offenders processed for drug or alcohol-related offences					
Male	Indigenous	114	2	174	2
	Non-Indigenous	4,299	85	6,029	84
Female	Indigenous	30	1	52	1
	Non-Indigenous	629	12	947	13
Total		5,072		7,202	
Offenders processed for any drug or alcohol-related offence (total)					
Male	Indigenous	229	2	315	2
	Non-Indigenous	12,623	84	15,287	83
Female	Indigenous	54	0	96	1
	Non-Indigenous	2,093	14	2,664	15
Total		14,999		18,362	

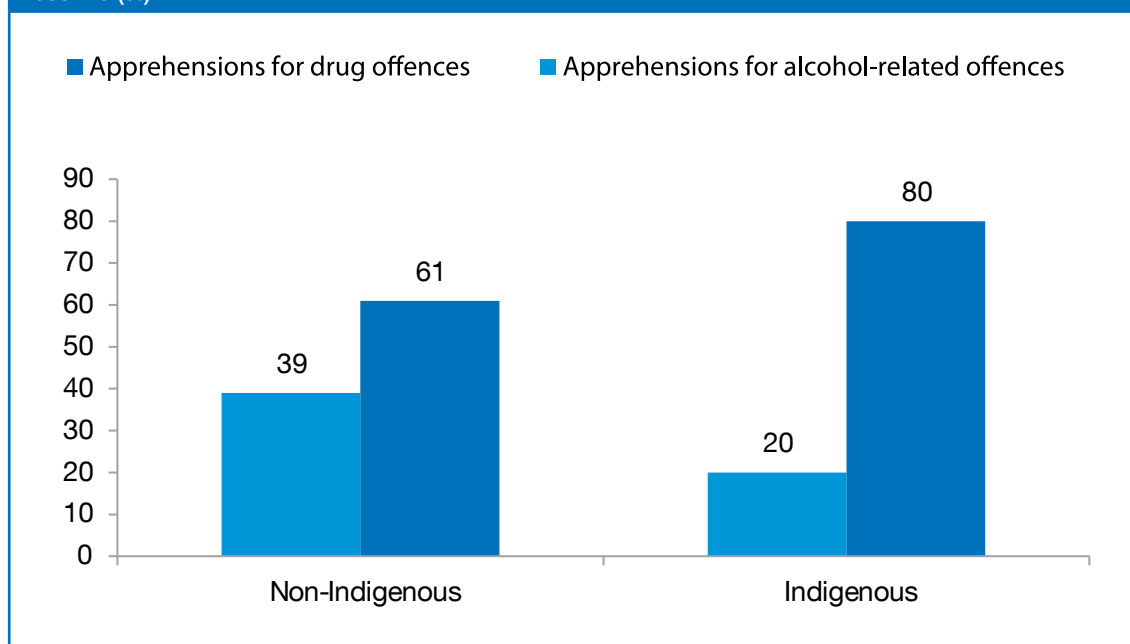
Note: Data exclude apprehension events where Indigenous status and/or gender was not recorded

Source: AIC data request to Victoria Police, January 2011

Table 3 Drug and alcohol-related apprehensions by Indigenous status, metropolitan New South Wales, 2004–05 and 2009–10

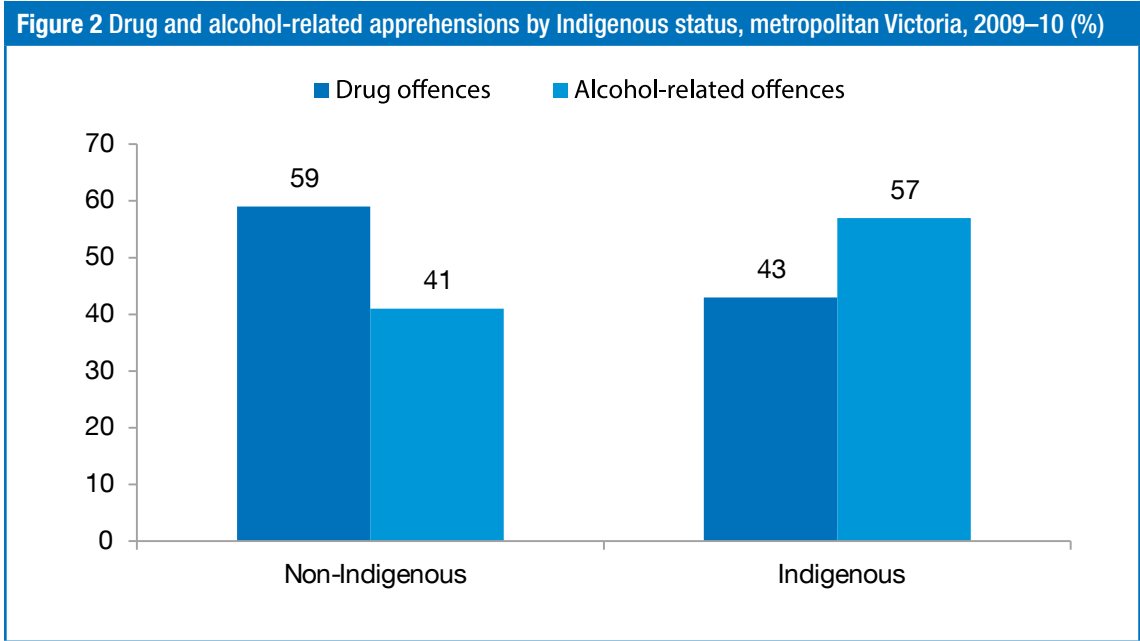
		2004–05		2009–10	
		n	%	n	%
Offenders processed for drug offences					
Male	Indigenous	356	4	355	3
	Non-Indigenous	7,087	82	9,966	83
Female	Indigenous	126	1	186	2
	Non-Indigenous	1,110	13	1,551	13
Total		8,679		12,058	
Offenders processed for drug or alcohol-related offences					
Male	Indigenous	4,610	15	5,470	14
	Non-Indigenous	22,037	70	27,439	70
Female	Indigenous	1,195	4	1,666	4
	Non-Indigenous	3,461	11	4,491	12
Total		31,303		39,066	
Offenders processed for any drug or alcohol-related offence (total)					
Male	Indigenous	4,966	12	5,825	11
	Non-Indigenous	29,124	73	37,405	73
Female	Indigenous	1,321	3	1,852	4
	Non-Indigenous	4,571	11	6,042	12
Total		39,982		51,124	

Source: AIC data request to NSW Police Force, April 2011

Figure 1 Drug and alcohol-related apprehensions by Indigenous status, metropolitan Western Australia, 2009–10 (%)

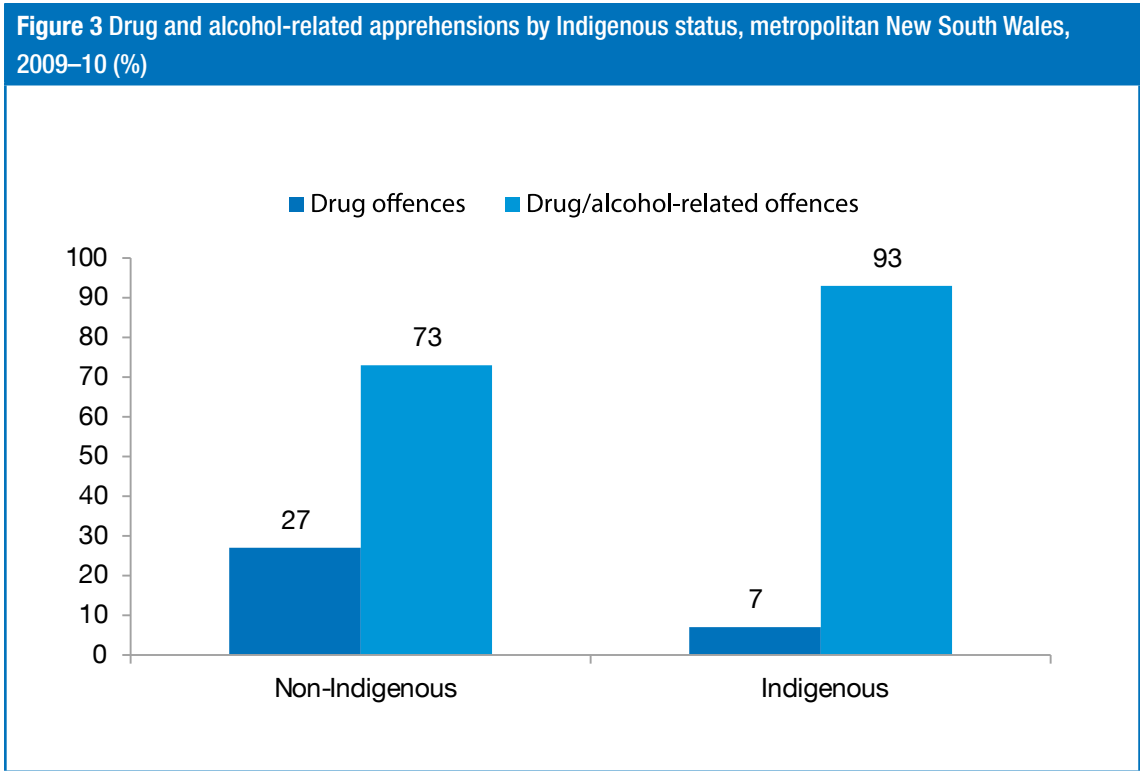
Note: Alcohol-related offences includes offences against alcohol restrictions and licensing

Source: AIC data request to WA Police Services, January 2011



Note: Alcohol-related offences include offences against alcohol restrictions and licensing

Source: AIC data request to Victoria Police, January 2011



National surveys of substance use by Indigenous Australians

Most of what is currently known about substance use among Indigenous Australians comes from national surveys and data collections such as the National Health Survey (NHS), the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the National Drug Strategy Household Survey (NDSHS). Each of these data collections provide an invaluable set of baseline indicators against which time series and cross sectional comparisons can be made. Together, these national surveys provide a wealth of information from which broader national and jurisdictional policy discussions can take place.

Yet, despite significant investment in these surveys, each has a number of sampling and methodological limitations that affect their ability to be disaggregated for the purposes of more discrete analysis. Moreover, by design, many such surveys fail to capture a sufficiently large sample of those at-risk populations most likely to be engaged in substance use and most likely to have contact with law enforcement agencies, including the homeless, those living in crisis accommodation and those detained by the police or department of corrections.

To fill these gaps, other complementary data sources can be triangulated to provide a more comprehensive picture of substance use (and the harms associated) by Indigenous Australians. These include, for example, drug arrest and seizure data from the police, as well as sentinel population surveys such as the DUMA program and the Drug Use Careers of Offenders study.

This section provides an overview of key findings from each of the main data sources as they relate to substance use by Indigenous Australians. Where possible, comparative differences between metropolitan and non-metropolitan Indigenous people are provided.

National Drug Strategy Household Survey

The NDSHS is a triennial population survey currently conducted by the Australian Institute of Health and Welfare (AIHW) and funded by the Department of Health and Ageing. The first wave of the collection occurred in 1985. The most recent survey for which data are publicly available was conducted in 2010. Unit record file data from this survey were not available at the time of writing, therefore, the additional unweighted summary analysis of Indigenous drug use is based on the 2007 survey results.

The NDSHS is the most comprehensive national survey of substance use. Unlike other general health surveys, respondents are asked to self-report their consumption of more than 13 different legal and illegal drug types, including the illegal use of prescription pharmaceuticals. Further, the survey includes questions about attitudes towards drugs and drug policies, as well as harms associated with substance use.

The most recently available data from 2010 shows a slight increase in substance use, driven primarily by an increase in recent use of cannabis (from 9.1% in 2007 to 10.3% in 2010), pharmaceuticals for non-medical purposes (3.7% to 4.2%), cocaine (1.6% to 2.1%) and hallucinogens (0.6% to 1.4%). Recent (past 12 month) illicit drug use, rose from 16 percent in 2007 to 17 percent in 2010 among males and from 11 percent to 12 percent among females aged 14 years or older. This increase, only statistically significant for the female population, follows a decline over the period 1998 through 2007. Moreover, NDSHS indicates that:

- Approximately two in five Australians (39.8%) had used an illicit drug at some point in their lifetime—a statistically significant increase over 2007 (30.1%).
- Persons aged 18–29 years were the most likely group to report using illicit drugs and drinking at risky levels.
- Compared with males, females were less likely to use illicit drugs and to drink alcohol daily or in quantities that put them at risk of harm.
- More than one in five Australians aged 14 years or over (20.1%) consumed alcohol in quantities considered to be risky over their lifetime; a similar proportion to 2007 (20.3%) but an overall increase given the increase in population between these years.

- The proportion of persons experiencing incidents related to illicit drug use decreased from 2007 to 2010; however, the proportion of people reporting physical abuse by an alcohol-affected person increased from 4.5 percent in 2007 to 8.1 percent in 2010. The possible reasons for this increase are not discussed in the report.
- The relationship between drug use and mental health is complex but survey data show a higher proportion of mental illness for persons who drink at risky levels (13.6%) on a single occasion than those identified as low-risk drinkers (11.1%) and that diagnoses or treatment for a mental illness and psychological distress are highest among recent users of meth/amphetamines, ecstasy, cannabis and cocaine.

Table 4 Summary of drug use patterns in Australia, population aged 14 years or older, 2010

Drug	Drug of most serious concern ^(a)	Ever used	Age of initiation ^(b)	Recent ^(c) offer or opportunity to use	Persons	Trend ^(d)	Recent use ^(e)					
							Males	Females	14–17 years	20–29 years	Frequ-ency ^(e)	Used with alcohol ^(f)
	%	%	Years	%	%		%	%	%	%	%	%
Alcohol	42.1	87.9	17.0	87.5	80.5	↓	83.6	77.5	52.9	85.3	15.9	n/a
Marijuana /cannabis	4.5	35.4	18.5	17.9	10.3	↑	12.9	7.7	12.8	21.3	47.4	85.2
Pharma-ceuticals ^(g)	2.2	7.4	23.7 ⁽ⁱ⁾	21.4	4.2	↑	4.1	4.2	2.3	5.6	47.1 ⁽ⁱ⁾	37.6 ⁽ⁱ⁾
Inhalants	1.3	3.8	19.5	3.0	0.6	↑	0.7	0.5	*0.8	1.4	34.7	n/a
Heroin	11.4	1.4	21.4	0.9	0.2	≈	0.3	0.2	**0.1	*0.4	63.2	n/a
Meth/ amph-etamine	9.4	7.0	20.9	3.9	2.1	≈	2.5	1.7	**0.3	5.9	24.9	88.2
Cocaine	6.1	7.3	23.3	4.4	2.1	↑	2.7	1.5	*0.3	6.5	12.8	96.2
Hallucin-ogens	0.9	8.8	19.8	3.7	1.4	↑	2.0	0.7	*0.7	4.6	8.2	n/a
Ecstasy ^(h)	5.5	10.3	22.2	7.2	3.0	↓	3.6	2.3	*1.1	9.9	15.5	94.0

(a) For alcohol, respondents were asked about 'Excessive drinking of alcohol'. For inhalants, respondents were asked about 'Sniffing glue, petrol, solvents and rush'

(b) Age at which the person first used the drug

(c) Used/offered/had opportunity at least once in the previous 12 months

(d) Significant differences between 2007 and 2010

(e) Base equals recent users, percentage that used at least once a month, except for alcohol risky drinking at least once per week is presented

(f) Use at the same time on at least one occasion

(g) For non-medical purposes

(h) Included 'Designer drugs' prior to 2004

(i) Did not include 'other opiates'

(j) Only included pain killers

* Estimate has a relative standard error of 25% to 50% and should be used with caution

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use

Source: adapted from AIHW 2011 Table 2.11

Table 5 Alcohol drinking status—proportion of the population aged 14yrs or older Australia, 1991–2010

Drinking Status	1991	1993	1995	1998	2001	2004	2007	2010
Daily	10.2	8.5	8.8	8.5	8.3	8.9	8.1	7.2
Weekly	41.0	39.9	35.2	40.1	39.5	41.2	41.3	39.5
Less than Weekly	30.4	29.5	34.3	31.9	34.6	33.5	33.5	22.8
Ex-drinker ^(a)	12.0	9.0	9.5	10.0	8.0	7.1	7.0	7.4
Never a full service of alcohol	6.5	13.0	12.2	9.4	9.6	9.3	10.1	12.1

(a) Consumed at least a full serve of alcohol, but not in the previous 12 months

Note: The proportion of Australians aged 14 years or older that has never had a full serve of alcohol has generally increased since 1998 with a significant increase between 2007 and 2010, from 10.1% to 12.1%. The proportion of the population drinking daily in 2010 decreased by approximately 100,000 people

Source: Adapted from National Drug and Alcohol Survey AIHW 2007

Table 6 Alcohol consumption (2009 guidelines), risk of harm over a lifetime—proportion of the population aged 14+ years in Australia, 2007 and 2010

Age group	Abstainers ^(a)		Low risk ^(b)		Risky ^(c)	
	2007	2010	2007	2010	2007	2010
14–19	29.0	35.4	56.9	49.8	14.1	14.8
20–29	12.9	14.7	58.9	58.3	28.2	26.9
30–39	12.2	15.7	67.1	63.2	20.7	21.1
40–49	12.4	14.3	65.2	64.0	22.4	21.7
50–59	14.0	16.5	65.1	32.2	20.9	21.3
60–69	21.1	19.8	61.8	62.5	17.1	17.7
70+	29.4	30.4	58.6	58.7	12.0	10.9
14+	17.1	19.5	62.5	60.4	20.3	20.1

(a) Not consumed alcohol in the previous 12 months

(b) On average, had no more than 2 standard drinks per day

(c) On average, had more than 2 standard drinks per day

Note: Persons aged 18–29 years were more likely than any other age group to consume alcohol in a way that put them at risk of alcohol-related harm over their lifetime (31.7% for those aged 18–19 years and 26.9% for those aged 20–29 years)

Source: Adapted from National Drug and Alcohol Survey AIHW 2007

Like most surveys of its kind, the NDSHS does not provide reliable national prevalence data for Indigenous Australians. Of the 23,356 Australians interviewed in 2007³, only 372 (1.5%) self-identified as an Aboriginal or Torres Strait Islander. Of these, 117 lived in locations classified as 'major cities', while the remaining 252 respondents lived in areas classified as 'inner regional', 'outer regional' or 'very remote'.

The comparatively small sample sizes and absence of reliable Indigenous population weightings limits the survey's ability to be generalised to the broader Indigenous population. Unweighted analysis conducted by the AIC for the purposes of this report (see Table 7) highlights a number of important areas for further reflection, namely:

- A greater proportion of Indigenous respondents had consumed alcohol in the last month at levels associated with moderate or high risk of short-term harm.

3 This additional analysis is based on 2007 data because, at the time of writing this report, the unit record file data for the 2010 survey were not available. It is unknown whether the drug use indicators presented in this section of the report have changed since 2007

- Both recent (past 12 months) and very recent (past week) cannabis use was reported by a higher proportion of Indigenous than non-Indigenous respondents.
- The number of respondents reporting amphetamine and heroin use was small and generally consistent between Indigenous and non-Indigenous respondents.

Comparing metropolitan and non-metropolitan Indigenous people is further complicated by even smaller sample sizes and while unweighted analysis is provided at Table 7, these data should, again, be interpreted with caution. The results show that:

- Indigenous respondents living in regional or remote locations were more likely to have consumed alcohol at levels indicative of moderate to high risk of both short and long-term harm;
- Recent cannabis use (past 12 months) was relatively consistent for Indigenous respondents living in both metropolitan and non-metropolitan locations. However, very recent use (past week) was higher among those respondents living in regional or remote locations.
- Recent heroin and amphetamine use (past 12 months) was generally higher among those Indigenous respondents living in metropolitan locations.

Table 7 Summary of drug use indicators in Australia by Indigenous status and residential location, population aged 14 years or older, 2007

	Non-Indigenous in major cities		Non-Indigenous in regional or remote		Indigenous in major cities		Indigenous in regional or remote	
	n	%	n	%	n	%	n	%
Alcohol ^(a)								
Short-term harm (past month)	2,456	17.5	1,554	19.3	28	23.9	71	28.2
Long-term harm	1,330	9.5	894	7.2	14	12.0	34	13.5
Cannabis								
Past 12 months	1,118	8.0	657	8.2	18	15.5	38	15.1
Past week	429	3.1	278	3.5	9	7.8	24	9.6
Amphetamines								
Past 12 months	294	2.1	118	1.5	3	2.6	4	1.6
Past week	55	0.4	16	0.2	1	0.9	3	1.2
Ecstasy								
Past 12 months	30	0.2	8	0.1	1	0.9	0	0.0
Past week	15	0.1	1	<0.1	1	0.9	0	0.0
Heroin								
Past 12 months	456	3.3	164	2.0	6	5.2	5	2.0
Past week	60	0.4	17	0.2	2	1.7	0	0.0

(a) Harm is defined as consumption levels that are considered 'risky' or 'very risky'

(b) Data are unweighted

Source: 2007 National Drug Strategy Household Survey

National Aboriginal and Torres Strait Islander Health Survey

Conducted by the Australian Bureau of Statistics (ABS), the NATSIHS was first conducted in 2004–05 as a complement to the 2004–05 NHS. Being Indigenous specific, NATSIHS surveys a considerably larger sample of Aboriginal and Torres Strait Islander people and therefore provides a more reliable source of national prevalence data than either the NHS or NDSHS. In 2004–05, 10,439 Indigenous Australians were interviewed from across both remote and non-remote locations in Australia. The second wave of the NATSIHS is due for completion 2010–11.

As a health survey, NATSIHS collects a wide range of data including, among other things, information about each respondent's current health status, participation or experience of health-related risks, and socioeconomic status. Comparisons with the non-Indigenous population are facilitated through the use of the 2004–05 NHS.

A comprehensive overview of key indicator data from NATSIHS has been conducted by the AIHW (2011) in which both alcohol and illicit drug use was examined. The report found that:

- Compared with non-Indigenous Australians, fewer Indigenous males and females consumed alcohol in the week prior to the survey. However, of those who did, their consumption of alcohol was more likely to be at rates indicative of moderate or high risk of long-term harm.
- The differences between Indigenous and non-Indigenous Australians in the prevalence of (long-term) harmful drinking were greatest among those aged between 25 and 34 years and 35 and 44 years.
- Binge drinking (patterns of alcohol consumption that are associated with moderate to high risk of short-term harm), is substantially more prevalent among Indigenous Australians. Twice as many Indigenous Australians compared with non-Indigenous Australians binged with alcohol on at least a weekly basis in the year preceding the survey (ratio 2.1:1).
- These differences were most prominent among females, where Indigenous females were three times (ratio 3:1) more likely to have binged than their non-Indigenous counterparts.
- Weekly binge drinking was most prevalent among those aged between 18 and 24 years, however, the differences between Indigenous and non-Indigenous people were most prominent between the ages of 35 and 44 years.

Limited disaggregation between metropolitan and non-metropolitan Indigenous people is provided from NATSIHS. Of the analysis that is publically available (AIHW 2010), the results indicated that the 12 month prevalence of binge drinking was higher among Indigenous adults living in non-remote area (including metropolitan areas) than those living in remote areas (57% vs 49%). However, regular binge drinking (on at least a weekly basis) was more prevalent in remote areas compared with non-remote areas (23% vs 18%).

National Aboriginal and Torres Strait Islander Social Survey

In 2002, the ABS reported on the first ever NATSISS focusing on a range of social and cultural issues such as family, education, employment, income, housing, and law and justice. The most recent survey was completed in 2008 and each successive wave of NATSISS is expected to be implemented every six years.

Comprehensive analysis of NATSISS by the AIHW (2011) revealed the following in relation to substance use by Indigenous Australians aged 15 years or over. Comparisons with the NDSHS (AIHW 2008) are provided for illustrative purposes only, since some of the precise questions and categories are not directly comparable. The results show that for Indigenous people:

- Two in five (43%) had tried at least one illicit drug in their lifetime. The comparative figure for the general population according to the 2007 NDSHS was 38 percent.
- One in five (23%) had used an illicit drug at least once in the 12 months prior to being interviewed. The comparative figure for the general population was 13 percent.

- Cannabis was the drug most commonly used in the past 12 months (17%), followed by non-medical use of painkillers (5%) and amphetamines (5%).
- Indigenous males were more likely than females to have ever used an illicit drug (51% vs 36%).

The consistency between the substance use patterns identified in these social surveys lends credibility to the use of these findings by policymakers and practitioners to inform the development of strategies and programs. Overall, the findings from these surveys indicate a number of areas that may warrant specific attention.

- The proportion of the Australian public aged 14 years and over that has ever tried an illicit substance has increased. A balanced understanding of this is required and assessment of whether this increase translates into future problematic use or is just evidence of an increase in experimentation needs to be undertaken.
- Cannabis and alcohol are not only the most widely tried and recurrently used substances, but also the substances most often used in combination. More data are required about the effects of these substances when used together.
- The data demonstrate that individuals who use drugs such as heroin, cocaine and other so-called 'hard' drugs, tend not to use regularly until they reach their 20s. This pattern suggests that a focus on early intervention, including awareness, education and analysis of the factors that lead to prolonged drug use is warranted. Strategies targeting the risky substance use behaviours of Indigenous people are also warranted. Data show that Indigenous people are twice as likely as non-Indigenous people to report binge drinking and the proportion of Indigenous people reporting the use of illicit drugs in the past 12 months far exceeds that of their non-Indigenous counterparts (for persons aged 15 years and over 23 percent and 13 percent respectively). Anecdotal evidence from service providers suggests that the proportion of Indigenous drug users injecting has increased which, in addition to impacts on personal health, may have an impact on offending and contact with the criminal justice system.

Drug Use Monitoring in Australia Program

Funded by the AIC, DUMA is Australia's largest and longest running survey of police detainees. Although not an Indigenous specific survey, DUMA collects self-report and urinalysis data from a sample of alleged offenders detained by police at nine different metropolitan locations across Australia. In 2009, 21 percent of those surveyed as part of DUMA self-identified as Aboriginal or Torres Strait Islander.

There are two parts to the information collected in DUMA. The first is a self-report questionnaire conducted with a trained interviewer and independent of the police. The survey collects demographic data and other information about each detainee's drug use history, drug market participation, treatment history and prior contact with the criminal justice system. The second is a urine sample, later sent to a toxicology unit and tested for seven different classes of drug. Participation in the survey and the provision of a urine sample is voluntary and all information provided by the detainee (including the results of the urinalysis) is confidential and cannot be linked back to the detainee (for more details see Makkai 1999).

Monitoring the prevalence and patterns of drug use among police detainees offers a number of significant advantages over alternative data collections. Unlike drug arrests and seizure data from police administrative systems, DUMA has the capacity to examine the extent and nature of drug use that may not otherwise come to the attention of law enforcement agencies. This is important because drug arrest and seizure data are more likely to reflect policing priorities and operational practices that could skew understanding of local drug markets. Further, police detainees are a key sentinel population whose patterns of drug use are likely to be of significant value in the formulation of policy and programs. Unlike general household and incarcerated offender surveys, DUMA's focus on police detainees ensures a targeted approach to populations that are likely to have had the most recent contact with local drug markets. Research suggests that police detainees are likely to be the first group within a particular area to begin using a new drug and are more likely to partake in its use than non-detainees (Bennett 1998). There is no other known source of data on drugs and offending among this population.

The use of voluntary urinalysis testing for ongoing monitoring and research purposes is unique in Australia to the DUMA study and is an important aspect of the research. Through the collection and analysis of urine, DUMA allows self-reported information on recent drug use to be cross-validated and verified with results of the urinalysis. Urinalysis has been identified as a major strength of DUMA, as it objectively measures the prevalence of drug use by detainees within a specified period and allows for valid comparisons across time. Its role in cross validating the interviewer-collected self-report data is an invaluable countermeasure to the problems of underreporting identified in other studies (see Makkai 1999).

An update of the 2005 analysis of DUMA program data undertaken by Putt, Payne and Milner (2005) was conducted specifically for the purposes of this project, focusing on the comparative differences in substance use between Indigenous and non-Indigenous detainees. Since all DUMA sites are located in capital cities, these results reflect differences between Indigenous and non-Indigenous detainees in predominantly metropolitan locations.

At the heart of the DUMA survey is a set of questions known as the 'drug consumption grid'. Here, detainees are asked whether and at what age they had first tried any one of nine different drug types — cannabis, cocaine, heroin, amphetamines, illegal opiates, illegal benzodiazepines, ecstasy, hallucinogens and inhalants. For each substance the detainee had tried, they are then asked in consecutive order whether they had used in the last 12 months, in the last 30 days and in the last 48 hours. Additionally, the voluntary urine sample collected from each detainee is tested to verify recent use of most drug types, not including alcohol or inhalants.

Table 8 provides a summary of the key substance use data by Indigenous status for the period 1999 through 2009. The results of lifetime prevalence indicate that:

- Almost all Indigenous (99%) and non-Indigenous detainees (97%) had used alcohol.
- Irrespective of Indigenous status, cannabis was the illegal substance most likely to have been tried by the DUMA detainees, followed by amphetamines.
- Ecstasy was the third most common illegal drug ever used by non-Indigenous detainees (48%), whereas for Indigenous detainees, the third most common substance was heroin (31%).
- Significantly, fewer Indigenous detainees had ever tried ecstasy when compared with their non-Indigenous counterparts.
- Across all substance types except inhalants and alcohol, lifetime prevalence of use was lower for Indigenous compared with non-Indigenous detainees.

Recent or very recent drug use results indicate that:

- More Indigenous detainees than non-Indigenous detainees had used cannabis in the 48 hours preceding their arrest (44% vs 36%) and tested positive to cannabis (67% vs 51%).
- Cannabis and inhalants were the only two drug types for which Indigenous detainees reported higher rates of recent use. For all other drug types, Indigenous detainees reported equal or lower rates of use when compared with their non-Indigenous counterparts.

Table 8 Summary drug use indicators for DUMA survey respondents by Indigenous status, all sites 1999–2009

	Ever tried	Last 12 months	Last 30 days	Last 48 hours	Tested positive	Age at first use (mean)
Alcohol						
Non-Indigenous	97	66(a)	52 ^(a)	38	n/a	14.3
Indigenous	99	78(a)	67 ^(a)	55	n/a	14.2
Ratio	(1.0)	(1.2)	(1.3)	(1.4)	n/a	n/a
Cannabis						
Non-Indigenous	85	61	53	36	51	15.1
Indigenous	83	65	59	44	67	14.6
Ratio	(1.0)	(1.1)	(1.1)	(1.2)	(1.3)	n/a
Amphetamines						
Non-Indigenous	64	42	30	15	27	19.0
Indigenous	54	38	29	14	24	18.8
Ratio	(0.9)	(0.9)	(0.9)	(1.0)	(0.9)	n/a
Ecstasy						
Non-Indigenous	48	23	11	2	2	21.0
Indigenous	25	12	5	1	1	20.6
Ratio	(0.5)	(0.5)	(0.5)	(0.4)	(0.3)	n/a
Heroin						
Non-Indigenous	38	20	14	8	14	19.7
Indigenous	31	14	10	5	10	19.5
Ratio	(0.8)	(0.7)	(0.7)	(0.6)	(0.7)	n/a
Cocaine						
Non-Indigenous	40	13	5	1	2	20.8
Indigenous	23	7	3	1	1	20.2
Ratio	(0.6)	(0.5)	(0.5)	(0.7)	(0.6)	n/a
Benzodiazepines						
Non-Indigenous	26	13	8	4	22	19.4
Indigenous	22	11	7	3	21	18.2
Ratio	(0.9)	(0.8)	(0.8)	(0.9)	(1)	n/a
Inhalants						
Non-Indigenous	12	2	1	0.4	n/a	15.4
Indigenous	20	5	4	3	n/a	14.5
Ratio	(1.6)	(3)	(4.6)	(6.6)	n/a	n/a

(a) 5 or more drinks for men and 3 or more drinks for women

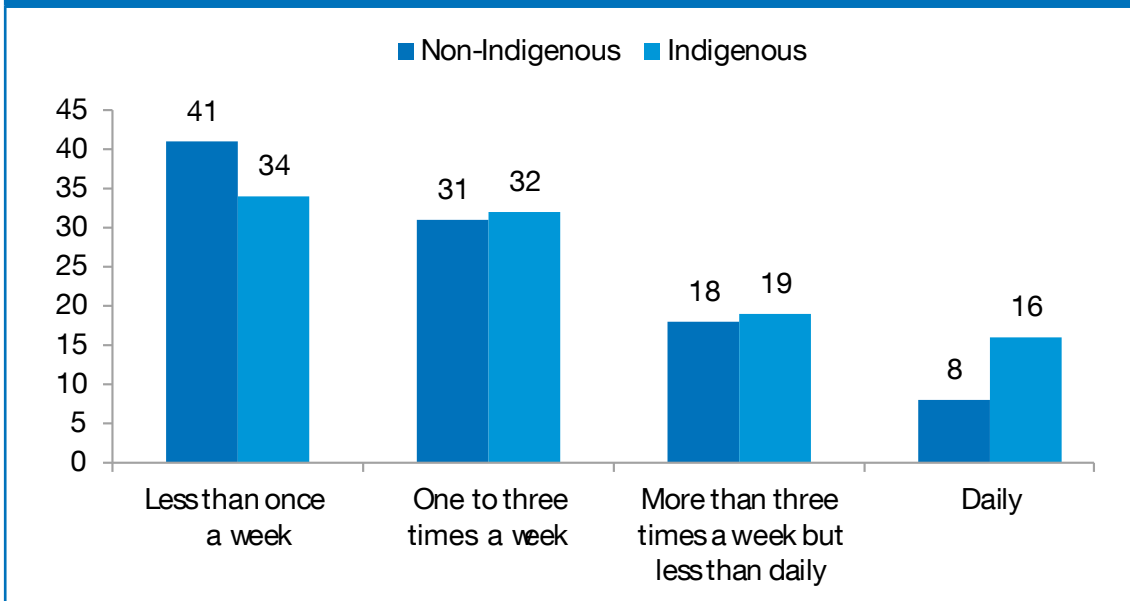
Source: AIC analysis of DUMA, 1999-2009 [computer file]

For those detainees self-reporting use of each substance in the past 30 days, the number of days on which that substance was used is also recorded. For the purposes of this report, these data have been categorised into four discrete categories for both alcohol and cannabis—less than once a week, one to three times a week, more than three times a week, but not every day and daily. For alcohol, the largest category of drinkers among Indigenous and non-Indigenous detainees were those drinking less than once a week (34% and 41%, respectively). However, daily alcohol use was twice as high among Indigenous detainees as non-Indigenous detainees (16% vs 8%), which when calculated as a proportion of all detainees suggests that 11 percent of Indigenous detainees and four percent of non-Indigenous detainees were daily alcohol users in the lead up to their arrest.

For cannabis, the results indicate that:

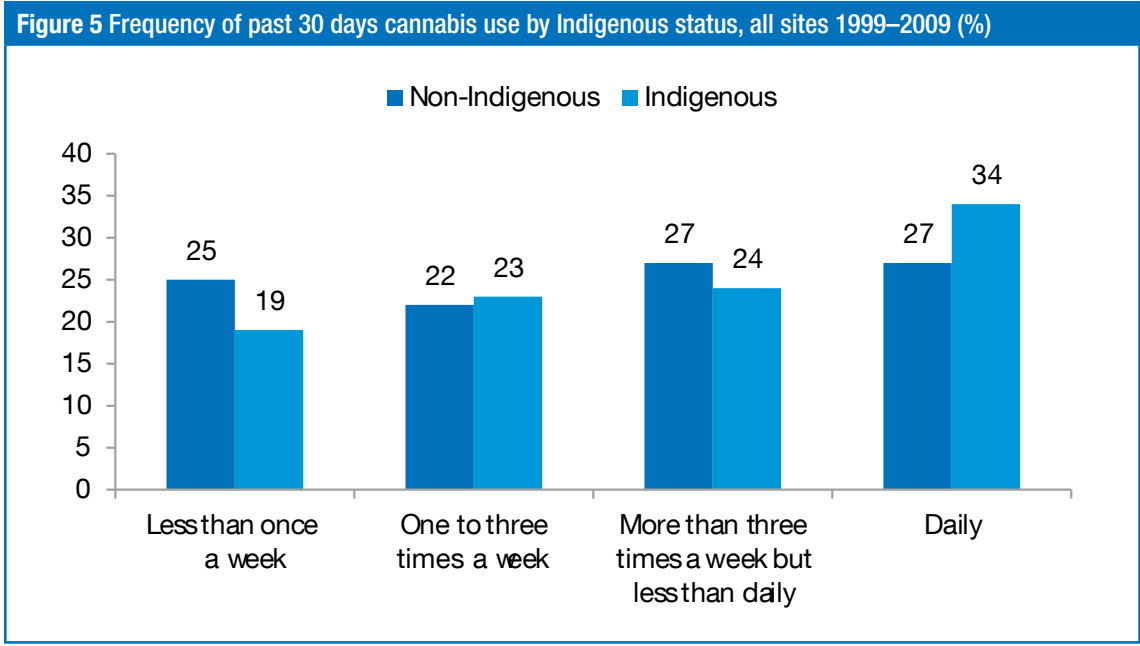
- One in three cannabis-using Indigenous detainees (34%) were using every day. This equates to 20 percent of all Indigenous detainees surveyed between 1999 and 2009, and compares with 14 percent of their non-Indigenous counterparts.
- Combined, more than half of all cannabis using Indigenous detainees (58%) were using cannabis more than three times a week (including daily users). This equals 34 percent of all Indigenous detainees and compares with 29 percent of their non-Indigenous counterparts.

Figure 4 Frequency of past 30 days alcohol use^(a) by Indigenous status, all sites 1999–2009 (%)



(a) 5 or more drinks for men and 3 or more drinks for women

Source: AIC analysis of DUMA, 1999-2009 [computer file]



Source: AIC analysis of DUMA, 1999–2009 [computer file]

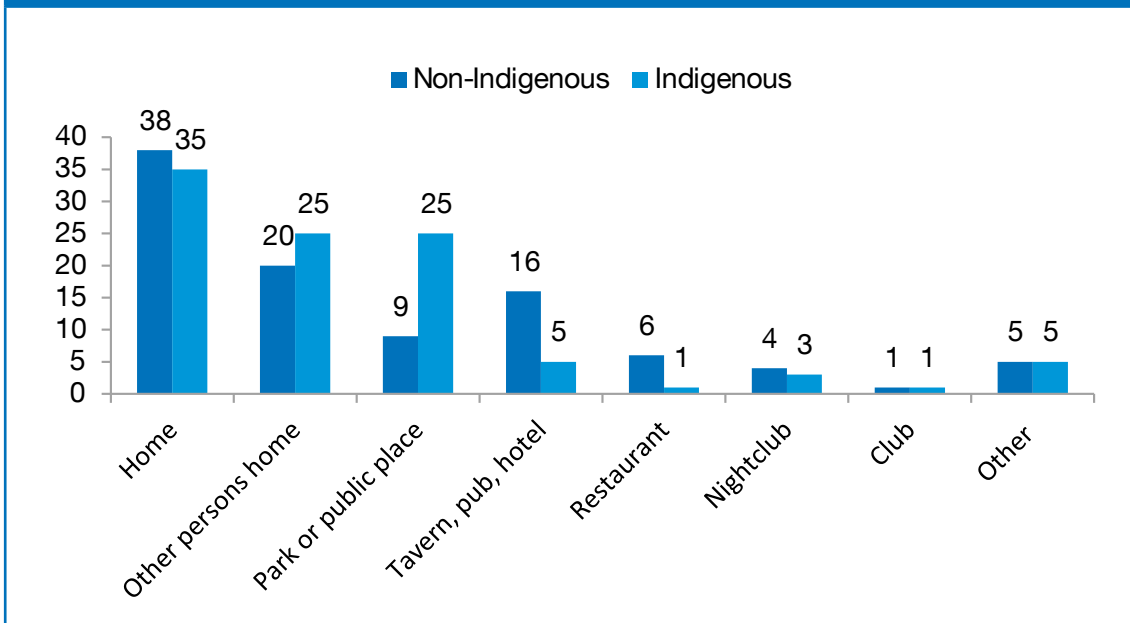
In mid-2009, the DUMA questionnaire was revised and updated to include a range of new questions about alcohol use, including information about the quantity of alcohol consumed and the location of the respondent’s last drink. The analysis indicates a number of significant differences between Indigenous and non-Indigenous detainees, namely:

- Indigenous detainees were more likely than non-Indigenous detainees to have consumed wine only in the last sitting (16% vs 9%), as well as to have mixed drinks (25% vs 19%). Conversely, Indigenous detainees were less likely to have consumed beer only (21% vs 36%).
- The number of standard drinks consumed in the last sitting, irrespective of the type consumed, was higher for Indigenous detainees (12 vs 7.5 standard drinks). This was a consistent finding regardless of whether they had consumed beer only (9 vs 6 standard drinks), wine only (19 vs 7 standard drinks), spirits only (9 vs 7 standard drinks), or whether they had mixed different types of alcohol (23 vs 18 standard drinks).
- The single most common location of last drink for both Indigenous and non-Indigenous detainees was at ‘home’ (35% and 38%, respectively). However, of those who didn’t drink at home, Indigenous detainees were three times more likely to have been drinking in a park or other public place (25% vs 9%) and three times less likely to have been drinking in a ‘tavern or hotel’ (5% vs 16%) or club (1% vs 4%).

Table 9 Type and quantity of alcohol consumed on the last drinking occasion by indigenous status, all sites 2009

	Indigenous		Non-Indigenous	
	%	Standard drinks (median)	%	Standard drinks (median)
Beer only	21	9	36	6
Wine only	16	19	9	7
Spirits only	38	9	35	7
Mixed drinks	25	28	20	18
Total	100	12	100	7.5

Source: AIC analysis of DUMA, 2009 [computer file]

Figure 6 Location of last drink by Indigenous status, all sites 2009 (%)

Source: AIC analysis of DUMA, 1999–2009 [computer file]

Although this additional analysis of the AIC's DUMA program has indicated a number of key differences between Indigenous and non-Indigenous detainees in metropolitan locations, it is important to consider these within the broader context of demographic and criminal justice-related variables. While some of these variables may help to explain the differences in the patterns of substance use, they are also likely to point to a range of factors that need to be considered in the context of local and community policing. How drug using offenders are responded to should be informed by not only the substances used, and how frequently, but by the lifestyle and demographic factors (among others) that also contribute to both drug use and involvement in the criminal justice system. For example, comparative analysis of demographic data shows that:

- Approximately one-quarter of Indigenous detainees are female compared with only 15 percent of non-Indigenous detainees.
- Roughly equal proportions of Indigenous and non-Indigenous detainees fell within each age category (under 17; 18–24; 25 years and over). The majority of detainees were 25 years or older in both the Indigenous and non-Indigenous sample (61% and 63%, respectively).
- Indigenous detainees are likely to be less educated when compared with their non-Indigenous counterparts (for example, 63% of Indigenous, compared with 44% of non-Indigenous, people had a Year 10 education or less).
- 88 percent of Indigenous and 89 percent of non-Indigenous detainees had been living in their own house or that of someone else they knew during the 30 days preceding their detention.
- 58 percent of Indigenous, compared with 17 percent of non-Indigenous detainees, reported they lived in public housing.
- 80 percent of Indigenous, compared with only 58 percent of non-Indigenous detainees reported welfare or government benefits as a financial source of support during the 30 days prior to interview. Twelve percent of Indigenous and 32 percent of non-Indigenous detainees reported full-time employment.
- 82 percent of Indigenous, compared with 58 percent of non-Indigenous detainees, reported they were unemployed.

Summary

National survey data presented herein show that information about metropolitan Indigenous substance use is very limited. Where metropolitan-specific data is available, as in the DUMA collection, there is no non-metropolitan equivalent for comparison purposes. However, the data presented in this section show that:

- Alcohol use is common for both Indigenous and non-Indigenous Australians.
- Offences committed by Indigenous people that come to the attention of police are more likely to be related to alcohol use rather than drug use. The converse is true of offences committed by non-Indigenous people.
- There have been only minor fluctuations in the proportion of the population who have 'ever tried' and continue to use alcohol and illicit substances.
- Indigenous people are more likely to abstain from alcohol and illicit substance use but more likely to drink or use drugs at harmful levels than their non-Indigenous counterparts.
- The substances most widely used by all Australians are cannabis and alcohol, suggesting that specific strategies that focus on these substances are warranted.
- The third most widely used substances for Indigenous and non-Indigenous persons differ (heroin and ecstasy respectively).
- Indigenous and non-Indigenous police watchhouse detainees in the DUMA sample were most likely to identify consuming their last alcoholic beverage at home. Indigenous detainees were more likely to identify drinking in public and non-Indigenous detainees were more likely to identify drinking in a pub than their counterparts.

Developing an understanding of substance use and its association with offending requires an understanding of the extent of use, patterns of use (consistency, variability and situational circumstances), differences between population groups and knowledge of the life circumstances and social factors that may have both a direct and indirect impact on a person's willingness and capacity to engage not only in criminal behaviour but also any diversion and support afforded after an offense has been committed.

Survey of police perceptions of substance use by Indigenous people in metropolitan areas

In the absence of other comparative data about metropolitan Indigenous and non-Indigenous substance use, a survey of police perceptions was undertaken to inform this research.

The survey, conducted across metropolitan police service areas in New South Wales, South Australia, Victoria and Western Australia focused on police perceptions of:

- substance availability and use by Indigenous and non-Indigenous people;
- the contribution of substance misuse to issues within local communities;
- the impact of substance use issues on police resources; and
- awareness of local services.

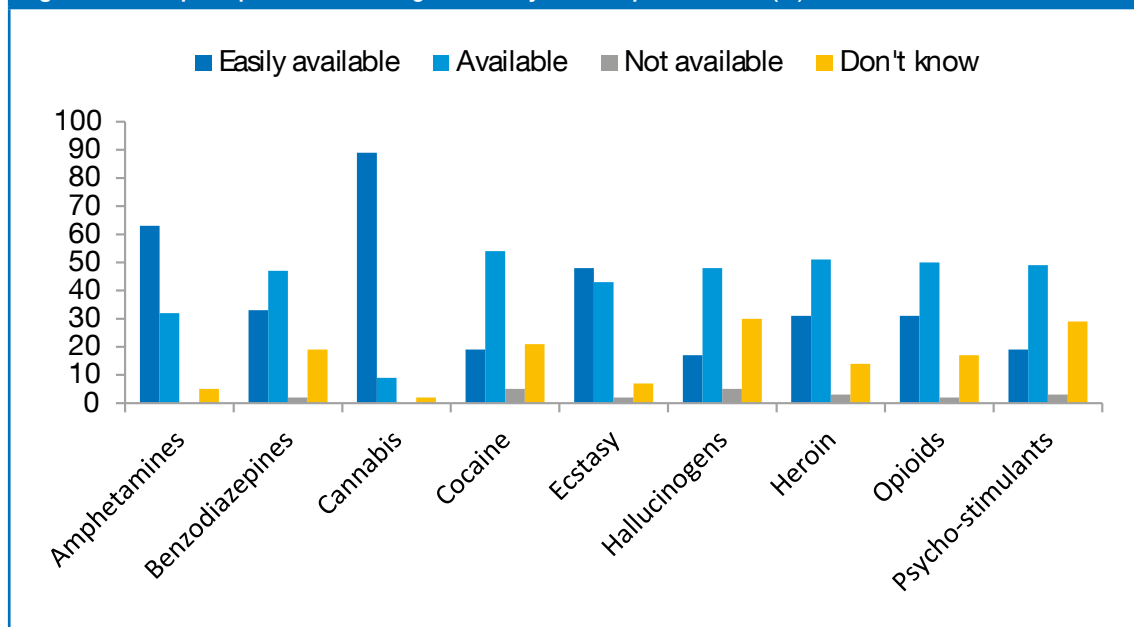
The number of survey respondents to each question in the accompanying Tables differs due to missing information. Police survey respondents were asked to provide responses based on their own perceptions and experience, without the aid of other data sources. The responses provide a further contextual element to what the literature and data sources already identify as trends in AOD use and associated problems.

Police perceptions of substance availability in metropolitan locations

Police and other services need to monitor trends in illicit drug availability to focus operations and target interventions. Information about drug availability can be obtained from sources such as the Australian Crime Commission's annual illicit drug data reports and self-report population surveys as described in the preceding section of this report. Operational police and service provider perceptions of drug availability can provide additional, albeit anecdotal, evidence of drug use patterns and trends; potential indicators of emerging issues of concern.

Figure 7 below shows police responses to the availability of illicit drugs in the area they police. The results indicate that a full range of illicit drugs are perceived to be available or easily available across metropolitan areas and that police commonly stated that cannabis (98%), amphetamines (95%) and ecstasy (91%) were among the most easily available drug types. Qualitative responses to the police survey also identified that Xanax, Khat, Ketamine, prescription drugs, alcohol, BZP, 2CI and petrochemical inhalants are available.

Figure 7 Police perception of illicit drug availability in metropolitan areas (%)



Source: AIC police survey 2010

Discussions held with PRG members identified that alcohol, cannabis, amphetamines and the illicit use of prescription medications were the substances of greatest interest to police across the four jurisdictions where the survey was conducted. Survey respondents were therefore asked to identify whether there had been any changes in the availability of these substances in the last three years.

Table 10 below shows that the perceived availability of alcohol and cannabis has remained relatively stable over the last three years. The majority of respondents identified that these substances have consistently been very readily available (76% alcohol; 57% cannabis). A minority of respondents stated that availability had increased or greatly increased. Respondents identified fluctuation in the amphetamine market.

The availability of illicit pharmaceuticals was not well known by respondents. Approximately two in every five respondents (n=106; 43%) identified that they did not know if there had been any changes to availability in the last three years. This may be because the primary means of obtaining pharmaceuticals are either legal or less visible to police than methods of obtaining other drug types. This includes receiving a prescription from a doctor, filling prescriptions at a chemist or using the prescription medications of friends or family members. Fraud by doctor shopping or prescription forgery and theft are other means of obtaining prescriptions that

are far more likely to come to the attention of police, but are comparatively infrequent (McGregor, Gately & Fleming 2011).

A complexity in understanding the prevalence of use of illicit pharmaceuticals is distinguishing between those obtained legitimately for personal consumption and those acquired for sale or distribution. Whether police are aware of an increase or not, there is evidence that the illicit use of pharmaceuticals as a policy concern is warranted, given that 25 percent of respondents identified that the availability of these drugs had increased or greatly increased over the past three years and a further 11 percent perceived a consistently high level of availability.

These police perceptions of drug availability provide some insight into what may be required of drug law enforcement in the coming years. The identification of drugs entering the market and variability in the availability of certain drug types (such as amphetamine) can aid police and other services to direct resources appropriately. Police responses to these survey questions confirm that a focus on cannabis and alcohol is warranted given the steady use and availability of these substances. However, these observations also suggest that drug law enforcement approaches that focus exclusively on supply reduction are unlikely to sufficiently manage or mitigate the problems associated with substance use, particularly for those drug types, such as cannabis and alcohol, which are so readily available.

Table 10 Metropolitan police perceptions of changes in drug availability, last three years

Substance	Greatly increased		Increased		No change—consistently high		No change—consistently low		Reduced		Greatly reduced		Not used in community		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	19	8	21	9	184	76	7	3	2	1	0	0	0	0	10	4
Amphetamines	31	13	71	30	62	26	36	15	4	2	0	0	1	<1	38	16
Cannabis	18	7	43	18	139	57	22	9	2	1	1	<1	0	0	18	7
Illicit medications	12	5	48	20	27	11	46	19	3	1	0	0	1	<1	106	43

Source: AIC police survey 2010

Resources used in policing substance use and related issues in metropolitan locations

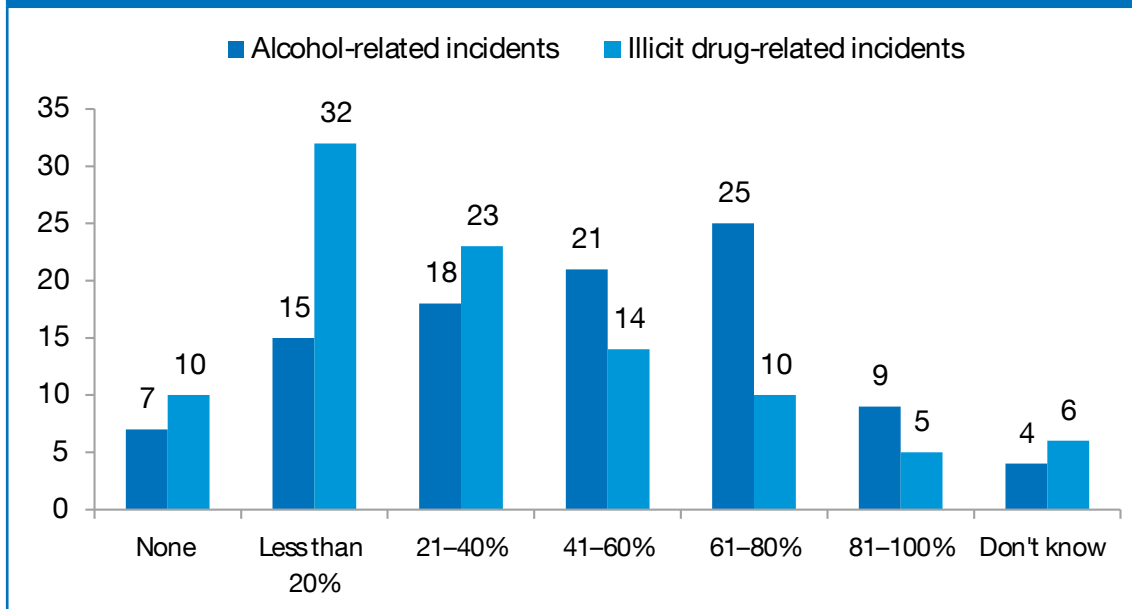
Of considerable concern to police is the amount of time spent dealing with alcohol and drug-related crime and antisocial behaviours. In 2009, the National Centre for Education and Training on Addiction conducted research to identify alcohol and drug-related workforce development issues for police. The research methodology included a survey with members of the WA police force. The survey respondents identified that approximately 49 percent of their working week was spent responding to alcohol-related incidents and 22 percent of their time was spent responding to other drug-related incidents (Roche et al. 2009). In a 2007 NDLERF-funded study focused on New South Wales (Donnelly et al. 2007), it was estimated that police spent 10,670 (8.2%) person-shift hours addressing alcohol-related crime. This study's findings indicated that most of the police activity was related to licensing (49%), custody (14.5%) and highway patrol (10.7%).

Police survey respondents in the current research also identified that a considerable amount of their time was spent attending alcohol and/or drug-related incidents. Figure 8 shows that alcohol-related incidents, involving both Indigenous and non-Indigenous people, were perceived to take up more police time than illicit drug-related incidents. Approximately one-third (34%) of respondents identified that a majority of their time (60% or more) was taken up with alcohol-related incidents. A considerably smaller proportion of respondents (15%) identified that a majority of their time was spent on drug-related offences; a finding comparable to the urban

police sample responses (11%) reported in the 2005 survey conducted by Delahunty and Putt (2006b). Only 19 percent of the 2005 survey respondents attributed 60 percent (or more) of their time to alcohol-related offences. This increase in identified alcohol-related incidents from the current survey sample may reflect:

- an actual increase in alcohol-related incidents;
- an increased media and public policy focus on binge drinking and alcohol-related harm (for example the adoption of the National Binge Drinking Strategy in 2008) and increases in the tax on pre-mixed beverages; and/or
- heightened awareness of police due to changes in the recording practices of alcohol-related incidents. These police perceptions suggest that the responsible use of alcohol would contribute both to an increase in public safety and a reduction in the workload of police who attend incidents related to alcohol use. Difficulties exist however in interpreting findings of this nature as it is not only difficult to accurately assess the contribution of alcohol to the incidents police are attending but also to accurately determine the extent to which a person is alcohol-affected.

Figure 8 Proportion of police respondents' time taken up with alcohol and drug-related incidents, past fortnight (%)



Source: AIC police survey 2010

Police perceptions of alcohol and illicit drug use by Indigenous people

Police focus group and interview participants identified that alcohol was the primary drug of concern for Indigenous people in metropolitan areas. Although officers also mentioned high use of cannabis and some use of amphetamines and heroin, alcohol was seen to 'cause more problems' and lead to more arrests and public safety concerns. Some police stakeholders stated that they rarely attend incidents with Indigenous victims or offenders where alcohol is not a factor and therefore, viewed many of these offences as preventable.

Survey respondents were asked about the extent of use of alcohol and select illicit substances by Indigenous people in their local policing area. Table 11 below shows that most respondents perceived alcohol and cannabis to be widely or very widely used by local Indigenous people (97% and 84% respectively). For all other drug types, respondents were less certain about the prevalence of use as evidenced by the proportion of 'don't know' responses and the distribution of responses across the range of response options.

Table 11 Police perceptions of substance use among local Indigenous people

Substance	Used rarely		Used by some		Widely used		Very widely used		Don't know		Not available	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	0	0	4	2	28	12	201	85	3	1	1	<1
Amphetamines	10	4	107	46	60	26	28	12	28	12	1	<1
Benzodiazepines	27	12	69	30	25	11	15	6	94	41	2	1
Cannabis	1	<1	28	12	80	34	117	50	8	4	1	<1
Cocaine	71	31	53	23	7	3	6	3	89	38	6	3
Ecstasy	57	25	72	31	17	7	9	4	76	33	4	2
Hallucinogens	60	26	49	21	9	4	6	3	99	73	8	4
Heroin	45	20	66	28	28	12	24	10	65	28	6	3
Inhalants	31	13	85	36	50	21	31	13	34	15	3	1
Opioids	38	16	71	30	24	10	17	7	78	33	7	3
Petrol	73	30	70	30	23	10	17	7	51	22	4	2
Psycho-stimulants	54	23	50	22	13	6	4	2	100	43	11	5

Source: AIC police survey 2010

Further evidence that alcohol has been (and remains) the primary drug of concern for Indigenous people was evident in the responses to changes in the use of alcohol, amphetamines, cannabis and illicit pharmaceuticals over the past three years made by survey participants (see Table 12). Respondents identified greater variability in the use of cannabis, amphetamines and illicit pharmaceuticals than in alcohol use. Cannabis, amphetamine and illicit pharmaceutical use by Indigenous people is, in the perception of police however, increasing at a greater rate (27%, 33% and 19% respectively) than alcohol use (16%). This result suggests a need for both police, and health and welfare sector services to monitor trends in the use of these other drugs as increases may have an effect not only on individuals but also families and sector service provision. The result that alcohol use does not appear to be increasing at the same rate as some other drug types is likely due to the high base rate of use, rather than a reflection that alcohol use is not as concerning.

Table 12 Changes in the use of selected substances among Indigenous people, past three years

Substance	Greatly increased		Increased		No change—consistently high		No change—consistently low		Reduced		Greatly reduced		Not used in community		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	19	8	19	8	181	74	6	3	0	0	0	0	0	0	20	8
Amphetamines	20	8	61	25	49	20	58	24	2	1	0	0	1	<1	53	21
Cannabis	12	5	44	18	128	53	32	13	0	0	0	0	0	0	27	11
Illicit Medications	11	5	36	15	17	7	48	20	3	1	0	0	4	2	123	51

Source: AIC police survey 2010

Perceptions of substance use and their contribution to problems among Aboriginal people

Survey respondents were asked to identify to what extent various substances presented a problem to the Indigenous population (see Table 13). *Problems* were contextualised to mean things that affect health, wellbeing and/or engagement with social institutions (for example addiction, criminal behaviour, school attendance), irrespective of the extent to which the substance is used.

Ninety-eight percent of respondents identified that alcohol misuse is a moderate (15%) or serious (83%) problem. A majority of respondents also felt that cannabis and amphetamines were moderate or serious problems. Cannabis was identified as a moderate or serious problem by 77 percent of respondents (37% serious; 40% moderate). Sixty-four percent of respondents identified amphetamines as either a moderate or serious problem (35% and 29% respectively). In the 2005 survey, these same three substances were also identified as problems for urban Indigenous people by a majority of respondents, with 93 percent of the 2005 survey respondents identifying alcohol as a serious or moderate problem, followed by cannabis (77%) and amphetamines (53%). Inhalants were also identified to be a serious or moderate problem by 57 percent of the 2005 urban survey respondents and 42 percent of the current survey respondents. These data reflect current and historical concern over alcohol, cannabis and amphetamine use by urban-based Indigenous people.

Table 13 Metropolitan police perceptions of problem severity of substances used by Indigenous people

Substance	Not a problem		Slight problem		Moderate problem		Serious problem		Don't know		Not available	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	0	0	0	0	36	15	195	83	4	2	1	<1
Amphetamines	6	3	47	20	81	35	68	29	28	12	2	1
Benzodiazepines	24	11	60	26	32	14	19	8	90	40	3	1
Cannabis	2	<1	40	17	93	40	88	37	11	5	1	<1
Cocaine	43	19	56	24	18	8	15	7	94	41	6	3
Ecstasy	38	16	66	29	28	12	19	8	78	34	3	1
Hallucinogens	43	19	52	23	19	8	15	7	97	42	4	2
Heroin	24	10	41	18	40	17	51	22	68	30	6	3
Inhalants	37	16	51	22	51	22	47	20	46	20	3	1
Opioids	31	13	46	20	44	19	17	7	88	38	4	2
Petrol	57	25	52	22	35	15	30	13	56	24	2	<1
Psycho-stimulants	45	20	39	17	24	10	12	5	103	45	7	3
Poly drug use	13	6	21	9	51	22	88	38	55	24	4	2
Other	3	4	5	6	2	3	2	3	57	70	13	16

Source: AIC police survey 2010

During the planning phase of the research, PRG members identified alcohol, amphetamines and cannabis as the principal drugs of concern from a policing perspective. In addition, the illicit use of pharmaceuticals was identified as an emerging problem. Survey respondents were therefore asked to identify whether the misuse of these substances by Indigenous people had a negative impact on a specified list of community harms. Table 14 below indicates the number and proportion of respondents who identified respective substances as exacerbating designated social problems.

The findings revealed that alcohol was, on average, perceived to contribute to more problems (on average, 9 problems) than the other substance types.

Table 14 Contribution of designated substances to problems experienced by Indigenous people in local area

	Alcohol		Amphetamines		Cannabis		Illicit pharmaceuticals	
	n	%	n	%	n	%	n	%
Domestic/family violence	233	94	121	49	133	54	41	17
Other violence	234	95	141	57	114	46	41	17
Sexual favours being traded for money	119	48	112	45	89	36	55	22
Mental health issues	206	83	160	65	194	79	75	30
Poor physical health	227	92	142	57	146	59	63	26
Financial hardship	222	90	147	60	146	59	56	23
Not wanting to work	213	87	123	50	171	69	56	23
Conflict within the community	221	89	133	54	127	51	48	19
Disruption to children's schooling	211	85	122	49	144	58	51	21
Neglect of children	227	92	141	57	161	65	59	24
Other	11	4	8	3	7	3	3	1
Average number of problems identified for drug type (n)	9		5		6		2	

Source: AIC police survey 2010

Perceptions of illicit drug supply in metropolitan locations

Survey respondents were asked to identify the means by which cannabis and amphetamines were made available in their local areas as an indicator of the extent to which Indigenous people are involved in local drug markets.

Table 15 shows that cannabis and amphetamines are available from many sources in metropolitan locations. The majority of metropolitan-based police who participated in the survey identified that:

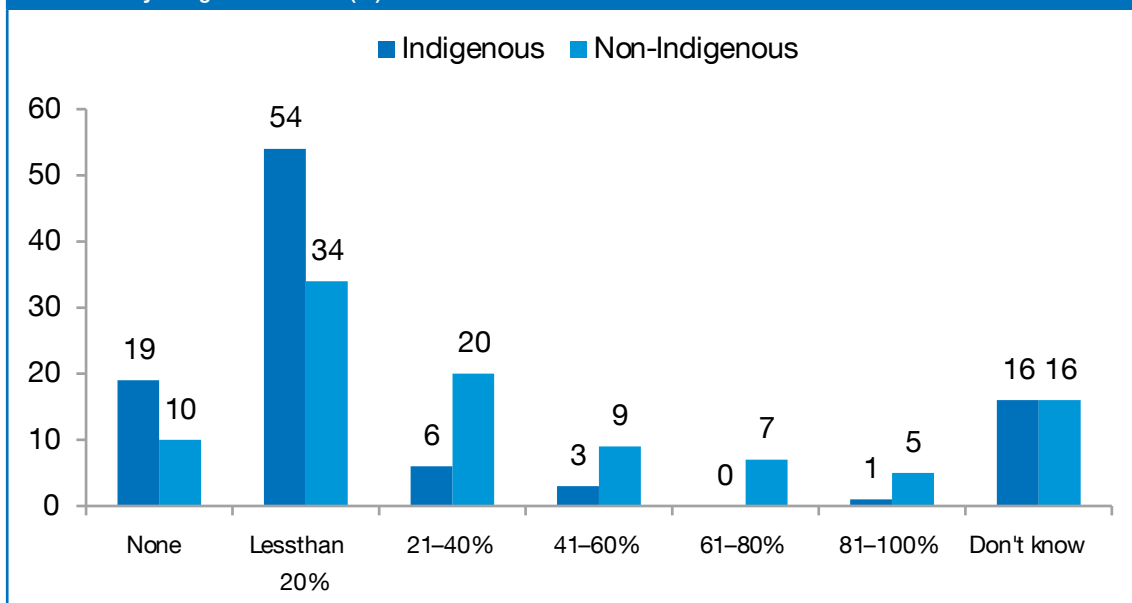
- Non-Indigenous persons were more likely responsible for the supply and availability of cannabis than Indigenous people; however, the difference was small. Referring to non-Indigenous people, 81 percent of respondents attributed cannabis availability to local residents and 59 percent of respondents also stated cannabis was made available by non-residents. Referring to Indigenous people, 70 percent of respondents attributed cannabis availability to local residents and 51 percent of respondents stated cannabis was made available by non-residents.
- Non-Indigenous people were also perceived to be more responsible than Indigenous people for the distribution of amphetamines. Referring to non-Indigenous people, 73 percent of respondents attributed amphetamine availability to local residents and 54 percent of respondents stated amphetamines are made available by non-residents. Referring to Indigenous people, 46 percent of respondents attributed amphetamine availability to local residents and 35 percent of respondents stated amphetamines were made available by non-residents.

Table 15 The means of availability of cannabis and amphetamines in metropolitan areas

Means	Cannabis		Amphetamines	
	n	%	n	%
Distributed/brought in by local Indigenous residents	174	70	114	46
Distributed/brought in by local non indigenous residents	200	81	180	73
Distributed/brought in by Indigenous outsiders	127	51	86	35
Distributed/brought in by non-Indigenous outsiders	145	59	133	54
Grown/cultivated/manufactured within the local government area	118	48	98	40
Grown/cultivated/manufactures within the region but not the local government area	55	22	50	20
Other means	1	<1	1	<1
Substance not available in the local government area	1	<1	0	0
Don't know	18	7	32	13

Source: AIC police survey 2010

Estimates of the proportion of drug charges for supply, distribution, manufacture and/or cultivation reflect that police perceived more of these charges to be laid against nonIndigenous people than Indigenous people. These results are consistent with the previous police service data, demonstrating more drug-related offences for non-Indigenous people than Indigenous people.

Figure 9 Police estimates of the proportion of illicit drug charges for supply/distribution/manufacture/cultivation by Indigenous status (%)

Source: AIC police survey 2010

Offending differences between Indigenous and non-Indigenous people

Determining whether an Indigenous-specific policing response is required in metropolitan areas requires an assessment of whether there are any differences in the nature of offending by Indigenous and non-Indigenous persons. Respondents were asked to rank crime types in order of the problem in their local area from biggest problem to smallest problem. Table 16 shows that alcohol licensing and good order offences (likely due to intoxication) were considered problems by more respondents than the other offence types. During interviews and focus groups, police identified that alcohol licensing offences were usually patron rather than proprietor offences and that these offences rarely involved Indigenous people. Police stated that Indigenous people were more likely to be involved in good order, personal and property offences.

Table 16 Perceptions of most problematic offence type in local area

Offence	n	%
Good order	58	29
Alcohol licensing	54	27
Person offences (eg assault)	33	17
Property offences	27	14
Drug offences	22	11

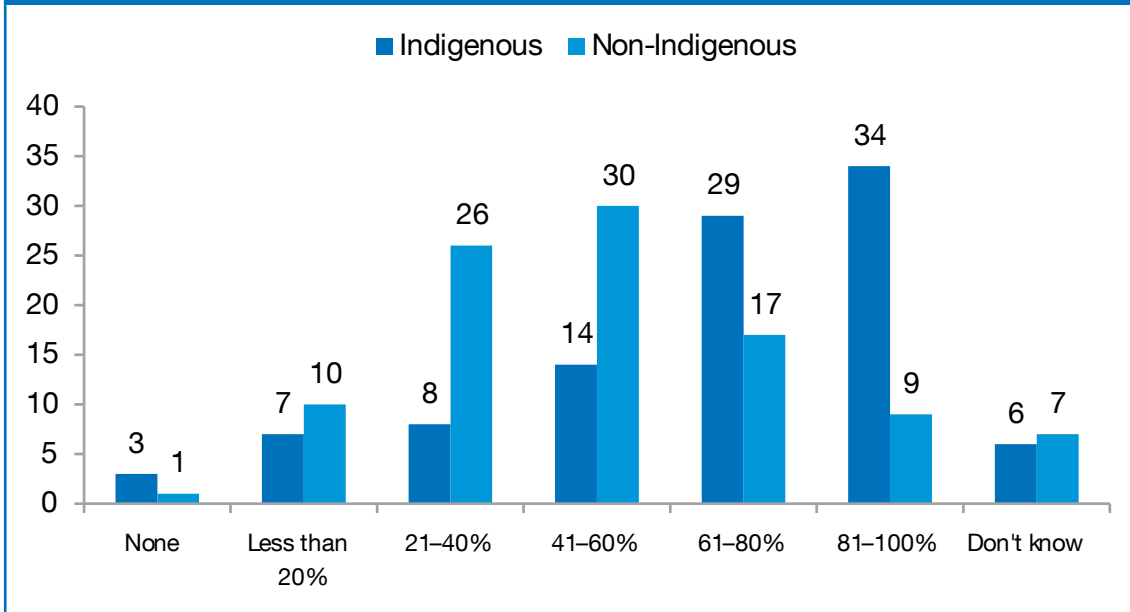
Source: AIC police survey 2010

Officers identified AOD use as a contributing factor in many offences committed against and by Indigenous people, as well as non-Indigenous people. Police recorded data, as presented in the first section of this report, identified that a minority of drug and alcohol-related offences were committed by Indigenous people. These data show that where an Indigenous person was involved in an offence, it is very likely to have been alcohol related. Figures 10 and 11, presenting data from police interviews, confirm that:

- Almost two-thirds of police (63%) estimated that the majority (60% or more) of charges against Indigenous people were for alcohol-related incidents compared with approximately one-quarter (26%) of charges against non-Indigenous people.
- Police were also more likely to estimate a greater proportion of drug-related charges against Indigenous people (29%) than non-Indigenous people (16%). Data provided by police and presented in the first section of this report suggest that this may be a misperception and that non-Indigenous people account for more drug-related offence activity than do Indigenous people.

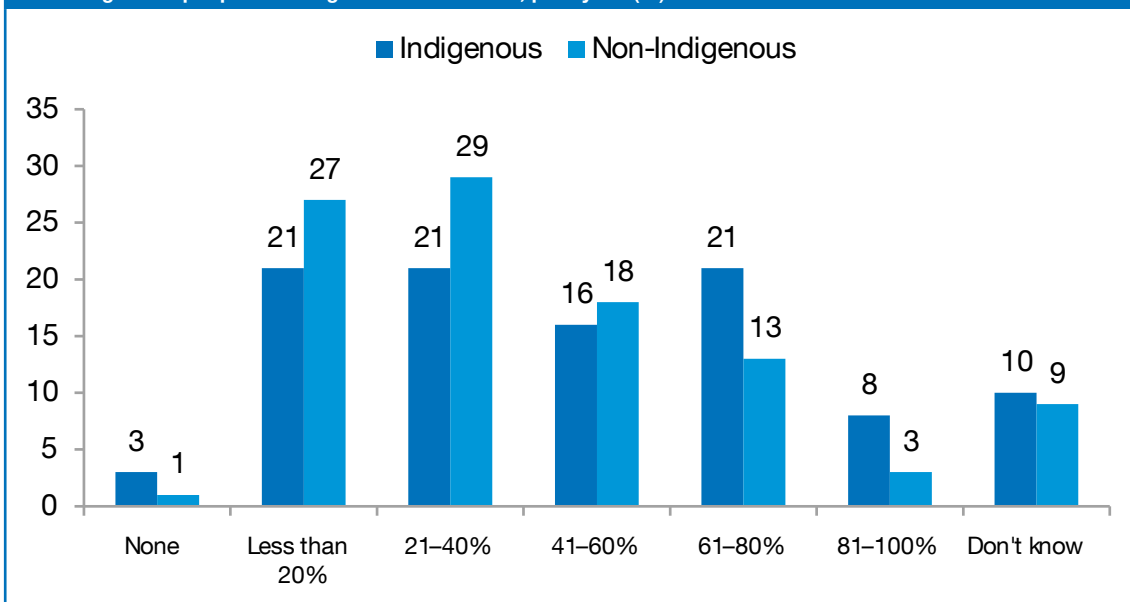
These survey results, combined with the police recorded data, suggest that a focus on reducing alcohol misuse by Indigenous people could have a considerable impact on Indigenous offending rates.

Figure 10 Police estimates of the proportion of criminal charges against Indigenous and non-Indigenous people for alcohol-related incidents, past year (%)



Source: AIC police survey 2010

Figure 11 Police estimates of the proportion of criminal charges against Indigenous and non-Indigenous people for drug-related incidents, past year (%)



Source: AIC police survey 2010

Police reported that, generally, the alcohol and drug-related incident behaviours of Indigenous and non-Indigenous offenders were similar; however, some differences were noted during the course of the police focus group and other stakeholder consultations. Namely, that:

- As noted, Indigenous offending in metropolitan areas is associated with high levels of alcohol use. Although officers mentioned the contribution of cannabis, amphetamines and heroin to offending, alcohol was reported to 'cause more problems' and lead to more arrests and public safety concerns. Non-Indigenous people were more likely to offend under the influence of a greater array of substances or none at all.

- Indigenous people are more likely to congregate in parks and other public spaces to socialise and consume alcohol. Intoxication may lead to assaults or other offences including community-related feuds or payback. Conversely, non-Indigenous people were more likely to frequent licensed premises and be involved in altercations at or within the vicinity of venues when intoxicated.
- Indigenous people who were picked up by police for intoxication were often given additional charges due to offensive behaviour and assault on police.
- Indigenous people are susceptible to victimisation due to their consumption patterns. Drinking in public spaces and 'passing out' was identified as a risk for property theft and sexual assault.
- Illicit drug crimes committed by Indigenous people were more likely to lack sophistication and to be driven by the need for money for alcohol or other drugs rather than for profit.

Conclusion

Information sources reviewed for this research identified the widespread use of alcohol and low prevalence of illicit substance use by Indigenous offenders in metropolitan areas. Although most people who use both licit and illicit substances do not have dependence problems, those persons who do misuse substances place a considerable burden on policing, health and other social and criminal justice sectors. National survey data and police perceptions were consistent, identifying alcohol and cannabis as the substances of most concern for Indigenous Australians. These data reveal that a focus on alcohol and cannabis by police and their partner agencies is warranted. The data also demonstrate that the widespread availability of other drugs warrants ongoing monitoring and assessment so that interventions can be both timely and suitably targeted.

Flexible police and other service sector responses appear to be necessary to approach the differences in substance use choice, location of use and offence behaviours of Indigenous and non-Indigenous people. Although the data show that Indigenous people are not responsible for the majority of offences committed within metropolitan areas, the proportion attributed to alcohol use suggests that responding to this problem could lead to a significant reduction in Indigenous persons contact with the criminal justice system and improved community safety.

Challenges in responding to Indigenous substance use in metropolitan locations

The development of a good practice framework for policing Indigenous substance use requires consideration of the context in which metropolitan policing occurs, as well as the challenges currently faced by operational officers and other stakeholders as they work to address identified issues. Implementation should also be carefully monitored to ensure that frameworks are sufficiently flexible and able to accommodate new challenges or obstacles.

To this end, a key component of this project involved a series of consultations with key stakeholders, including operational police officers and local government and non-government community service providers, with the aim of identifying current challenges and future issues that impact the policing of Indigenous substance use in the metropolitan context. This section provides a detailed summary of the challenges identified throughout these consultations, as well as a review of comments by stakeholders regarding options and alternative strategies that could form part of an integrated good practice framework.

The nature of Indigenous substance use

When developing a good practice framework and deciding on strategies and intervention options, it is important to reflect not only upon the apparent size of the problem, but also the nature of the problem. Identifying how metropolitan police typically come into contact with substance using Indigenous people and how their substance use compares with non-Indigenous populations, will have implications for the types of approaches that are developed under any practice frameworks.

The identification of substance use

Although the research identified in the first section of this report provides a useful backdrop for estimating and conceptualising Indigenous substance use in the metropolitan context, the collection of this information for statistical and policy purposes differs markedly from the ways in which police will typically identify substance use in their local policing district. It is not likely, for example, that drug users (Indigenous or otherwise) will willingly or openly discuss their drug use problems with the police and so instead, substance use is identified either in the course of their local duties or through other intelligence gathered from the local area. The process by which substance use is identified by the police is likely (according to the respondents in this study) to have consequences for the types of approaches that could be formulated through a good practice framework.

From the consultations, there appeared to be two key modes of substance use identification. The first and perhaps most common was where substance-using Indigenous offenders were identified during the normal course of responding to or investigating other criminal matters. Attendance at domestic violence incidents, for example, may reveal the involvement of alcohol either in the immediate incident or as a significantly contributing factor to ongoing violence within the home. Another example might be where cannabis is discovered in the backpack of a young Indigenous person during a routine stop and search for a shoplifting offence. Substance use, although in some cases a significantly contributing factor, is often secondary to the operational imperative of police whose primary task is to respond appropriately and equitably to the original offence.

The second scenario was where the policing activity itself was coordinated to respond to a range of public order issues that were likely, but not necessarily, specific to the local Indigenous population and related to substance use. Patrolling local parks or areas commonly used by groups of Indigenous people is just one example commonly cited by police officers consulted as part of this study. In these situations, the identification of substance use was likely to be predominantly intelligence-led, based on the prior experience of local police, or knowledge gathered from other local residents or businesses. In either case, the police here are responding to a situation highly likely to involve substance use and where substance use itself is likely to be one of the prominent offences being committed (other than other disorderly conduct or public order offences).

The demarcation between incidents where substance use is a primary versus secondary factor is important according to many respondents in this study. This is because the ability to develop appropriate policing strategies will vary depending on whether the operational component of the police's work is defined by the target's indigeneity and/or their substance use. Where, for example, police are patrolling parklands because of a known congregation of Indigenous people who are likely drinking alcohol or using drugs, then everything from 'how to approach the group', to 'how to deal with the those that are hanging around' can be considered within a good practice framework. Conversely, for instances in which Indigenous people are approached for reasons other than their substance use (and in particular situations where the offenders indigeneity or substance use is unknown to the police prior to attendance), then the policing approach is likely to be more rigid and less amenable to modification. In these latter situations, the most likely point of 'intervention' for substance use is after the primary offence has been dealt with.

The situational circumstances of Indigenous substance use

There are a potentially infinite number of different situational circumstances in which people use licit and illicit substances, irrespective of their status as an Indigenous Australian. This diversity is what makes standardised policing approaches a challenge in both the metropolitan and rural context. Many stakeholders consulted as part of this review were particularly concerned that for Indigenous people in their metropolitan area, there was a tendency to consume alcohol in large groups in public spaces, increasing their risk of detection by police for public drunkenness and nuisance offences.

To confirm these reports and provide context to the concerns raised, analysis was undertaken of the AIC's DUMA addenda data that was developed specifically for this research. In the addendum, detainees who had consumed alcohol or other drugs in the last 30 days were asked to identify if they had done so in a public space. Fifty-two percent of Indigenous respondents compared with 27 percent of non-Indigenous respondents stated that they had. Of those that had consumed alcohol in a public space, Indigenous detainees were less likely than non-Indigenous detainees to have done so alone and more likely to have done so with three or more people (see Tables 17 and 18).

Table 17 Respondents who have used alcohol or other drugs in the street or other public setting by Indigenous status, past 30 days				
	Yes		No	
	n	%	n	%
Non-Indigenous	117	27	324	73
Indigenous	77	52	72	48

Source: AIC 2010 DUMA Collection [computer file]

Table 18 Public drug and alcohol use by group size and Indigenous status

	1–2 people		3–4 people		5 or more people		n/a—alone		Total	
	n	%	n	%	n	%	n	%	n	%
Non-Indigenous	41	35	33	28	15	12	28	24	117	
Indigenous	17	22	36	47	14	18	10	13	77	
Total	58	30	69	36	29	15	38	20	194	

Source: AIC 2010 DUMA Collection [computer file]

The congregation of potentially intoxicated people in public spaces poses a number of risks that require a careful and considered response. However, the views of stakeholders on what should constitute that response differed. On one hand, policing representatives frequently spoke about their imperative to protect public amenity and enhance public safety and therefore intervene in situations that involve or have the potential to involve criminal offences. Situations involving heavily intoxicated individuals have the potential to result in physical altercations or the use of abusive language, which without intervention could escalate to involve harm to those individuals and others.

Conversely, stakeholders from the non-government and treatment service sector believed that in many cases, intervention by the police was unwarranted and led only to an increase in perceptions of over-policing and net widening.

It is not the intention of this report to provide specific advice to police on how to respond to any and every situation that arises. Instead, this report is designed to provide a range of views that can be used to inform a framework of responses that address not only the immediate public safety concerns of police, but also the broader social issues that underlie the problem. Simply moving Indigenous people along without any alternative follow-up strategies is unlikely to result in any sustainable reduction in the problem of public drinking. Other issues raised by the stakeholders include:

- the presence of children—and whether specific strategies were needed when young children are around adults who are drinking;
- accessibility of alcohol—and whether more controls need to be in place to limit the purchase of alcohol;
- promoting health and social service responses to public drinking and intoxication—for example, providing alternatives to custody for persons (specifically young people) who are drinking but not committing any other offences;
- the potential for exposure to public use of alcohol and illicit drugs to normalise their use in the perception of young and other vulnerable persons;
- the potential for the presentation of some mental and other health issues to be misinterpreted as intoxication leading to law enforcement, rather than health service, responses;
- safety concerns experienced by persons trying to use the same public spaces; and
- concerns that there is not a differential response by police services to persons who are peaceably drinking in public spaces and persons who are also being antisocial.

The factors contributing to Indigenous substance use

Responding to Indigenous substance use in metropolitan areas requires not only the practical tools for guiding methods of intervention, but also a range of appropriate interventions that are designed to address the underlying issues that contribute to substance use. Many of these issues are not specific to the local Indigenous population, but generally apply to the broader non-Indigenous population as well.

The social and psychological determinants of substance misuse are widely considered to be a key area for intervention if the problems associated with alcohol and drug misuse are to be remedied. These factors include low employment and income opportunities, inadequate accommodation and for Indigenous people, the effects of dispossession and colonisation. The links between the aforementioned factors, substance misuse and offending are well-documented (see for example, Stewart et al. 2007; Wundersitz 2010).

Stakeholders consulted in this research also identified a range of additional factors that should also be considered by police when planning approaches and interventions; the main factors being family dysfunction and mental health. In addition, stakeholders identified a need for police and other services to better understand the reasons people use alcohol and illicit drugs, motivation to change use patterns and the barriers experienced when individuals seek help and support for addiction and problematic substance use.

Family alcohol and other drug use and dysfunction

Problematic family AOD use has a negative impact on family relations and has implications for police interventions, particularly with children and young people.

Many stakeholders identified that AOD use contributes to a breakdown in family relationships and is a precipitating cause of broader social dysfunction and disadvantage. AOD use was identified as one factor contributing to disengagement with the broader society, family violence, child abuse, poor parenting and impaired family relationships. In the words of one police survey respondent:

Alcohol and cannabis are near synonymous with persons in contact with Police, as both victims and offenders. Dependency on these drugs creates enormous problems both within the household and in the wider community. Financial outlay for drug habits often takes precedence over basic care and hygiene; including [the] care of children.

Stakeholders also noted concern over the effect family AOD use has on children and young people. Some stakeholders identified that 'generations are lost' because problematic substance use is normalised. Young people learn to use AOD to cope with problems, have to act as caregivers to parents who are affected by AOD use or experience violence in their homes that is directly attributable to AOD use.

Although many service sector stakeholders identified that the disadvantage and dysfunction attributed to AOD use is often more acute with Indigenous clients, the police consulted for this project did not necessarily agree. For most police, AOD affected families and individual life circumstances were generally identified as complex and chaotic regardless of whether people were Indigenous or not.

Family AOD use was identified as a particular problem when working with children and young people who are at risk of offending or who have been involved in minor offending. A general view expressed by both police and service sector consultants was that Indigenous young people, in particular, may not have the family contacts or stability within their home lives to ensure a responsible adult could be contacted. Police stated that often, when they encountered a young person who was in need of some assistance or support, they would try to contact their parents or another responsible adult to come and collect them or take the young person home. In one focus group, it was identified that non-Indigenous children were more likely to have a number of contacts police can try in order to find an appropriate person or place to take them but 'the Aboriginal kids just don't have the contact list'. Officers identified that they would take the young person to their home; however, if the adults there are drug or alcohol affected and the police cannot find a person who can take responsibility for the young person, the young person may be taken to the watchhouse or child protection services may be contacted.

Most stakeholders stated that more services and safe places for young people are required on weekends and in the evening so that young people can receive adequate levels of care without the need to involve statutory services. Some stakeholders encouraged developing better relationships between statutory and non-statutory agencies so that alternatives can more readily be identified. Other stakeholders identified a need for the child protection and youth justice sectors in particular to do more to support young people already in their care—'the case workers have to take on some of the burden. Kids don't just get into trouble 9 to 5'.

Developing relationships between agencies may be one method of improving outcomes for young people. One non-government service provider interviewee identified a close relationship between himself and some local police officers. He stated that these local police knew they could contact him if they were looking for an Indigenous young person in relation to an offence and that he would find and speak to the young person to minimise the need for arrests. Because relationships between police and service providers such as that just described are informal, they rely on the dedication and commitment of the parties involved and are likely to cease when either party moves on to other positions or locations. Relationship building is described in more detail later in this report.

Police and other service providers should also consider the effect problematic family AOD may have as a barrier to seeking treatment and progress in a treatment program, as well as the effect on an ex-prisoner's successful reintegration to the community. One of the main factors associated with positive and successful reintegration and desistance is connection with family and family support. For some offenders, dissociation from negative peer and family influences is important in developing pro-social lifestyles. Breaking these connections may be difficult and perhaps more so for Indigenous people whose kinship and family ties may be stronger than those of other groups.

Mental health and comorbidity

Research suggests a high proportion of mental health and comorbid conditions for persons within the criminal justice system (see for example, ANCD 2009; Smith & Trimboli 2010). Many police officers in this study stated that the poor mental health or coexistence of substance use and mental health disorders among some Indigenous offenders is a significant concern for police.

Stakeholders attributed violence and public disorder offences to mental health and comorbid conditions. Police also indicated spending a considerable amount of time transporting people to hospital. One officer, during a consultation, stated that 'every day for the last week, I've had to convey people for assessments due to mental health issues that were related to substances'.

The NDLERF-funded environmental scan of alcohol and drug-related issues for policing (Nicholas 2010: 24) supports this police perception and identified that

- Indigenous Australians are hospitalised as a result of mental/behavioural disorders stemming from the use of:
 - multiple drug and psychoactive substances at 3.5 times the rate of non-Indigenous Australians;
 - stimulant drugs and opioids at 2.9 times and 2.3 times the rate of non-Indigenous Australians respectively; and
 - cannabis at 4.6 times the rate of non-Indigenous Australians.

Stakeholders agreed that persons with mental health problems are better assisted by the health sector than the criminal justice system; however, police frequently come into contact with people with mental health issues who have committed offences or have been disruptive in public. Further, numerous studies suggest that Indigenous people in the criminal justice system are more likely than non-Indigenous people to have alcohol and mental health issues (see for example, Bryant & Willis 2008; Butler et al. 2007). Mental health issues exacerbated by alcohol and drug use present a particular problem for police as there are limited services that can address these co-morbid conditions.

Police identified having to manage people who were being particularly aggressive because of substance use or mental health problems. Determining the underlying cause is critical to getting a person the assistance they need. In 2004, a psychostimulant resource book for police was developed as an initiative under the National Drug Strategy (Jenner et al. 2004). This resource acknowledges the complexity of identifying psychostimulant toxicity, stating that police incidents may involve individuals 'behaving in an irrational, violent or aggressive manner, and/or appearing extremely anxious, confused and agitated' (Jenner et al. 2004: 2). The resource further identifies that these behaviours may be precipitated by drug intoxication, a psychotic illness, head injury, anger, stress or fear and therefore, it is suggested that police treat all such situations as a medical

emergency in the first instance. Police stakeholders identified that police will convey individuals to hospital or have watchhouse detainees assessed whenever a mental health issue was suspected. However, police expressed frustration with having to manage people that the health system is better equipped to handle.

Most stakeholders felt the mental health sector is inadequately resourced, leading many people to not get the help they need. Agencies identified 'not being able to cope with demand'. One stakeholder stated:

Agencies are in survival mode with [most] agencies unable to cope with workloads presented. This means passing the buck where possible or taking short cuts to make bad systems work. If you took mental health and alcohol out, we would all manage with our current staff.

Most stakeholders further identified the need for greater training within police services and better collaboration between the police and mental health sectors. One evaluated program that has had a positive impact on the confidence of police in handling situations related to mental health is the NSW Mental Health Intervention Team program, which began as a pilot in 2008. The evaluation (Herrington et al. 2010) identified an increase in officer understanding of mental health issues, greater use of de-escalation techniques by police and less time being spent by police in transferring persons with mental health issues to the care of NSW Health.

Reasons for using

Stakeholders identified that the reasons individuals use substances can be an important indicator of the type of intervention or referral that should occur. For police, this contextualisation may be relevant, particularly as they are often the first point of contact many people affected by alcohol or other drugs have with a professional who can provide assistance.

In the fourth quarter 2010 DUMA addendum, respondents who had used alcohol or an illicit drug in the past thirty days consistently identified alcohol and cannabis to be the preferred drugs. Respondents were asked to identify why they preferred their drug of choice and were able to identify up to three reasons, which were recorded verbatim by interviewers and later categorised by AIC research staff.

Police have contact with many persons affected by drugs and alcohol, not all of whom will have a problem with substances; therefore, no differentiation of problematic use was made when undertaking the analysis presented in Table 19.

The results showed that the most frequently identified reasons for use could be contextualised as enjoyment (38%), coping (20%) and relaxation (15%). These results indicate the need for a range of services and responses to meet the variety of needs indicated. People who use substances to help cope with life stressors may benefit from referral to a range of support services that can assist with their personal circumstances. Persons who use substances primarily because they enjoy them may be less responsive to offers of referral into treatment or support but may still benefit from education about the harmful effects of substance use. In addition, it is important for police to recognise the reasons people use substances, as they are likely to have an impact of individual capacity and desire to change behaviour (discussed further below).

Examples of responses categorised under each of the broad categories are provided below.

- *enjoyment*—love the taste; entertaining, euphoria; it's social; makes me laugh;
- *avoidance*—takes my worries away; takes me somewhere else; stops me getting angry;
- *relaxation*—mellows me out, to wind down at night;
- *addiction*—dependence, I'm hooked, I'm addicted, drugs don't do it anymore;
- *boredom*—to keep busy, waste a bit of time, I grew up with it, something to do;
- *coping*—as medication, stops epileptic fits, because I was abused, can't stand world without it;
- *prevention*—it keeps me off other drugs, got help so don't drink, stops me from experiencing cold turkey, replacement to heroin, no violence
- *other*—I know it's wrong, I don't have any valid reason for using, it's legal, cheap.

Table 19 Main reasons cited for drug preferences

Reasons	n	%
Enjoyment	380	38
Avoidance	74	7
Relaxation	154	15
Addiction	38	4
Boredom	56	6
Coping	204	20
Prevention	21	2
Don't know	15	2
Other	59	6
Total	1,001	100

Source: AIC 2010 DUMA Collection [computer file]

Reasons for use are also important in understanding the relationship between violence and intoxication, and possible interventions. Qualitative research undertaken by the Youth Coalition of the ACT (Barker 2010) examining the perspectives of young people on alcohol consumption and related violence in Canberra identified two separate and distinct groups of young people. These groups (Group A and Group B) were differentiated based on their relationship with alcohol and violence. Group A, the majority of young people, had a negative association between alcohol and violence and preferred to avoid conflict. Group B 'value violence as means to obtain status, empower them and claim a legitimate identity' (Barker 2010: 4). Barker (2010) discusses the difference in approaches and initiatives for these two groups. For those young people who do not want to become involved in alcohol-related violence, education about strategies to avoid violence are desired and these young people responded with interest to being provided with information about night-time hotspots and violence patterns. This group may take these factors into consideration when choosing where to go, how long to stay and how to handle potentially violent situations.

This group may also benefit from peer support. Many of the young people interviewed for this study stated they would like to receive support from their friends on a night out. It was helpful to this group to be reminded that they may have had too much to drink or were starting to behave poorly.

For Group A, Barker (2010: 26) identified 'a strong sentiment that any initiatives designed to restrict the amount of alcohol or patterns of consumption of alcohol would be circumvented'. Pre-drinking and going out during the week instead of at weekends were some of the things this group of young people identified they would do in order to combat any increases in alcohol prices, for example.

Although this research was not undertaken with Indigenous young people, the findings may indicate important information that pertains to all young people and the range of initiatives that may be required to account for differences in reasons for drug and alcohol use.

Readiness to change

The readiness to change by Indigenous substance users was of particular concern to stakeholders who identified that family dysfunction and feelings of shame often prevented Indigenous clients from seeking out or responding to support services. It is important to acknowledge that there may be differences between the perception police and other stakeholders have of a person's need to change drug or alcohol using behaviour and the ability and/or willingness of those individuals to recognise a need for change.

It is also important for police and other service providers to recognise that although it may appear that a person is not willing to change their substance use habits, there are many things that can be done to facilitate a change process. As first responders, police may be in a position to influence the behaviour of

drug and alcohol-affected or dependent people. Although the role of police is not that of a therapist or social worker, there are techniques from these fields that could assist police to better respond to offender and victim needs. Motivational interviewing is one such approach and although it is generally used in a therapeutic setting, the approach has been advocated by some corrections personnel and other criminal justice agency personnel, including stakeholders consulted in this research.

Motivational interviewing is a communication technique or interpersonal style that is both directive and client centred. The goal of utilising this technique is to get the client or offender to identify their reasons for concern and their arguments for change. In this way, the client ‘owns’ the need for behaviour change rather than being told it is a requirement. Table 20 identifies the stages of change and the possible response police may provide. These responses range from creating awareness to provide active referrals to support services.

Table 20 Stages of change and the role police might play		
Stage	Presentation	Response
Pre-contemplation	happy users benefits outweigh any costs	raise doubt, increase perception of risks and problems with current behaviour
Contemplation	ambivalent users generally find AOD use fun but costs are beginning to accrue	tip the balance, discuss reasons to change and risks of not changing
Determination	users identify their use needs to change they want to stop or decrease their use	provide information about where to go for help and advice
Action	users have attempted to stop	direct to services, provide information and encouragement
Maintenance	no longer uses	help maintain behaviour through encouragement and providing information about support services
Relapse	individual has used again on one or multiple occasions	assist to understand that relapse is not failure, encourage and provide information about where to go for help and assistance

Source: Adapted from Rollnick & Miller 1995

In the quarter 4, 2009 DUMA addendum, illicit drug users were asked to rank the main reasons for which they had contemplated ceasing to use drugs. Understanding the reasons for desistance may aid police in identifying approaches that encourage substance users to think about the impact their drug and alcohol use has on the areas that matter to them. Table 21 presents the results identifying that:

- Both Indigenous and non-Indigenous respondents ranked family/partner as the main reason for contemplating drug use cessation.
- Indigenous respondents were more likely than non-Indigenous respondents to rank responsibilities for children and the effects on health as reasons for desisting, but less likely to rank financial reasons.

Of particular relevance to police is that few Indigenous and non-Indigenous respondents identified legal consequences as a reason to stop using illicit drugs. These findings support the need for drug law enforcement approaches that incorporate a focus on the personal circumstances of offenders and the encouragement of behaviour change.

Table 21 Reasons for drug use desistance by Indigenous status (%)

	Proportion of sample for whom variable is ranked first		Proportion of sample for whom variable is ranked first or second	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Family/partner	50	53	70	73
Financial reasons	6	5	19	26
Effects on my health	12	14	42	32
Extraordinary event	0	2	0	5
Responsibilities for children	25	15	47	31
Legal consequences	2	4	8	15
Total	113	468	113	468

Source: AIC 2010 DUMA collection [computer file]

Barriers to seeking treatment

It is also important for police to understand the various impediments people may experience or perceive when trying to access treatment. These real and perceived barriers will in part be affected by the individual's readiness to change, previous history of help-seeking, personal circumstances and the nature of program delivery.

In the DUMA addendum developed for this research, detainees were asked about their perceptions of the ease of accessing services and factors that would make it difficult. These questions sought to identify actual barriers faced by persons who need treatment, therefore, it was necessary to establish a group of respondents for whom this need could reasonably be assumed. In the absence of a specific question about whether the respondent had a problem with alcohol or other drugs, proxy indicators were used, such as whether respondents identified that they had ever wanted to cut down on their drug or alcohol use and if so, whether they had ever been in treatment. Responses to the addendum questions on barriers to seeking treatment were split into two categories based on answers to two questions in the core DUMA survey. First, persons who identified that they had wanted to cut down but had not been in a treatment program and second, persons who had wanted to cut down and been in treatment.

Table 22 shows that similar proportions of respondents identified that accessing programs would be easy or very easy if a person wanted to. This likely reflects the fact that services are widely available across metropolitan areas and suggests that personal or program factors are more likely to be the underlying cause of low participation figures. Table 23 identifies the factors that prevent or make it hard to access services. Multiple and varied responses were received to this question, necessitating the grouping of factors into broad categories:

- personal factors, which refer to issues like mental illness, cultural issues, addiction, admitting the problem, peer pressure and stigma;
- external factors, which refer to issues like finances, transport, employment and technology;
- program factors, which refer to issues like waiting times, location of treatment facility, entry procedures and treatment models; and
- other factors, which refer to issues like not having information about treatment.

Again, the proportion of responses against each identified factor were similar with the exception of program factors that people who had accessed treatment in the past identified as a greater barrier (28%) than those who had not (17%).

Table 22 How easy do you think it would be for a person to access a drug and alcohol treatment program? (%)

	Total sample	Persons who have wanted to cut down but not been in treatment	Persons who have wanted to cut down and been in treatment
Very easy	23	21	27
Easy	36	42	28
Neither easy nor hard	16	12	14
Hard	18	20	24
Very hard	7	6	7
Total (n)	(588)	(199)	(85)

Source: AIC 2010 DUMA Collection [computer file]

Table 23 Factors that prevent or make it hard to access treatment and support

Factor	Wanted to cut down but not been in a treatment program		Wanted to cut down and been in a treatment program	
	n	%	n	%
Personal	118	38	63	41
External	44	14	16	11
Program	52	17	42	28
Other	30	10	13	9
Easy to access	14	4	7	5
Don't know	55	18	11	7
Total	313		152	

Note: Personal factors refer to issues like mental illness, cultural issues, addiction, admitting the problem, peer pressure and stigma. External factors refer to issues like finances, transport, employment and technology. Program factors refer to issues like waiting times, location of treatment facility, entry procedures and treatment models. Other factors refer to issues like having the education and information about treatment

Source: AIC 2010 DUMA collection [computer file]

Table 24 presents the factors that prevent or make it hard to access treatment and support by Indigenous status. These results are not disaggregated by previous treatment experience because the overall Indigenous sample size was too small. These results are consistent with the aggregated responses presented above in that personal and program factors were the most commonly cited reasons given as impediments to accessing treatment. The Indigenous sample however was slightly less likely than the non-Indigenous sample to cite personal factors (36% compared with 43%) and more likely to cite program factors (24% compared with 19%). This finding is consistent with stakeholder perceptions of barriers to treatment for Indigenous people. Stakeholders identified a need for program models that are culturally secure, flexible and which are delivered on an outreach basis so that Indigenous people can remain within their supportive social networks while accessing treatment.

For police and other stakeholders, it is important to gain awareness of local service provision so that effective referrals can be made and the extent to which the local area is resourced to provide assistance can be assessed. Further discussion on the importance of understanding gaps in service delivery is in the section *Challenges in Responding to Indigenous Substance Use*.

Table 24 Factors that prevent or make it hard to access treatment and support by Indigenous status

	non-Indigenous		Indigenous	
	n	%	n	%
Personal	305	43	83	36
External	90	13	19	8
Program	134	19	56	24
Other	86	12	16	7
Easy to access	32	4	15	7
Don't know	67	9	40	17
Total	714	100	229	99

Source: AIC 2010 DUMA collection [computer file]

The diversity of policing in the metropolitan environment

Although there is much literature on policing generally and the policing of substances, very little research focuses on metropolitan locations and Indigenous people. It is important to understand the context of policing in metropolitan areas and some of the implications this has on the approaches that may be used to address substance use and offending by Indigenous people.

National and local policy contexts

At a national level, the current policy framework to improve the health, social and economic outcomes of alcohol and illicit drug use is articulated in the National Drug Strategy 2010–2015 (NDS). A series of strategies for specific drug types such as the National Alcohol Strategy 2006–2009, The National Binge Drinking Strategy, The National Cannabis Strategy, the National Amphetamine Strategy and the National Illicit Drug Strategy, sit under this framework and are underpinned by a harm minimisation philosophy that rests on three pillars:

- supply reduction strategies to disrupt the production and supply of illicit drugs, and the control and regulation of licit substances;
- demand reduction strategies to prevent the uptake of harmful drug use, including abstinence oriented strategies and treatment to reduce drug use; and
- harm reduction strategies to reduce drug-related harm to individuals and communities (MCDS 2011: 2).

The NDS coordinates its approach through developing and implementing national strategies that promote community understanding of drug-related harms. Moreover, the strategy is intended to encourage the development of partnerships, including partnerships between governments, affected communities and service providers, and coordinate outcomes through complementary integrated Commonwealth, state and territory structures, as well as internationally where appropriate.

In recognition of the need for specific strategies to address substance use and its associated problems in Australian Indigenous communities, a supplementary action plan was developed to compliment the NDS and provide a framework for a nationally coordinated approach to Indigenous substance use. The National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan (CAP) was introduced in 2003 and sought to achieve five key outcomes:

- enhance capacity of individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs, and promote their own health and wellbeing;
- use whole-of-government effort in collaboration with non-government organisations to implement, evaluate and improve comprehensive approaches to reduce drug-related harm;
- improve access to the appropriate range of health and wellbeing services that play a role in addressing

alcohol, tobacco and other drugs issues, including a range of holistic approaches from prevention through to treatment and continuing care that are locally available and accessible;

- enhance capacity of community-controlled and mainstream organisations to provide quality services; and
- increase Indigenous ownership and sustainable partnerships of research, monitoring, evaluation and dissemination of information (Urbis 2009).

In the year following its introduction, the Ministerial Council on Drug Strategy (MCDS) also released a list of priorities for the implementation of the CAP. These were:

- implementation of a National Smoking Cessation Program for Indigenous Communities;
- development of an Indigenous Alcohol Management Plan;
- improvement of Indigenous Data Collection; and
- improvement of outcomes for Indigenous Communities as a result of the policing response to illicit drugs and other substances.

A recent evaluation of the CAP (Urbis 2009) recommended:

- that the CAP be retained within the NDS as a separate entity but that its links to other strategies be increased;
- that the CAP key result areas be reviewed through a process of culturally appropriate consultation and revised to include specific high priority result areas, with accompanying measurable performance indicators;
- that the CAP is developed in a more concise format, and perhaps in more than one format, which can be easily accessed and is user-friendly. The statements of principles and current key result areas (which are considered good practice principles) could be shared across policy areas to tie the CAP more closely to other initiatives;
- that processes of monitoring are improved to ensure that reporting against the CAP occurs for funding under the Indigenous Communities Initiative and the Capacity Building in Indigenous Communities initiative; and
- that a hierarchy of outcomes model be used in developing the performance indicators and that clear processes of responsibility for monitoring and data collection are identified (Urbis 2009).

Against this backdrop, government and non-government agencies that seek to develop local drug specific plans and strategies must do so with reference to the fundamental tenants of the NDS and its associated complimentary action plans. State and territory police services must equally ensure that local alcohol and drug strategies are consistent with these broad national frameworks.

In addition to specific elements of the NDS Aboriginal and Torres Strait Islander Peoples Complimentary Action Plan, a range of other policies and frameworks guide the development of strategies, or have implications for the way in which law enforcement agencies respond to the problems associated with Indigenous substance use. These include:

- *Legislation, regulation and licensing*—each jurisdiction has a set of regulatory frameworks that not only prohibit illicit drug use, but also the situations and circumstances of alcohol consumption. In many cases, the response by law enforcement to illicit drug offences and other prohibited alcohol offences is governed by the relevant national or jurisdictional laws or through agency-based operational practice directions. In other cases, local government regulations such as place-specific alcohol restrictions provide an additional level of regulation that can influence how law enforcement responds to substance use and its problems at a local level.
- *Illicit Drug Diversion Initiatives (IDDI)*—announced by the MCDS in 1999, IDDI is intended as a framework that supports diversionary schemes for individuals who contact the criminal justice system because of their substance use. IDDI is divided into two key streams. At the front end, the Police Drug Diversion Initiative incorporates a variety of jurisdictional-specific diversionary schemes implemented by the police. These schemes range from cannabis cautioning for first time cannabis possession offenders in New South Wales, to the All Drug Diversion scheme for other users of illicit drugs in Western Australia. At the intermediate level,

court-based drug diversion schemes such as the Magistrates Early Referral Into Treatment program, operate to divert more entrenched drug users or offenders who are not eligible for police diversion, but whose contact with the criminal justice system is driven primarily by their substance use.

- *Jurisdictional specific Aboriginal Justice Agreements*—although they differ in scope between jurisdictions, the justice agreements are typically specific to key jurisdictional priorities, but broadly seek to improve outcomes for Indigenous people in the criminal justice system. Examples of these include:
 - The Victorian Aboriginal Justice Agreement (2006), which aims to reduce Indigenous overrepresentation in the criminal justice system by improving accessibility, utilisation and effectiveness of justice-related programs and services (DOJ VIC 2006).
 - The Western Australian Aboriginal Justice Agreement (2004), which aims to provide a framework for improving justice-related outcomes for Aboriginal people including:
 - establishing safe, secure and just communities;
 - increasing the capacity of government and Aboriginal people to work in partnership;
 - ensuring government meets its obligation to provide equitable access to justice-related services across the State;
 - reducing contact with the justice system; and
 - lowering the incarceration rate of Aboriginal people (DOJ WA 2004: 6).
 - The NSW Aboriginal Justice Agreement, which aims to:
 - improve Aboriginal access to justice,
 - improve the quality and relevance of justice that Aboriginal people receive;
 - provide a framework for ongoing partnership between the Aboriginal Justice Advisory Council and the Attorney General in addressing justice issues; and
 - allow Aboriginal people to take a leadership role and make key decisions in solving their own justice concerns (AJAC nd).
- *the National Youth Policing Model*—designed to improve public safety by reducing the prevalence of violent and antisocial behaviours of young people. The model is principles-based and identifies six priority strategies for policing:
 1. targeted policing;
 2. strong responses to alcohol and drug abuse;
 3. strong enforcement of road rules;
 4. early intervention and diversion strategies;
 5. collaboration and information sharing between jurisdictions and with other services; and
 6. education and awareness about safety and legal rights and responsibilities.
- *Other local strategies and action plans*—developed to address the specific needs of local Indigenous people, including drug and alcohol use and offending by young people. These include:
 - NSW Police Aboriginal Strategic Direction 2007–2011;
 - WA Young people in Northbridge policy; and
 - SA Department of Justice Aboriginal Justice Action Plan.

The diversity of metropolitan areas

In metropolitan areas, geographic boundaries are defined for the purposes of service delivery; however, these boundaries have soft borders with populations frequently moving between and within areas. This has a number of impacts on policing and general service delivery.

First, police have to engage with a large population base. Population size affords offenders greater targets for criminal activity and increased anonymity as their identification is more difficult for police. The population will

also represent varying demographics and therefore, strategies need to be in place to ensure responses can meet the needs of all people in the area.

Nationally, 32 percent of Indigenous people live in major cities; however, the proportion in any given policing area is highly variable. The ABS estimates the metropolitan Indigenous population of New South Wales, South Australia, Victoria and Western Australia to be 1.2, 1.1, 0.4 and 1.5 percent respectively. Strategies of targeted assistance for Indigenous people, although warranted based on need, should also be framed with an understanding of this small population base overall.

Second, populations within metropolitan areas are variable. The majority of respondents to the police survey identified very small local resident Indigenous populations; however, more than half of these respondents (65%) stated that the Indigenous population increases because of temporary visitors. In Redfern, for example, the local resident Indigenous population is estimated to be 2.5 percent of the population, yet on an average day, it is estimated that up to half of the people in the suburb are of Indigenous descent. By contrast, areas such as Rose Bay in Sydney are not generally frequented by Indigenous people and therefore strategies, training and resources for Indigenous people are less likely to be required.

Stakeholders from the service sector identified that population shifts within local areas due to high numbers of visitors may have an impact on service delivery. Funding and resource allocation may be designated on the basis of local resident population figures and program placements may be available only to these local residents. This can be particularly problematic for Indigenous populations across metropolitan areas whose local population base is highly variable.

Third, local metropolitan policing services do not operate in isolation—they do share borders but their populations are intermixed and while approaches should be locally driven, they need also to take into account potential effects across service areas, as well as potential coordination between these areas on issues that are common. Police services undertaking initiatives in one area need to consider unintended adverse consequences that may impact another area. For example, advice to local councils on the placement of alcohol-free zones needs to consider the displacement of public consumption to other locations, either outside or within the local service area. Findings from a recent study on policing in Melbourne found that:

Community members including offenders and victims were often unaware of, and are unlikely to modify behaviour according to, such boundaries. They were confused when they received different treatment from operational units from neighbouring areas, governed by different managers and directives, policing across boundaries when workloads were high (Bull 2010: 286).

Finally, soft borders increase the importance of regular contact between local service areas so that local intelligence, potential problem areas and persons can be readily identified. During consultations, one senior police officer identified that regular meetings were held between areas within the same geographic areas to ensure knowledge was transferred between locations and approaches remained consistent. It is important that issues relating to local indigenous populations and problems associated with drug or alcohol use are also included in these discussions.

Policing approaches

It should be recognised that responses to Indigenous specific issues will mostly occur within the context of broader policing approaches and operations and can rarely be disentangled. Specifically, with a focus on community safety and security, police services (through the legitimate use of policing powers) enforce laws, provide support to victims, care for the welfare needs of the community and manage behaviour in public spaces. In each of these situations, policing responses will be influenced by not only the policy position of government and the police service as noted above, but also by the styles and methods that define how problems are identified and approached.

Modern policing models include community, intelligence-led and problem-oriented policing. Each approach (described further below) incorporates information gathering and problem solving, however, there are key differences in how problems are contextualised and thus in how problems are dealt with.

No one approach predominates, although broadly, community policing is generally considered to be the preferred approach in regional and remote settings, while the more operationally focused approaches of intelligence-led and problem-oriented policing tend to predominate in metropolitan areas (Scott & Jobes 2007).

Although no formal policies or legislation require Australian policing services to wholly adopt community policing, police services have embraced the term and it is increasingly viewed as an important element of Australian policing (Fleming 2010). The genesis of this approach was identifying that the traditional policing model was not effective. Public trust in police was eroding and the community was becoming disengaged from police (Myhill 2009).

Community policing differs from other models of policing in that it is a philosophy and operational strategy. 'Community policing stresses policing *with* and *for* the community rather than policing *of* the community' (Tilley 2003: 315, emphasis in the original). One of the potential benefits of this approach is increasing community confidence levels in policing through active engagement; however, it is the engagement process that remains most elusive and difficult to fully implement.

Community engagement is the process of enabling citizens to participate in policing by providing them with information, empowering and supporting them to help identify and implement solutions to local problems, and allowing them to influence strategic priorities and planning (Myhill 2009: 36).

This approach is particularly appealing when considering responses to intractable problems such as Indigenous alcohol and drug misuse. It is consistent with developmental approaches and accords with Indigenous people's desire for self-determination. However, in practical terms community policing is difficult to implement fully in a metropolitan environment.

Several difficulties may be experienced by police services trying to implement community policing strategies. The effectiveness requires stability of the workforce in the local community; however, in metropolitan areas there are often frequent movements of staff between stations. Difficulties also arise at the point of problem identification, which remains almost exclusively in the domain of the police service rather than being community generated (Thorne 2003). In fact, problems associated with Indigenous substance use generally come to the attention of police in the course of their normal duties, such as responding to family violence incidents, rather than as a result of specifically Indigenous-focused interventions. Project-based community crime prevention has been successful with locally based projects recipients of National Crime and Violence Prevention awards. These projects reflect the tenets of community policing but may be better described as community-based policing initiatives, as they do not necessarily reflect strategies and initiatives of the police service as a whole. For policing practice to be recognised as community policing, Cordner (cited in Fleming 2010: 3) identifies four dimensions that need to be considered in their entirety. These are:

- philosophical—encompasses the central ideas and beliefs underlying community policing that are articulated in such materials as the organisational logo, the mission statement and annual reports;
- strategic—the development of strategies that articulate the philosophical dimension and achieve the implementation of such strategies;
- tactical—translate ideas, philosophies and strategies into concrete programs, tactics, and behaviours; and
- organisational—the ways in which management and the structure of the organisation support community policing.

By contrast, intelligence-led policing focuses on the traditional law enforcement role using modern methods and incorporating modern technology. The core emphases of the model are:

- The focus is on crime.
- The means are enforcement and disruption.
- The enforcement and disruption measures are aimed at reducing the problem by understanding the ability of criminals to do their business.
- The enforcement and disruption activities are informed by intelligence work aimed at understanding the business and those involved in it.

- The tactics are co-ordinated at a relevant level.
- The organisations involved are all enforcement agencies (Tilley 2003: 323).

One of the difficulties associated with an intelligence-led policing approach is the need to be realistic about the impact police can have on the level of crime in society. Police have minimal influence over many of the structural determinants of crime; however, building partnerships with other agencies can assist police to have greater influence over the causal factors of crime (Ratcliffe 2003).

Finally, problem-oriented policing (POP) holds yet another view of the role of policing. POP:

- focuses on real recurrent problems;
- attempts to work out why they have persisted;
- analyses their underlying sources;
- figures out what might be done to ameliorate or remove them on the basis of the analysis; and
- checks whether the strategy has had the intended outcome (Tilley 2010: 183).

In this approach, identifying the problem accurately is crucial and ‘calls for the close specification of problems’ (Tilley 2003: 319). POP is therefore oriented towards dealing with underlying problems, patterns in offence types or offender/victim typologies and the tactics employed are contingent upon how the problem has been defined.

The POP approach involves police, communities and local agencies working in partnership. The typical process of problem identification and analysis is SARA:

- scanning—identifying problems using local knowledge and data from a range of sources;
- analysis—using data to identify the problems caused;
- response—devising solutions to the problem using situation and social approaches; and
- assessment—looking back to see if the solution worked and what lessons can be learned (Centre for problem Oriented Policing nd).

POP is a practical approach. There is scope to involve the community and address root causes of crime as in community policing but the focus is on problem identification and analysis.

Tilley (2010) states that one area in which POP needs to improve is evaluation of its effectiveness. Difficulties include determining causal attribution and finding comparison areas. POP is also susceptible to implementation weaknesses, which include poorly conducted SARA and poorly executed interventions.

Although these three approaches to policing differ in many ways, they may operate similarly at the point of service delivery (Tilley 2003). Facing specific problems, police may employ one or all approaches depending on the nature of the situation and the preferred style of the individual officer. Additionally, specific approaches may be adopted within specialist units of policing services; for example, an intelligence-led policing approach may be used by police drug squads in efforts to detect and reduce drug supply.

Specific policing activities

Police stakeholders were asked to provide examples of activities they commonly undertook with alcohol and drug affected Indigenous offenders. The three most common activities discussed are described to contextualise how police fulfil their law enforcement role. These are enforcing alcohol-free zones, promoting diversion and conducting investigations. Other activities are undertaken by police in metropolitan areas but were omitted from this discussion because officers stated that they were not specific concerns related to Indigenous offending or welfare concerns. Readers will note, for example, the absence of discussion about some problems that receive considerable media attention and that are concerning to the public and to police such as road fatalities, policing of licensed premises and drug law enforcement. Readers wanting to learn more about AOD issues facing police should consult the comprehensive environmental scan undertaken by Nicholas (2010).

Enforcing alcohol-free zones

Alcohol-free zones operate in designated areas across jurisdictions. These areas are designated by councils after local consultation and are enforceable by police. They, when part of a larger program of initiatives, are seen to promote public safety that may be impacted by irresponsible alcohol consumption.

Most officers were supportive of zoning because it affords them the authority to intervene in risky behaviour and promote public safety. Officers use discretion depending on the situation they encounter. Officers stated that when there is a public safety concern they may apprehend, arrest or invoke 'move on' orders. In other situations, police may tip out the alcohol or advise the person drinking that they will return in a specified amount of time, with the expectation that the person will have moved on of their own accord.

Alcohol-free zones are not without their critics. Some officers questioned whether, through the enforcement of these regulations, they were moving the problem into other areas. Some officers identified that displacement of the problem has occurred in their local area and that this has led to an increase in the number of zones. For these officers, the problem has relocated rather than resolved.

Some stakeholders from the service sector also criticised the widespread use of alcohol-free zones. These stakeholders expressed safety concerns for users. The Sydney Morning Herald (Moore 2010) reported that the Chief Executive of the Redfern Legal Centre

feared [proposed new zones in Sydney] would push drinkers 'into stairwells, into public toilets and areas where Mission Beat and other charities can't access them' and would 'make the vulnerable people more hidden'.

Stakeholders and police both identified that alcohol-free zones in themselves will not solve the problem of irresponsible alcohol consumption in metropolitan areas. Other measures, supported by local councils, the community and service providers are necessary, either on their own or in conjunction with these zones, in order to have an impact on perceived problems.

Promoting diversion

Police have a central role in the reduction of the supply of illicit drugs. Increasingly, their impact on demand and harm reduction is also being acknowledged (see for example Spooner, McPherson & Hall 2004; Willis, Homel & Anderson 2010). Police:

- may warn users about dangerous batches of drugs;
- manage people under the influence of drugs to reduce harm to the users and others;
- may refer users into treatment or suggest sources of assistance; and
- refer people to diversion schemes.

As diversion is one of the principle methods police use to respond to alcohol and other drug use, it was the focus of much of the stakeholder consultations.

Illicit drug diversion schemes are well established across Australian jurisdictions. Police services have a lead role in promoting and implementing these schemes. On a continuum, diversion schemes include police drug diversion, cautioning and conferencing, court-mandated referral into treatment programs and specialist drug courts. Recent developments in diversionary options include the Early Intervention Pilot Program targeting young people with problematic alcohol use; however, as they have yet to be evaluated, the focus of this discussion is on illicit drug diversion. Outcomes sought by illicit drug diversion schemes include:

- a reduction or cessation in drug use;
- a reduction or cessation in drug or drug-related offending;
- an improvement in the general health and wellbeing of drug users;
- a reduction in workloads at particular points of the criminal justice system; and
- cost effectiveness.

The premise behind diversion is to shift low-risk offenders away from conventional criminal justice processes to minimise levels of offender contact with the formal criminal justice system (particularly for young offenders). Diversion measures such as police cautioning and conferencing or specific drug and alcohol programs, aim to address the underlying criminogenic needs of offenders as a means of reducing the likelihood of offenders returning to criminal and antisocial behaviour. The most common types of diversion programs offered in Australia are drug diversion programs—predominantly for cannabis users, first time drug users or young offenders.

Why diversion is of particular importance for Indigenous offenders

Numerous researchers and practitioners agree that Indigenous overrepresentation across the criminal justice system could be reduced through the increased use of diversion (see for example, Cunneen, Collings & Ralph 2005; Luke & Cunneen 1995; Allard et al. 2010). In addition to higher rates of contact between Indigenous offenders and the criminal justice system, numerous studies have shown that early contact with the system can act as a precursor to future offending, particularly for Indigenous young people. As a result, there is a recognised need for diversion programs that are targeted at Indigenous offenders, which focus on early intervention and preventing initial contact with the system. Further, the development, implementation and evaluation of targeted welfare-orientated diversion is advocated to reduce reoffending and ultimately reduce Indigenous overrepresentation in the criminal justice system (Allard et al. 2010).

How police diversion operates across Australian jurisdictions

South Australia offers a range of drug diversion models, which vary depending on the type and quantity of the drug. For cannabis offenders, fines can be given for possession of smaller quantities as a means to bypass the formal court system. South Australia also has a Court Assessment and Referral Drug Scheme and a Drug Court, which can refer nondiverted offenders into assessment and treatment services.

In Victoria, first and second time cannabis offenders are given a caution and voluntary education is offered. Third time cannabis offenders are sent to the Magistrates Court and are not considered eligible for the Victoria Police Drug Diversion program. For low level or first-time users of illicit drugs other than cannabis (including the misuse of pharmaceutical drugs) the Victoria Police Drug Diversion program offers the option of a caution to people who are arrested for use and/or possession of an illicit drug. The caution is conditional upon their attendance at a clinical assessment and one session of drug treatment at a drug treatment agency (Kellow et al. 2008).

New South Wales introduced the Cannabis Cautioning Scheme⁴ in 2000. Adults who have used (or are in possession of) not more than 15g of dried cannabis and or/equipment for the use of cannabis, may receive a formal police caution rather than face criminal charges and court proceedings. The scheme relies on police discretion to determine whether or not an offender is cautioned or formally charged. A person can only be cautioned twice and cannot be cautioned at all if they have prior convictions for drug, violence or sexual assault offences. The scheme also does not apply to those caught supplying cannabis.

A recently published performance audit on the effectiveness of cautioning for minor cannabis offences (NSW Auditor General 2011) found that although cautioning has resulted in a decrease in contact with the criminal justice system and a saving in court and police time. Only 1.6 percent of offenders contacted the drug helpline and no evaluations have been conducted assessing the effect of the scheme on drug use in New South Wales (NSW Auditor General 2011). Further, it is unknown whether the small proportion of persons accessing the drug helpline suggests that alternative support is required for these offenders or whether it indicates that they already access alternative support or do not consider their cannabis use to be problematic.

Western Australia operates a number of diversion schemes that can be accessed by various offenders depending on their circumstances. The Cannabis Intervention Requirement⁵ is one option available to

4 Information about the NSW Cannabis Cautioning Scheme can be found on the NSW Police website at http://www.police.nsw.gov.au/community_issues/drugs/cannabis_cautioning_scheme

5 This scheme came into effect on 1 August 2011, replacing the Cannabis Infringement Notice Scheme for persons aged 18 years and above.

offenders over 14 years of age who are in possession of a small amount of cannabis (10 grams or less), or a smoking implement. The Cannabis Intervention Requirement directs offenders into a 90 minute, one-on-one Cannabis Intervention Session with a counsellor rather than going to court. The Young Person's Opportunity Program is an early intervention diversion program that targets persons aged 10 to 18 years who have been identified by their Juvenile Justice Team Coordinator as having either an emerging or significant drug issue. Young people involved in the Court conference process can participate in the Young Person's Opportunity Program regardless of whether their offence was drug related. Western Australia also offers an Indigenous Diversion Program for relatively minor offenders who have an alcohol and/or other drug problem (DAO 2011).

Challenges in implementing diversion programs for Indigenous offenders

In a review of diversion programs operating across Australia, Joudo (2008) discusses issues relating to Indigenous offending and access to these programs. Indigenous offenders were identified to be:

- less likely to make an admission of guilt to police;
- more likely to have multiple charges;
- more likely to have previous criminal convictions (particularly for violent offences);
- more likely to have drug misuse problems that are not covered by the drug diversion programs (such as alcohol and inhalants); and
- more likely to have a co-existing mental illness (Joudo 2008: xv).

In regard to young offenders, Allard et al. (2010) indicate that diversion measures typically involve pre-court processes such as police cautioning and conferencing. Such measures are seen as particularly important for young offenders as a means to reduce the potential criminogenic effects of exposure to the formal justice system at a young age, as well as to reduce the impact of negative labelling and stigmatisation. These benefits are supported by the findings of several recent studies that concluded that young people who are diverted through cautioning or conferencing are less likely to have re-contact with the criminal justice system than are young people who have a court appearance (Cunningham 2007; Dennison, Stewart & Hurren 2006; Hayes & Daly 2004; Stewart et al. 2007; Vignaendra & Fitzgerald 2006).

The benefits of diversionary schemes for women offenders have also been recognised. Bartels (2010) highlights various challenges that women offenders (in particular Indigenous women offenders) face compared with their male counterparts. These include primary caregiver responsibilities, financial dependence upon their partners and discrimination on the basis of ethnicity and gender. Specific programs that target these areas of need have been regarded as an important component of meeting the needs of women offenders and reducing female reoffending (Bartels 2010; DOJ VIC 2006).

Police discretion

Police discretion is critical in the execution of powers and responsibilities (Stobbs 2009). Many diversion programs rely on the effective execution of police discretion in determining whether an offender is suitable in the first instance. It is imperative, therefore, that police discretion is exercised using sound judgement. However, while police discretion is a central component of diversionary schemes, it is also highly problematic in that it assumes that street-level police are following organisational and strategic interests (Kellow et al. 2008).

The principle behind discretionary power is that street-level police are able to make subjective decisions regarding an offence or offender depending on a particular situation or circumstance. This includes an officer's decision on whether to expend energy and resources on a certain person or situation, whether the offender poses a risk and whether or not an offender would benefit from a diversion option. Kellow et al.'s (2008) review of diversion programs across Australia identified that officers need to use discretion when assessing the appropriateness of diversion by the quantity and type of drug found, the number and seriousness of other offences committed and whether or not the offender is a known user without convictions. Time constraints and workload matters were also listed as issues that may affect decisions.

Also in this study, street-level police were asked to outline what categories of offenders they were likely to recommend for diversionary schemes. These categories included—first-time offenders, young/child offenders, minor and occasional users, first-time offenders (for cannabis only), cannabis users and small-quantity drug users. The results varied by state, with 55 percent of Tasmanian police, 35 percent of Victorian police and 28 percent of South Australian police identifying that cannabis users should be diverted. This highlights that while police discretion is a necessary and important component of street-level policing, it can result in inconsistencies and disparity between localities and police officers in general.

Police and stakeholder views on diversion

The breadth and scope of diversion programs has had an impact on how some officers view the justice system response to offending. While many police understand the purpose and benefit of diversion implicitly, other officers report diversion options to be a soft approach or a 'second chance'. There is a perception among some officers that the programs do not work and a perception that many offenders who are diverted simply do not attend, engage or have any real intention of changing. Police may therefore be more inclined to use other options available to them, such as referral to a Drug Court instead of a treatment session, as this is seen to send a stronger message. The difficulty for the rest of the sector is in trying to establish the credibility of diversion programs so that police and other persons understand the role they play and the benefits that can be achieved.

To some stakeholders, diversion options are not seen to be comprehensive enough. One stakeholder stated that the targets of diversion options are generally middle class people 'skirting around the edges' of illicit drug use. However, as one stakeholder stated, the people who are actually caught up in these approaches:

are those people with actual drug, alcohol and mental health problems and what ends up happening is a couple of counselling sessions which is not the best. Diversions are generally the result of other incidents that come to the attention of authorities and incidentally bring up the drug-taking behaviour. The dysfunction is rarely picked up. A more comprehensive approach to diversion is therefore warranted and in the absence of such an approach then maximum support within the community is required.

For people who may only use recreationally a number of the current approaches such as cannabis cautioning schemes are warranted and appropriate. For individuals with lots of problems associated with alcohol and drug misuse a more comprehensive approach including case conferences and referrals is warranted.

Stakeholders identified challenges in implementing diversion programs, which include:

- getting senior level and on the ground officer buy-in;
- making the process easy for people accessing it and officers who have to use it. It needs to be built into processes that are already occurring;
- making police officers and other support staff available for training;
- shifting the attitudes of some police and legal sector personnel.

Stakeholders were also asked to identify what an ideal diversion for Indigenous people would look like.

Commonly articulated elements include:

- that the program has staff that are persistent and will drive the program;
- has participants who want to be there;
- is supported and funded;
- has officers and other trained staff that are willing to 'go the extra mile';
- allows time for trust to develop;
- is flexible.

In the fourth quarter 2010 DUMA addendum, police detainees were asked about their knowledge of, and participation in, local diversion programs. This section on diversion was only answered by those persons

who had been approached, questioned or arrested by the police regarding the possession of a small quantity of an illegal drug in the past 12 months and who had used alcohol or an illicit substance in the last 30 days. Table 25 shows that the majority of detainees (77%) had not had contact with police about the possession of an illicit substance. A total of 23 percent of the sample (n=148) reported having had contact with police regarding the possession of cannabis or another drug. It is this sample of 148 persons who, depending on other personal or offence characteristics, may have been eligible for a diversion scheme.

Table 25 Proportion of detainees approached, questioned or arrested by the police regarding the possession of a small quantity of an illegal drug in the past 12 months? (%)

No	77
Yes—cannabis	13
Yes—other drugs	7
Yes—both cannabis and other drugs	3
(Total n)	(644)

Source: AIC 2010 DUMA collection [computer file]

Detainees who had contact with the police over the possession of an illicit substance were then asked a series of questions contingent upon their responses to preceding questions, which elicited whether they had heard of specific diversion programs, been offered or referred to the program, or participated in the program and why they had not. The responses were jurisdiction specific and can be found at *Appendix C*. Generally, many respondents had heard of the programs, but less than 10 percent had been referred to any one program with the exception of the NSW adult Drug Court, NSW Cannabis cautioning scheme, Court Integrated Services Program in Victoria and police diversion in Queensland. Most people referred did participate. Of those who did not, the reasons cited included wanting to get their matter over with, forgetting the appointment and being drunk. Low acceptance or offers of diversion are not an indication that the programs are not working or unsupported by police. The reasons people do not engage in diversion however may be an indicator of the need for other measures to be in place to support some individuals and specific needs. Moreover, these results do not necessarily reflect a lack of appropriate referral by police as many diversion options have exclusion criteria, as noted above, that impact on the officer's ability to refer an offender.

Conducting investigations

Police stakeholders identified that drug and alcohol use by offenders and victims impedes investigations. Persons affected by AOD are often unable to provide police with the necessary level of information they require to assess what has occurred in an incident and identify risks to the safety of the parties involved and the broader public.

Drug and alcohol use by offenders and victims was also reported by police to have an influence on their ability to properly investigate offences. Sometimes the offender is so affected by drugs and/or alcohol that they have no recollection of the event or the circumstances surrounding it. In some circumstances, these offenders will not make admissions of guilt because they cannot remember the incident. They are therefore ineligible for police and court diversions where an admission of guilt is required. Some police officers felt this prevented offenders receiving the help they need.

Victims affected by drugs and/or alcohol are generally unable to assist police in their investigations. They, like the offender, may not clearly remember the events and their ability to articulate their experience is hampered.

Indigenous people's reluctance to engage with police was also cited as an issue when conducting investigations. During consultations, police focused on incidents of family and other violence as these are the incidents they

most frequently attend. Police stated that Indigenous people often do not actively participate in investigations for a range of reasons including:

- mistrust of police;
- mistrust of the criminal justice system;
- fear of reprisal from the offender and/or family;
- fear of disruption to families (due to the removal of children or the incarceration of the offender);
- pressure from other people to not report incidents; and
- not believing the offence was either serious or intended.

Police survey participants were asked to identify issues faced when trying to gather information about the supply and distribution of drugs (see Table 26). The question was designed to ascertain if there was a general reluctance to share information and if there was a perceived difference in the type of information informants were reluctant to provide. Generally, the results indicated that police believe local Indigenous people have information to share but choose not to. Seventy-six percent of respondents stated that Indigenous people are reluctant to share information with police and 61 percent of respondents identified mistrust of the criminal justice system generally. Respondents also stated that Indigenous people are reluctant to share information specifically about drugs (66%) and are reluctant to provide information about their friends and associates who use or deal drugs (71%).

Table 26 Issues that arise for police in trying to get information from local Indigenous people about the supply and distribution of illicit drugs

Factors	n	%
Reluctance of Indigenous community members to share information with police	188	76
Reluctance of Indigenous community members to share information about drugs with Police	163	66
Reluctance of Indigenous community members to share information with police about people (friends/associates) they may know who are users/dealers	176	71
Mistrust of criminal justice system by Indigenous community members	151	61
Reluctance of Indigenous community members to assist, or be seen assisting, in a police investigation	165	67
Indigenous community members do not have detailed information to provide to police	33	13
Other	11	4
Don't know	9	4

Source: AIC police survey 2010

Challenges in responding to Indigenous substance use

Stakeholders reported a number of challenges in responding to Indigenous substance use that police and other service providers may choose to regard as opportunities for change and development. These are broadly identified as areas of focus to support engaging with the community and developing good practice.

Engaging with community

Engaging with the local community is an important aspect of police/public relations that contributes to public confidence in policing services. Enhancing engagement with Indigenous people is a specific goal of many national and state-level strategic documents, however, challenges exist.

Defining community

Police and other services wanting to develop initiatives for local residents need to consider how community is conceptualised within local areas. Defining community can be difficult in local police service areas that are multicultural and have transient populations. While services may define communities by their service-level geographic boundaries, local populations are more likely to define their own sense of community by their neighbourhoods, culture or other common characteristics. Indigenous people who live in metropolitan areas come from a vast number of cultural backgrounds and may each consider themselves small communities within a larger population. Engaging with the local *community* therefore presents challenges for police and other service providers including:

- developing innovative local community consultation processes to ensure the diverse cultures and demographic groups are able to identify their needs and concerns;
- ensuring issues faced by minority groups are neither overlooked nor over-problematised;
- investing limited resources in the problems and people most in need;
- effectively communicating the rationale behind police decision making and procedures to diverse groups who might otherwise feel targeted or harassed; and
- balancing the right of all community members to a safe community.

Indigenous people, in particular young people, may feel isolated from their culture and defining 'belonging' and community can be problematic. It cannot be assumed, however, that Indigenous people in metropolitan areas lack an urban identity as well (see for example Dudgeon & Ugle 2010; Environics Institute 2010). Little research in this area has been conducted to date but services should be mindful that connection to Country may only be half the story for a young urban-dwelling Indigenous person. As urban Indigenous populations increase, it is important to ensure plans and strategies are flexible to cater for changes in community identification.

Police/Indigenous relations

The relationship between police and Indigenous people was of concern to the majority of consultation participants. Most officers and other stakeholders identified that the relationship requires improvement and cited a number of factors that contribute to poor relations, not the least of which was the circumstances that bring these two groups together. As one officer described it, 'police become involved when the person is at the bottom of the cliff', or when situations have deteriorated to the extent that police intervention is required. Interactions are almost always a result of antisocial or criminal behaviour—'we don't see people at their best'.

Officers stated that working in busy metropolitan areas means that policing is reactive leaving little time to build rapport and engage with the community in positive, relationship building activities. Police and service sector stakeholders identified that all alleged offenders should be treated with respect but that police must respond to the behaviour of the individual. Some stakeholders stated that this was not necessarily acknowledged by Indigenous offenders.

Other stakeholders identified racism, both real and perceived as contributing to poor relations. These stakeholders identified that what may be viewed by police as standard policing activities may be experienced by some Indigenous persons as harassment, over-policing and/or abuse. These stakeholders encouraged honest and open discussion of this issue between police and local Indigenous people to improve relations.

During consultations police identified a number of measures or considerations that could promote better police/Indigenous relations. These were:

- working with other community leaders to identify problems and issues specific to that community.
- being innovative.
- assisting in the development of Indigenous specific services and interventions that are focused on early intervention.
- engaging more with the Indigenous community to foster positive relationships.
- policing needs to take into account mental health problems/issues.

A study undertaken by Murphy and Gaylor (2010) on improving young person cooperation with police, states that procedural justice is an important factor in perceptions of legitimacy:

people's willingness to defer to the authority of the police and engage with the police in a cooperative manner has consistently been found to be less reliant in instrumental reasons (i.e. the threat of sanctions/consequences of non-compliance, or police successes in fighting crime), but more on the perceived fairness and quality of treatment they receive from police (Murphy & Gaylor 2010: 6–7).

This finding suggests that police effort directed at explaining processes and identifying their role can effect changes in levels of cooperation and potentially lead to more willingness to report crime to police (Murphy & Gaylor 2010). Perceptions of procedural fairness may also affect the ability of police to build trust with local community members.

Building trust with local Indigenous people

Many police respondents in this study attributed some of the difficulty they experience building trust with local Indigenous people to a lack of leadership within the Aboriginal and Torres Strait Islander community, specifically from Indigenous Elders. Indigenous people in metropolitan areas represent many different cultures whose Elders are either not present or effective.

Many officers felt that the lack of Elders limits police ability to enact crime prevention strategies because they are unable to enlist the support of these Elders to convey information to their people. Crime prevention activities are also limited by the extent to which the Indigenous people will listen to their Elders and alter their behaviour.

Some officers identified that local Indigenous people appear to have less respect for their Elders than Indigenous people from Country. Local Indigenous people were described as frequently disregarding their own Elders and Elders of other cultural groups, while Indigenous people from the Country listened to Elders, whether their own or those of another cultural group. One example cited during the consultations was an alcohol-related argument that occurred in a public space where large numbers of local and non-local Indigenous people had congregated. A local Elder was present who attempted to de-escalate the situation but was ignored by his people. The non-local Indigenous people listened to the Elder, ceased fighting and moved on.

Many service sector stakeholders also stated that appropriate levels of leadership do not exist for many Indigenous groups in metropolitan areas, however; public confidence in police was identified to also come from the police themselves. Stakeholders suggested that engaging in community activities, particularly in plainclothes, could help to develop rapport. In addition, trust building may be enhanced by police service efforts to apply consistent approaches to problems and to explain the policing role.. One stakeholder stated that Indigenous people sometimes feel that they are left to handle their own problems and do not understand the limitations of what police can do. This stakeholder stated that it is the responsibility of police to make sure 'Aboriginal people can trust [that] police are going to do everything they can' to help.

The operational environment of policing also has an impact on the trust-building capacity of police. Bull (2010) identified that policing services favour mobility to allow for promotional opportunities, lack of corruption and to develop a range of experiences (Bull 2010). Movements of officers (within 2–3 years) are frequent and

often sudden, impacting negatively on relationships and the transfer of institutional memory. 'When moves happened, they happened quickly. This raised concern about the transfer of knowledge and sustainability of programmes of change and improved relationships' (Bull 2010: 285).

Liaison roles and officers

Indigenous-identified positions are one method police services employ to develop constructive engagement with Indigenous people.

Across Australia, Aboriginal liaison officers promote understanding and respect, increase the likelihood that the Indigenous community will work cooperatively with police in identifying crime issues and provide operationally beneficial information and support to police services (Willis 2010). The role (and title) of the liaison officers differ by region; however, as Table 28 shows, they are generally unsworn and do not hold policing powers.

All stakeholders interviewed for this project stated that the liaison role is important to police/Indigenous relations because they may:

- provide guidance to officers about Indigenous culture;
- explain the role of police to community members;
- help identify local projects that will assist the community;
- identify key leaders in the community; and
- provide a point of contact with police services for victims who may be reluctant to report offences committed against them.

Liaison officers may however face challenges. Willis (2010: 43) states that:

In exercising a responsibility to both the police service and the community, the liaison officer risks being seen by each group as an agent of the other, potentially being alienated and rejected by both.

Some of the officers interviewed echoed this statement and recounted times when liaison officers were disrespected by Indigenous offenders. Other officers stated that the role of the liaison officer is difficult to fill, attributing this in part to the stress liaison officers are placed under.

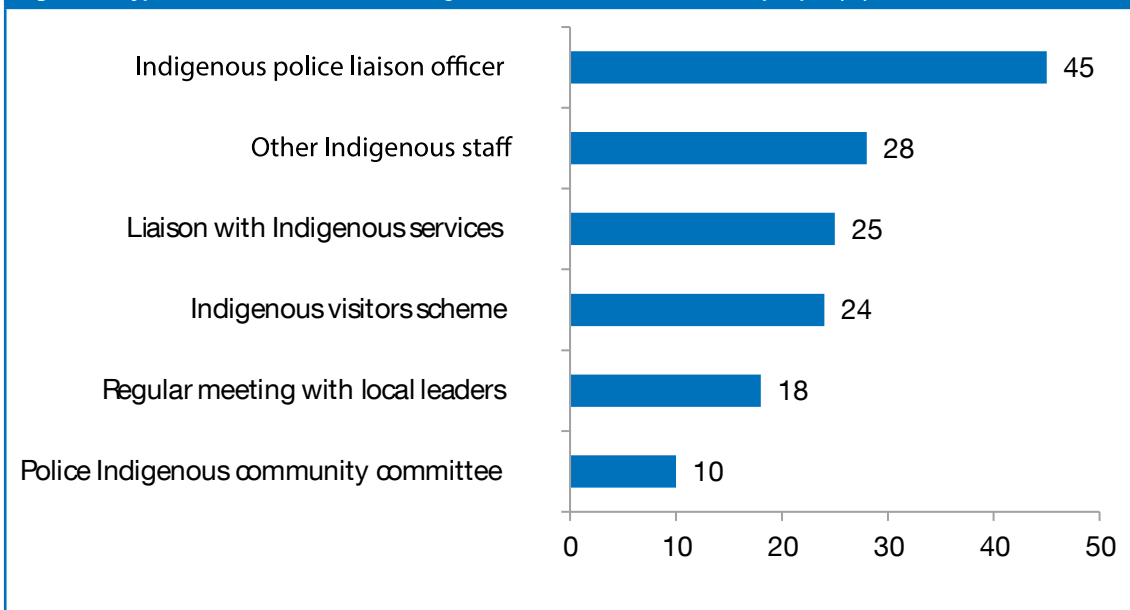
Most respondents stated that there were not enough positions in metropolitan areas. Many stations do not have a designated liaison officer. In Western Australia, the liaison officer scheme is being phased out. No new Aboriginal Police Liaison Officers (APLO) will be appointed but some remain. Most APLOs have transitioned to sworn constables.

Table 27 Aboriginal community policing arrangements by jurisdiction

Jurisdiction	Designation	Sworn or unsworn	Policing powers
ACT	Indigenous Community Liaison Officer	Unsworn	None
NSW	Aboriginal Community Liaison Officer (ACLO)	Unsworn	None
NT	Aboriginal Community Police Officer—jointly funded partnership between NT Police and Aboriginal Communities	Sworn	Varies between communities—many carry out police role
Qld	Police Liaison Officer Queensland Aboriginal and Torres Strait Islander Police – being phased out in favour of sworn officers working with Police Liaison Officers	Unsworn	No—may assist police officers with law enforcement tasks in certain circumstances
SA	Aboriginal Police Liaison Officer (APLO) —established on a trial basis in the APY Lands, funded by SA Police	Unsworn	None
	Community constables	Sworn	Extent of powers varies on an individual basis dependent on training
Tas	District Aboriginal Liaison Officers	Sworn liaison functions are performed by nominated officers in each region as part of general duties policing role	Full police powers
Vic	Police Aboriginal Liaison Officer	Sworn liaison functions are performed by nominated officers, as part of their policing role, in areas where there are a significant number of Aboriginal and Torres Strait Islander people residing and coming into police contact	Full police powers
	Aboriginal Community Liaison Officer (ACLO)	Unsworn—ACLOs are full-time employees who are members of the Aboriginal community elected by a panel	None
WA	APLO—no new APLOs, replaced by sworn police. A small number of APLOs retain their role and status	Unsworn	All powers of a constable however, only to be exercised in respect of persons of Aboriginal descent except when aiding, assisting or acting at the direction of a sworn member of the WA Police.

Source: adapted from Willis 2010

Within metropolitan locations, there are fewer liaison officers and other designated Indigenous contact persons than there are in regional and remote areas. Survey respondents were asked to identify the presence of or contact with various Indigenous internal and external personnel. Figure 12 shows that only a minority of police respondents identified the presence of Indigenous staff or Indigenous community contacts.

Figure 12 Types of liaison with local Aboriginal and Torres Strait Islander people (%)

Source: AIC police survey 2010

Cultural awareness versus cultural security

Indigenous cultural awareness training is delivered in all police jurisdictions, although the content and duration of programs differs between jurisdictions.

During police focus groups, participants demonstrated awareness of and sensitivity to the cultural and historical antecedents of Indigenous drug and alcohol use and offending. Service sector stakeholders also stated that their observations of officer interactions with Indigenous people were generally good. However, most stakeholders stated there is a need for more rigorous training.

The survey results support the stakeholder view that training may not be adequate. Only 59 percent of respondents identified that they had received some formal training in relation to Indigenous cultural awareness. Most of the training occurred as part of formal police academy training at the time the officers first joined the force. This question had a free text field where respondents could add additional information. Some officers volunteered that their training had not been adequate.

One stakeholder stated that specific cultural awareness training was not required or necessarily useful in metropolitan areas because Indigenous people come from very distinct cultural backgrounds. This stakeholder suggested that gaining an understanding of local Indigenous people was best achieved through interaction and engagement. Many police survey respondents agreed. Respondents to the police survey were asked if they supported the statement 'specific cultural awareness training would assist new officers in policing the local Indigenous community'. The proportion of respondents that strongly agreed or agreed with the statement (41%) was roughly the same as those who disagreed or strongly disagreed (38%). Moreover, when asked to identify the factors that contribute to the development of their knowledge of local Indigenous people, more survey respondents identified on the job training (59%), colleagues (51%) and getting to know local people professionally (47%) than identified formal (academy) (40%) or other agency (8%) training as a source of information.

Further contextualisation of how police learn about Indigenous culture was gained during the police consultations. In the focus groups, police identified that most of their local knowledge was acquired in the course of their duties and by talking with fellow officers and liaison persons. The transfer of information within police services and between police and other sector services is an important source of local knowledge.

Table 28 Factors that contributed to development of knowledge about local Indigenous people

Information source	n	%
Books/written materials	44	18
Formal (academy) police training	99	40
Other agency training	20	8
On the job training	146	59
Other police officers/colleagues	127	51
Getting to know local Indigenous families socially	34	14
Getting to know local Indigenous families professionally	116	47
My family's contact with local Indigenous families	29	12
Advice from local elders and community leaders	47	19
Other	27	11
Not applicable	2	<1
Don't know	3	1

Source: AIC police survey 2010

Service sector stakeholders identified a clear distinction between cultural awareness and cultural security (referred by some stakeholders as cultural competence). Stakeholders identified cultural awareness to be a basic understanding of some of the cultural history of Indigenous people and cultural security is a way of working that ensured workers and clients were, and felt, supported by the service.

As one stakeholder noted, 'cultural competence is elusive'. The general sense from stakeholders was that the impacts of colonisation are not well understood and that learning specific aspects of local Indigenous culture was not enough to ensure rights-based service delivery. In the background paper *Aboriginal Cultural Security*, the Department of Health in Western Australia identifies flaws in approaches that focus solely on cultural awareness because the focus is worker, rather than system, focused and lacks accountability processes (WA Health nd). 'The intention [of cultural awareness training] is to influence the attitude and awareness of staff in the hope or anticipation that their subsequent behaviour may change' (WA Health nd: 12). By contrast, cultural security is defined as 'a commitment to the principle that the construct and provision of services...will not compromise the legitimate cultural rights, values and expectations of Aboriginal people' (WA Health nd: 10).

Developing good practice

Identifying good practice requires evaluation of whether intended outcomes have been achieved and whether they can be attributed to the good practice initiative. Providing evidence of effectiveness (often required for funding) is challenging given limited resource allocation to evaluations. Few interventions are fully evaluated, however, there are numerous examples of policing practices that are promising in that they are based on good practice principles and demonstrate good outcomes to date. These practices are considered good or promising practices because they allow for the sharing of information and open discussion of practices and their impact on the community. They allow police to present information about their role and activities and they are flexible in that they encourage discussion about the contemporary situation. The National Indigenous Law & Justice Framework identifies several examples of good and promising practices including:

Examples of good practice

- Aboriginal police liaison officers;
- restorative justice;
- Nyoongar Patrol in Western Australia;
- U-turn.

Examples of promising practices

- Cultural Appreciation Project—Queensland police;
- Cultural respect training coordinator at VicPOL;
- Indigenous community/police consultative groups;
- Indigenous review and reference group—meetings held on a monthly basis;
- Local area Command Aboriginal Consultative Groups.

In the context of supporting police to develop further good practice models, stakeholders identified three key focus areas—building partnerships, developing knowledge about service delivery and understanding gaps in service delivery.

Building interagency partnerships and collaboration

Collaborative partnerships with individuals and organisations can lead to solution-focused strategies and increased trust in police. In metropolitan contexts, the range of potential partners is large and includes:

- other government agencies such as local councils, health, education, child protection and criminal justice system agencies;
- community members and groups such as Indigenous peak bodies, land councils, formal and informal community leaders;
- non-profit and other service providers including youth clubs and services, victim support agencies, refuges, alcohol and other drug services and homeless shelters;
- local private businesses; and
- offenders and victims who may be the target of interventions.

Police and service sectors stakeholders identified challenges in developing partnerships, which include the need to account for differences in perspectives on issues between various stakeholder groups. The fact that initiatives in metropolitan areas are likely to require the support of many agencies means that additional care must be taken to ensure stakeholder needs are met.

Police survey respondents were asked to identify their level of contact with criminal justice sector agencies and their levels of satisfaction with the contact they have with these and other services. Their responses (see Tables 30 and 31) indicate that levels of interagency cooperation may need to be improved:

- The majority of survey respondents identified less than monthly contact with other criminal justice sector agencies.
- Almost half of respondents (44%) identified that they were dissatisfied or very dissatisfied with their interaction with justice sector agencies.
- Many respondents (36%) identified that they were dissatisfied or very dissatisfied with their interaction with other service sector agencies such as health, child protection and welfare organisations.

Respondents were able to provide further information in the survey to contextualise their responses. Most of these responses, in addition to those received during consultations suggest that committing more time to developing awareness of the roles and constraints on various service providers could improve interagency relationships.

Restrictions on information sharing also inhibit interagency collaboration. Legal, privacy and confidentiality concerns must be taken into consideration by agencies wanting to work together to improve community safety outcomes.

Table 29 Reported amount of Police contact with justice agencies

Services	Daily		Weekly		Monthly		Less than monthly	
	n	%	n	%	n	%	n	%
Magistrate	4	2	19	9	61	30	119	59
Indigenous legal service	6	3	27	13	44	22	124	62
Legal Aid	8	4	27	13	42	21	125	62
Community corrections	5	3	19	10	35	18	141	71
Youth justice or equivalent	5	2	20	10	52	26	124	62

Source: AIC police survey 2010

Table 30 Police satisfaction with relationship with other sectors

Statements	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Justice agency interaction	0	0	34	17	66	32	56	27	35	17	14	7
Other agency interaction	3	1	37	18	80	39	48	24	24	12	11	5

Source: AIC police survey 2010

Service availability

Stakeholders agreed that knowledge of local services is important for police for two main reasons. First, because police can provide information about local services and referral pathways to both victims and offenders who may be in need of assistance. Gaining knowledge of the different experiences, background and orientations to service delivery between agencies can aid this process. Second, it is important for police to be aware of gaps in service delivery so that they have a realistic impression of where individuals can seek help.

The police survey asked respondents to identify whether services were available in their local area or not and if they were, whether they considered these services to be effective. Effectiveness was defined to mean that the service, in the opinion of the officer, did what it was intended to do.

Table 31 shows that most services are widely available but not necessarily perceived to be effective. This finding is influenced by how police define effectiveness. This question had a free text field where respondents were invited to comment further. Most of the additional comments stated that the service was not effective because either the client had not stopped using or, as in the example of narcotics anonymous, other service users were presenting a negative influence. For many users, the intention of treatment may not be cessation of use and services may not be abstinence focused. These police responses indicate a need for further information for police concerning the models and approaches of local services.

Table 31 Police knowledge of service availability in the local area

Services	Currently available and effective		Currently available but not effective		Not available		Don't know	
	n	%	n	%	n	%	n	%
24hr emergency health care	127	60	56	27	7	3	20	10
Alcoholics anonymous	37	18	54	26	6	3	112	54
Community patrols	50	24	66	32	54	26	38	18
Detox centre	57	27	48	23	41	20	63	30
Drug and alcohol counselling	49	23	109	52	6	3	45	22
Methadone, Naltrexone treatments	49	23	84	40	9	4	67	32
Narcotics anonymous	18	9	33	16	14	7	143	69
Needle exchange program	73	35	41	20	21	10	73	35
Rehabilitation programs	38	18	84	40	9	4	78	37
Sobering up shelter	58	28	40	19	62	30	49	23
Wardens	5	2	5	2	70	34	127	61

Source: AIC police survey 2010

Although alcohol and other drug services were reported by survey respondents to be widely available in metropolitan areas, services specifically for Indigenous people were not. Table 32 shows that a majority of respondents perceive Indigenous legal services and community health services to be widely available, but the remaining services were identified by less than one-third of respondents.

Table 32 Indigenous-specific services available in the local area

Services	n	%
Indigenous JP's or community justice scheme	19	8
Night wardens	7	3
Circle sentencing court	15	6
Sobering up shelter	41	17
Women's refuge	53	21
Indigenous legal services	112	45
Community health	85	34
Other	18	7
Don't know	39	16

Source: AIC police survey 2010

Knowledge of the service sector is an important tool for police whose knowledge can be used to make informed referrals and suggestions.

Gaps in service delivery

Understanding service gaps is important for developing police stakeholder relationships, managing expectations and encouraging dialogue about the development of new initiatives to address gaps.

Most stakeholders identified that the breadth and scope of service delivery in metropolitan areas is adequate. Some consultants stated that there was no shortage of services and that if people wanted to get assistance for an alcohol or drug-related problem they could easily do so.

Most stakeholders, however, identified some gaps in service delivery, either by type of service or mode of delivery. The most widely identified need is for services that can deal with both AOD use and mental health issues.

No other service was explicitly identified as needed across all the jurisdictions or by each type of agency informant during consultations. Instead, some services were identified as needed and not needed by consultants in the same area. For example, in one jurisdiction, afterhours services for intoxicated people were identified to be well covered by some agency consultants and an area of great need in the opinion of others. It is therefore difficult to determine the precise nature of services required. What was agreed among participants is that there is a need for a diverse array of services and that not all will be of benefit or suitable for all clients. Services that are flexible and had professionally qualified staff were preferred.

Lack of availability of culturally appropriate services was also consistently, but not unanimously identified by stakeholders. Some stakeholders identified a need for more Indigenous-specific services or services owned and operated by Indigenous people. Some stakeholders identified that there are some Indigenous-specific services operating in their jurisdictions but that, in some cases, the existence of these services was not widely known. Other stakeholders stated that Indigenous-specific services, although potentially desirable, may not be necessary if services that are provided are delivered in culturally appropriate ways.

A minority of stakeholders felt that the multicultural population in metropolitan areas made it less important to have specific services for different cultural groups because potential clients are well versed in the local culture. These stakeholders felt that individual responsivity factors are important to address for all clients and that cultural background is just one such responsivity factor. Responsivity refers to the need for treatments provided to be delivered in a manner that acknowledges the person's abilities and learning style (McGuire 1995). Professionally run services will be able to adapt methods and modes of delivery to meet a range of these responsivity factors, which include:

- literacy;
- gender;
- age;
- mental health;
- disability;
- language; and
- readiness to change.

In addition, information collected in the NATSISS covers areas of social concern to Indigenous people including language and culture, social networks and support, and financial stress. These data provide some additional insight into the differences experienced by Indigenous people living in major cities and remote areas, which may be useful for police to consider during interactions and when planning strategies to address complex problematic drug and alcohol use.

The results (see Table 33) show that Indigenous people in major cities, regional centres and remote locations tend to respond similarly to questions relating to social support and financial stress; however, Indigenous people in major cities and regional centres identify weaker connection to language and culture than remotely located Indigenous people. The results from this 2008 NATSISS further identify that:

- Although most Indigenous people living in major cities (89%), regional areas (89%) and remote locations (87%) are able to get support in time of crisis, almost one-third of residents in each of these locations (31%, 32% and 27% respectively) feel they never have a say within their community on important issues.
- Almost one-third of Indigenous persons in major cities (29%), regional centres (27%) and remote locations (28%) identified being under financial pressure by running out of money for basic living expenses in the last 12 months. Two in five Indigenous respondents in major cities (40%) and regional areas (43%) and over three in five (64%) respondents in remote areas could not raise \$2,000 within a week.
- Most Indigenous people in remote areas speak an Indigenous language (73%), while most Indigenous people in major cities (68%) and regional areas (72%) do not.
- Just over half of Indigenous respondents in major cities (57%) and regional areas (55%), and 80 percent of remotely located Indigenous people identify with a clan, tribe or language group.
- One-third of Indigenous respondents from major cities and regional areas do not recognise homelands. Fourteen percent of Indigenous respondents living in remote or very remote areas do not recognise a homeland.
- A majority of Indigenous respondents living in each location type identified participating in cultural events and organisations, although this was more the case for remote area residents (81%) than for either major city (56%) or regional area (58%) residents.

Table: 33 Indicators of social differences experienced by Indigenous people living in different locations

	Major cities	Regional	Remote/very remote	Total
Language and culture				
Main language spoken at home				
Aboriginal/Torres Strait Islander language	1	2	42	12
Whether speaks an Indigenous language				
Does not speak an Indigenous language	68	72	27	60
Whether identifies with clan, tribal or language group				
Identifies with clan, tribal or language group	57	55	80	62
Whether presently lives in homelands or traditional country				
Does not recognise homelands	33	33	14	28
Whether involved in cultural events, ceremonies or organisations in last 12 months				
Involved in events, ceremonies or organisations	56	58	81	63
Social networks and support				
Whether able to get support in time of crisis from outside household				
Able to get support in time of crisis	89	89	87	89
How often feels able to have a say within community on important issues				
None of the time	31	32	27	30
Financial stress				
Whether household members could raise \$2,000 in an emergency				
Could not raise \$2,000 within a week	40	43	64	47
Whether household members ran out of money for basic living expenses in last 12 months				
Ran out of money for basic living expenses	29	27	28	28

Source: NATSISS 2008

Understanding the gaps in available services as well as the social indicators and responsiveness factors offenders and victims may experience in accessing support and feeling a connection to the community can assist police to understand the difficulties and strengths some of the people they encounter face when seeking help to ensure any referrals they do make are appropriate for the person they are trying to help.

Conclusion

Police services face considerable challenges when exercising their duties. Police and other stakeholders consulted for this research identified a number of challenges, which although not unique to metropolitan contexts, may be considered when trying to improve their response to problematic substance use by Indigenous people.

Largely, policing responses are determined at a strategic level by national and state-level policies. These strategies must be applied within a local context that requires a consideration of the problems that need to be addressed and the most suitable approach that can be applied to reach the desired outcome.

It is also important to acknowledge the views and experiences of frontline police and other service sector workers. While the majority of stakeholders expressed a desire for targeted interventions addressing Indigenous-specific needs, some stakeholders do not feel these approaches are necessary. Although a minority opinion, these views are important for understanding potential barriers to the successful implementation of good practice initiatives.

Possible measures that might aid police and other service responses to problematic Indigenous substance misuse identified in this research are promoting community engagement, targeting the widespread availability of substances, acknowledging the broad impact of substance misuse on community harms and supporting the development of good practice. Each of these elements informs the suggested approach to developing a good practice framework in the next section of the report.

Developing a framework

In the precursor to the current research, Delahunty and Putt (2006a, 2006b) developed a *Good Practice Framework Policing Illicit Drugs in Rural & Remote Communities*. That framework provided advice to police looking to review their approaches to policing illicit drug use and reducing drug-related harms among Aboriginal and Torres Strait Islander people in rural and remote areas (Delahunty & Putt 2006a). One of the aims of the current project was to develop a similar framework suitable for metropolitan areas.

This section suggests a good practice framework for policing alcohol and illicit drugs in metropolitan areas, which has been adapted from the framework developed by Delahunty and Putt (2006a). The research undertaken for the current project identified that many of the elements of the original framework were broadly applicable to the development of plans and strategies in metropolitan areas; however, there are a number of factors relevant to the metropolitan policing context that need to be considered.

The section begins with a summary of the Delahunty and Putt (2006a) framework and the approach that underpins it. The section then considers how the framework can be adapted for use by metropolitan police and presents a suggested framework for generic use in metropolitan areas. Finally, four practical case scenarios are depicted with suggestions on key questions officers should consider when dealing with similar situations. The case examples were drawn from the police focus group discussions and represent typical scenarios police stated they encounter.

The good practice framework—Policing illicit drugs in rural & remote communities.

The *Good Practice Framework—Policing Illicit Drugs in Rural & Remote Communities* (Delahunty & Putt 2006a) is set against the backdrop of working in isolated Aboriginal and Torres Strait Islander settlements and acknowledges the complexity of policing in these communities. The framework suggests a community-based approach that

works best when coordinated as part of an holistic police approach to working in partnership with Indigenous communities and other organisations to improve police effectiveness and improve outcomes (Delahunty & Putt 2006a: 1).

As such, drug law enforcement is contextualised as one factor to be included in broader crime prevention and community safety plans.

The framework focuses on active participation and support from community members at three distinct yet inter-related levels—strategic, local and individual. The framework identifies opportunities to improve policing practice at each of these levels and identifies the need for initiatives and strategies to be consistent with Australia's National Drug Strategy and the principle of harm minimisation that underpins that strategy.

At the **strategic level**, the framework conceives of the effectiveness of remote-area policing, Aboriginal-police relations and drug law enforcement as being enhanced by collaborations between police, other services and agencies and the communities themselves.

At the **local level**, the framework identifies the need to incorporate drug law enforcement into local, district and regional community safety planning. The framework outlines a three-stage approach to develop (stages one and two) and monitor (stage three) local plans.

In the first stage, the framework suggests activities that will assist problem identification and possible approaches. These activities are:

- an environmental scan of community concerns, services, cultural complexities and police services;

- risk assessment of drug law enforcement situations; and
- community consultations that involve police as ‘instigators, leaders, facilitators, participants and non-participating supporters of the initiative’ (Delahunty & Putt 2006a: 7).

In the second stage of plan development, findings from stage one activities are used to identify and agree to priorities and strategies to enhance community safety and minimise risks. The framework provides examples of possible priorities and strategies, and examples of good practice that could mitigate risk. Ultimately, the second stage output is a community safety plan that is ‘a tangible statement of intent that can help ensure there are clearly articulated goals, activities and responsibilities related to crime prevention and drug law enforcement’ (Delahunty & Putt 2006a: 9).

The framework identifies, as stage three, the importance of monitoring implementation and progress of plans and provides a checklist, adapted from the Australasian Police Ministers’ Council (now the Ministerial Council for Police and Emergency Management—Police) reconciliation plan to assess progress at a state, regional and local level. The checklist would cover all themes that form the community safety plan.

At the **individual level**, the framework identifies the need for police to gain community support for initiatives. The framework suggests four principles for police to consider in their approach:

- Take community concerns seriously.
- Respond to community concerns with law enforcement measures that provide some respite to the stressed communities.
- Build on the goodwill created by selective but fair use of discretion and other confidencebuilding measures.
- Prevention through community capacity building (Delahunty & Putt 2006a: 12).

The Delahunty and Putt (2006a) framework provides practical guidance for planning and implementing community-based policing strategies in remote locations. The authors note that the framework should be adapted to suit specific rural and remote communities but it can also be adapted for use in metropolitan areas.

Adapting the framework for metropolitan areas

The tri-level (strategic, local and individual) framework put forward by Delahunty and Putt (2006a) provides a useful basis for developing a metropolitan-focused framework. Throughout the criminal justice literature, interventions that are supported by broader strategic objectives, well-planned and implemented as intended in practice are identified to have the greatest chance of success (see for example, Bonta & Andrews 2007).

The three-stage local planning guidance put forward in the framework needs to be adapted because the foundation approach to policing in metropolitan areas is different. The Delahunty and Putt (2006a) guidance is underpinned by a community policing approach, which is the dominant paradigm of policing in remote areas. In metropolitan areas, policing practice is more operationally focused and therefore problem-oriented and intelligence-led policing approaches are more likely than community policing to influence planning. Under the community policing approach, the problems in the local area are defined by the community and the police together, allowing the parties to agree to priorities and strategies that promote community safety during their consultation periods. In the metropolitan setting, it is more likely that police will identify specific problems to address and consult with the relevant agencies and community members in a more targeted way. Minor changes to the framework are therefore required to account for how police will implement plans in a metropolitan context.

In addition, the differences in context of policing in metropolitan areas will impact on the development of the plan in a number of ways. Key differences between metropolitan and regional/remote policing identified in the research undertaken for this project and of relevance to the development of this framework are:

- Providing support to community members requires knowledge of problems and people. In metropolitan areas, residents may be more willing to provide information to police than in regional and remote areas, however, the capacity for officers to engage the public is limited by both the population size and amount of crime.

- In metropolitan areas, residents are able to live with some degree of anonymity. Both offenders and victims may evade the attention of police. Individuals, whose welfare the police may be concerned for, may also be difficult to find for follow-up.
- Staffing and resourcing of police services is far greater in metropolitan areas than in regional/remote centres. The ratio of police officers to community members may be considerably lower. But increased staff and resourcing does not necessarily translate into increased time to organise initiatives for working with Aboriginal and Torres Strait Islander substance use and related offending.
- Building trust between police and Indigenous people takes a long time. Individual officers may not have enough frequent contact with community members to develop this trust.
- Indigenous people who live in metropolitan areas come from a vast number of cultural backgrounds. Although they make up a small proportion of the population of a local area, they are likely to represent diverse cultural groups.
- Many Indigenous people, in particular young people, feel isolated from their culture and defining 'belonging' and 'community' can be problematic. It cannot be assumed, however, that Indigenous people in metropolitan areas lack an urban identity as well. Little research in this area has been conducted to date but services should be mindful that connection to Country may only be part of the story for a young urban-dwelling Indigenous person. As urban Indigenous populations increase, it is important to ensure plans and strategies are flexible so as to cater for changes in community identification.
- Police services may rely on Aboriginal liaison officers and local Elders to make introductions and help build relationships. In metropolitan areas with small but culturally diverse Indigenous populations, liaison officers may not be available and local Elders may not be representative.
- Both licit and illicit substances are widely available in metropolitan areas. However, the large population means that many users and suppliers are able to go undetected by police. Police need to have more information about the effects of illicit drugs and pharmaceuticals and sources of supply, in order to function in an effective drug law enforcement capacity. The effect substances have on users may create additional occupational health and safety risks for police.
- Wide circulation of illicit substances in metropolitan areas is aided by lower prices and a potentially greater number of supply sources. Reducing supply of illicit drugs is made more problematic in metropolitan area because dealers who are removed from the supply market (either by arrest or imprisonment) are likely to be easily replaced.
- In metropolitan areas, drug networks are competitive. This may have many side effects including unknown drug purity and violence between market competitors. Police resources dedicated to drug supply reduction are often directed toward major operations, leaving less time for community-based activities.
- In metropolitan areas, there are many services for people seeking help with drug and alcohol issues, as well as other support services. Infrastructure allows community members to access a greater range of services in their local area. But gaps in service delivery and access problems do exist and need to be acknowledged. In spite of perceived service gaps and accessibility issues, police in metropolitan areas have greater access to a range of services which they may approach for information, refer people to or develop partnerships with.
- The vast number of service providers also adds to the complexity of the policing tasks. For example, police will need to be educated about a much larger range of services. Identifying how these services compliment police practice and overarching strategic objectives is an important step in considering the development and negotiation of interagency agreements or partnerships.

Stage one: Assessment

Problem identification is a key activity in the planning process and police services should consider a number of activities to assess the nature and extent of local problems and concerns. These include an environmental scan (to identify problems and potential solutions), risk assessment (to identify priorities) and community consultation (to develop partnerships and manage expectations). The timing and frequency of these assessment activities will vary depending on the nature of the impetus for problem identification and the complexity of the required response. In general, each of these activities will be undertaken at the beginning of the planning process and will be repeated as warranted by emerging evidence. Long-term plans will likely undergo a full assessment on, at minimum, an annual basis.

Environmental scan

An environmental scan gathers and analyses information from a wide variety of sources. Scanning should be undertaken to accurately identify problems or concerns and to identify possible approaches. Questions police should try to answer include:

- What are the problems?
- How big are the problems?
- Who is involved? How?
- Where are the problems?

The environmental scan should gather information from both police and community sources.

Examples of areas an environmental scan may cover include community concerns, services, cultural complexities and police resources. Each of these items is listed below with examples of the kinds of information that may be gathered.

- community concerns
 - issues raised during engagement with local people at consultations and community forums;
 - issues raised by police officers;
 - trends in local recorded crime;
 - local intelligence on local and regional drug use and supply; and
 - issues raised by local Indigenous agencies and peak bodies
- services
 - local health and social services;
 - gaps in services;
 - intervention models;
 - number of Indigenous staff;
 - contact with other criminal justice agencies;
 - formal mechanisms for interagency liaison;
 - formal restrictions on interagency information sharing
- cultural complexities
 - local cultural practices and beliefs;
 - familial networks and politics;
 - formal mechanisms for liaison with local Indigenous community members; and
 - Indigenous-specific services, peak bodies, leaders and other formal representatives.
- police resources
 - number of police;

- specialist roles;
- Aboriginal police liaison/community police.

Risk assessment

The focus of risk assessment is prioritisation. Numerous problems and concerns may be identified during the environmental scan not all of which can, or should, be addressed by police. Some situations will require one problem to be addressed before attempting an intervention for another. In other situations resolving or mitigating one problem may unexpectedly resolve another resulting in no requirement for further intervention.

Assessing priorities for action requires analysis of the impact and probability of adverse consequences:

- Is it a significant, high-volume problem?
- Is it a significant risk for a particular population group, even if the actual scale of the problem overall is not large?
- Does, or could it cause significant harm to the community?
- Is it an escalating problem?
- Is it a problem that the community expects to be addressed?

The complexity, timing and required resourcing should also be considered when determining the priority areas.

Operationally, risk assessment will also focus on scenarios. The people, contexts and circumstances faced will need to be assessed to ensure safety. The risk to the person using substances as well as risks to others should be explored.

Example areas of risk assessment include:

- People affected by alcohol and other drugs
 - when apprehended;
 - in police custody;
 - presentation of concurrent mental health issues.
- Risks to others
 - multiple numbers of people affected by alcohol and other drugs in one location;
 - presence of children and young people at incidents.

Community consultations

Community should be broadly identified in metropolitan areas as the local community and will encompass people from a variety of cultural backgrounds. During initial problem identification stages, police may meet with these cultural groups individually to ensure the problems, as each group sees them, are accurately identified and assessed. Police may then bring all community members together in a forum to develop a shared understanding of the problems and to explore possible community-based and police-led solutions. Issues that are identified as particular concerns to one group only may warrant further examination specifically with that cultural group.

Consultations may take many forms including:

- formal meetings;
- committees;
- informal personal communication; and
- workshops

The method of consultation will depend on its purpose and these intentions should be clearly stated upfront to ensure a shared understanding of the expectations and limits to participation. For example, during an environmental scan, police may consult with community members to gather information about local drug

availability. Community participants who anticipate a discussion of Indigenous overrepresentation may be disappointed, antagonistic to police and less likely to participate in the future. Developing communication plans to underpin consultation processes may assist police to ensure intentions meet expectations.

Consultations undertaken with Indigenous community members should also endeavour to include local leaders. It should not be assumed that area Elders are respected and considered representative of the local population in metropolitan areas. Community members and local service providers should be consulted about who the local leaders are.

Assessment will also include analysis of the role of police in any intervention, that is, are the police the lead agency or do police services need to put forward a need for other agencies to be responsible?

Stage two: Implementation

Upon completion of the assessment stage, problems and risks will have been identified. Key potential partner agencies will also have been consulted and a range of possible interventions or approaches identified.

Stage two involves implementing plans. Individual officers or commands should ensure there are sufficient levels of:

- internal support;
- external support;
- leadership;
- communication;
- resources; and
- staffing (Brown & Scott 2007)

Table 34 provides a checklist of questions that may be considered before progressing initiatives. If the answers indicate a possible problem, consideration should be given to the impact on the implementation of the intervention and any need to modify the approach.

Table 34 Checklist for intervention planning			
Questions to consider	Yes	No	How to proceed
Internal support			
Does the initiative fit with current organisational goals and objectives?			
Are there particular units/people in the organisation whose support is essential for successful implementation?			
Are there any issues associated with the organisations internal politics that make implementing the initiative problematic?			
Does implementation require a change to existing policies or practices?			
Is there a potential champion for the initiative at the senior level?			
External support			
Is engaging partner organisation support essential?			
Is local community support essential?			
Is there a media strategy?			
Leadership			
Is top management supportive of the initiative?			
Is there a high-ranking champion for the project?			
If there is a champion for the project, will they have time to assist at various stages of implementation			
Communication			
Is there a detailed communication plan?			
Resources			
Does the initiative rely on external funding?			
Are there any time constraints?			
Are external resources required?			
Staffing			
Are specialised staff required?			
Does the intervention rely on low staff turnover			

Reference: Brown & Scott 2007

In circumstances where external agency cooperation or support is required, careful consideration should be given to that agency's perspective, goals and the key performance indicators under which it operates. Not only will the agency need to 'sell' the intervention, but police services will need to be sure that agency's actions fit the intervention goals.

The next step in implementing the intervention is to identify the outcomes desired and the activities that will be undertaken to achieve these outcomes. Outcomes should focus on short, medium and long-term results, possible unintended consequences and timeframes. Consideration in this stage must also be given to the beneficiaries of the intervention. Plans should represent the needs and interests of all interested and involved parties including:

- the Indigenous substance misusers/offenders;
- their families;
- the local community;
- the broader community;
- police;

- local government; and
- other services.

Formal mechanisms to gather required information and to ensure the accountability of all persons and agencies involved should also be developed that clearly articulate the various roles, responsibilities and aims. Mechanisms may include contracts, memoranda of understanding, service partnership agreements and/or exchanges of letters.

Implementation should also consider methods of review and evaluation and any necessary funding to assist in the final stage—post-implementation.

Stage three: Post-implementation

Post-implementation involves exit strategies, review and evaluation. This stage is a learning stage.

Brown and Scott (2007) identify four exit strategy tasks. During this stage, consideration should be given to:

- **Closure**—will the intervention cease suddenly or does it require a phased withdrawal?
- **Continued project work**—is funding available to continue the project in its current form? Is this sustainable?
- **Handover to partners**—is a partner agency able to continue the work?
- **Mainstreaming**—can this initiative become a routine activity for the agency?

Informing the exit strategy will be a review and evaluation of what went well and what can be improved. During this phase, it is important to consider whether the original identified problem has been addressed sufficiently, what impact ceasing the intervention will have on the problem and stakeholders, and what lessons were learned to improve the efficiency and results of future initiatives.

A number of evaluation methodologies can be undertaken. The appropriate approach is best determined based on the nature of the intervention and sources of information available for review⁶.

Police services wanting to improve service delivery and outcomes for Indigenous people who misuse alcohol and other drugs may choose to develop a range of initiatives under the broad guidance of the framework described above and in Figure 13. However, in their daily work, the value of the goodwill and positive impact police have cannot be underestimated. Caulkins and Reuter (2009) suggest that properly recognising the important day-to-day services that police provide may:

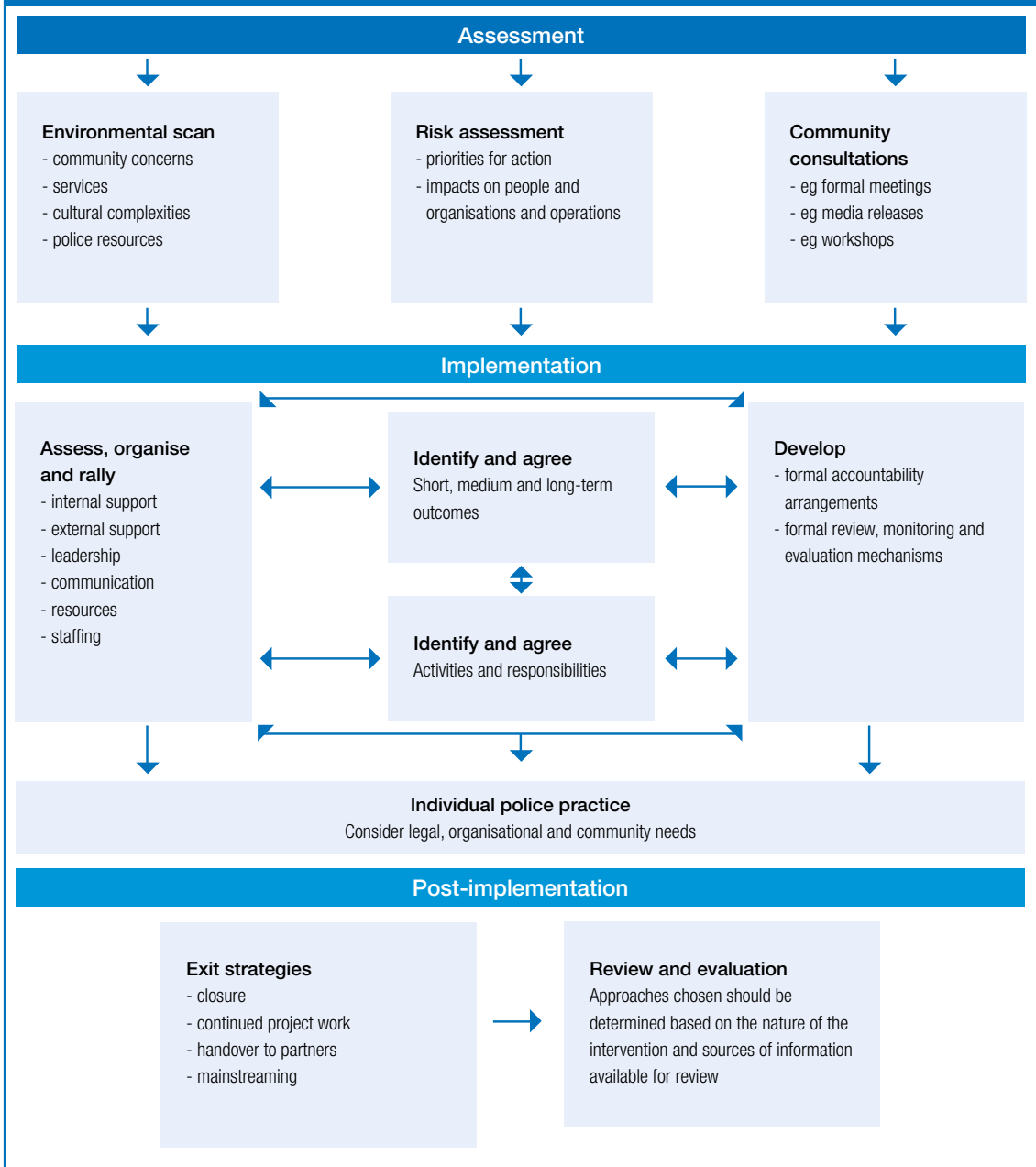
- help morale and police-community relations generally and with other professionals involved in drug-control efforts; and
- increase the chance that innovative new practices will be developed and raise all officers' actions to the level of best practice.

A case scenario is presented below as an example of the approach and questions police may consider when encountering this or a similar scenario. Three additional scenarios are presented in *Appendix D*. These scenarios represent aspects of individual practice, a critical element of any planned action or response.

The scenario and the advice provided are based on discussions held with police and other stakeholders consulted during this research. Police service members are reminded that service protocols, legislation and/or practice directions take precedence over any advice presented.

6 An example of a criminal justice evaluation framework is available from the Department of the Premier and Cabinet, Queensland Government (<http://www.premiers.qld.gov.au/publications/categories/guides/assets/criminal-justice-evaluation-framework.pdf>).

Figure 13 Developing and implementing plans



Practical scenario

A public safety concern

In this scenario, you need to consider the safety needs of the people in the park and those people in the vicinity. You know that there is a possibility that people in the park will become intoxicated and that this could lead to arguments and violence. You are also concerned that other local residents are not able to use the park.

Your duties as a plain clothes police officer are to patrol a large parkland area where Aboriginal people tend to congregate in large groups consuming alcohol. Your concern is about public safety. It's legal to drink in the park but other local residents are fearful and stay away.

In the short term, your role is to prevent or respond to any problems in the park. You will assess risks and the welfare of people in the park and respond according to your law enforcement duties.

In the medium term, you may work on developing relationships with the local park dwellers, engaging in conversation, identifying your role, discovering who the respected persons are who may assist if issues become acute. You might explore:

- Gathering information about the offences that have occurred in the area over a specified period of time. Who is involved and what are they?
- Find out what the concerns are from a departmental perspective.
- Find out the desired outcome for the area from a policing, local area resident and local government perspective.
- Talk to the people in the park and local area about their concerns.
- Assess how these other stakeholder concerns fit with the policing perspective.
- Ask people in the park what needs to be improved and how this can be achieved.
- Talk to local council about zoning and possible displacement.
- Take ideas back to superiors.
- Agree on approach.
- Take approach back to park people to get support.
- Assess what they can do and what support they will need to help.

In the long term, you might organise meetings with the local council, businesses, community leaders and park users to determine which of the identified strategies can be employed.

The section below outlines how the framework may be applied using the example in the practical scenario.

Planning in action—using the framework

This section puts Case Scenario One into action using the overall suggested framework for the development and implementation of plans—assessment, implementation, post-implementation.

As it is not the intent of this report to be prescriptive in how agencies might tackle problems, the discussion of planning phases here is limited and should be reviewed in the context of the framework description that appears earlier in this report.

Scenario 1 (revisited)

Your duties as a plain clothes police officer are to patrol a large parkland area where Aboriginal people tend to congregate in large groups consuming alcohol. Your concern is about public safety. It is legal to drink in the park, but other local residents are fearful and stay away.

Assessment

In this scenario, initial problem identification has already occurred as it has already been determined that some patrol or observation of park activities is warranted. The identification of this need may have been driven by

police services, local business or members of the public. Assessment, however, is not complete. The nature and extent of any problems need to be informed by analysis of the actual situation and potential for harm.

The assessment will be informed by a range of sources that will be determined on the basis of the type of information required. The manner in which the information is to be collected must also be considered and opportunities to share information or minimise duplication of resources taken (see Table 35 for some examples).

Table 35 Example information needs, sources for that information and data collection

Information need	Source	Collection method
Who is congregating in the park?	Operational police Local service providers and businesses Park users	Observation and discussion with colleagues Group or individual meetings Onsite discussion by police
What substances are being used?	Drug law enforcement officers (local and regional) Drug detection administrative data Local health, emergency services and drug and alcohol services Park users	Discussion with colleagues Data request Data requests for admissions data and/or other service reports and discussion Observation and inquiry
What violent or antisocial behaviours are occurring?	Operational police Local health, emergency services and other businesses Park users Other community members	Observation and discussion with colleagues Data requests for admissions data and/or other service reports and discussion, survey data Onsite discussion by police Discussion with community members, survey data
What is the impact for the local area and the people in the park?	Park users Local services Police services	Discussion and survey Discussion and data request Data on local crime trends and patterns and policies
What opportunities are there for environmental crime prevention?	Local council Operational police	Strategic planning meetings Observation and discussion

A number of different issues may be identified throughout the assessment process. For example:

- There may be recurring issues between particular cultural groups.
- Pedestrian traffic in the area may have decreased causing a loss of potential revenue for local business.
- There may be a high incidence of assault and injury for local park users.
- There may be no, or only minor, risks and negative impacts for the park users themselves but a public perception that the park is unsafe.

Each of these problems is unique and will require a different plan, although elements may be shared. Each plan is also likely to involve a number of activities. Further, additional analysis and assessment will be required to fully inform where the desired outcomes for each problem overlap and whether any problem should be prioritised over another.

It must be noted that this is not an exhaustive list of areas to be assessed or problems that may be identified during that process. This is solely intended to provide an indication of the types of information required before implementation can occur.

Implementation

In addition to all of the actions police will undertake in any situation (for example, enforcing laws, checking the welfare of persons, exercising discretion and communicating with community members), the problem identification and assessment phase may alert police to underlying problems that require some form of intervention in areas as noted above.

Any decisions to proceed with plans to mitigate any identified harms will require top-level agency support and collaboration across sectors and with individuals. Implementation needs should be identified for each activity that underpins the overall plan or strategy.

Using the example above, the information in Table 35 suggests a number of contacts for local area knowledge. It may be possible to hold a community meeting to maximise participation and increase efficiency by ensuring that a number of issues are able to be discussed at the same time with a broad range of stakeholders. Any ideas, suggestions and new information can be documented for future reference.

Police services may choose to develop a communication strategy to guide interactions with local community members and other stakeholders. The communication plan should identify the main purpose of the communication, the method and persons responsible for the communication and the timeframe. Follow-up steps and strategies should also be documented and agreed.

It may also be possible for police to gain further information about the types of data collected by local area services and to consolidate data requests to these agencies to ensure any burden on their resources is minimised.

Post-implementation

Finally, the success of any plans must be monitored and measured. These evaluative measures ensure that the lessons and experiences (both good and bad) are documented and can be used to inform future planning.

In the scenario described above, police services may revisit data sources and contact community stakeholders and park users to see if any actions have had their intended effect. If a decision is made to stop an activity or it is identified that it is no longer required, services need to plan the exit strategy so that any adverse consequences can be managed and any follow-up required can be organised.

Successful plans require the engagement of services in the communities in which they police from the top through to the local street officer. Plans that are well thought out, focused on outcomes and supported in policy and practical guidance will assist policing services to mitigate the harms associated with Indigenous substance use in their local areas.

Concluding remarks

This report examined currently available data and information about the nature and extent of substance use among metropolitan Indigenous people. The most apparent finding from that review was the absence of any single data or information source that could be relied upon to provide a comprehensive estimate of how many metropolitan Indigenous people are using alcohol or illicit drugs and importantly, the situations and circumstances of their use. Of the data that was available, and in particular those drug and alcohol-related offence data from the police, it was clear that Indigenous people in metropolitan locations were overrepresented relative to their respective population size, but make up only a fraction of the overall number of offences attended to by the police in any one year. This is in stark contrast to rural and remote policing, where a much larger share of policing time and resources are dedicated to dealing with offences committed within Indigenous communities and by Indigenous people.

There is little doubt that the overrepresentation of Indigenous people in the criminal justice system requires targeted interventions that challenge the status quo and that recognise the specific cultural needs of Indigenous people—this has long been recognised in both policing and other criminal justice sectors and is equally true of substance use and its links to crime. However, there is also a conflicting view that, despite their overrepresentation, the ability to develop and implement targeted strategies would be limited by the relatively small number of offences for which Indigenous people are responsible and the competing priorities of metropolitan policing.

This point was echoed on a number of occasions by a range of police officers who were consulted as part of this review, including in some cases, Indigenous officers. The general view expressed by police was that

overrepresentation of Indigenous people requires a range of innovative approaches that address the offending behaviour, but that also account for the cultural sensitivities of the Indigenous population. However, since Indigenous offenders make up only a fraction of the overall number of offences, any such approach should be developed and implemented in consideration of the broader policing priorities that coexist within the metropolitan context.

There were a few stakeholders, including some police respondents to the AIC's online survey, who argued that substance use by local Indigenous people and its associated problems were 'minor' or 'insignificant' and that specific attention on the Indigenous population was, therefore, not warranted. In some instances, this perception reflected the small population of Indigenous people in the respondents' local area, while in other instances, the perception was a reflection of non-problematic use by Indigenous people. This also reflects the sentiment of a minority of police officers that Indigenous issues should not be approached, whether by targeted policing or other interventions, differently from those in non-Indigenous populations.

Notwithstanding current perceptions about the size and extent of substance use among local Indigenous people, there was a consensus that alcohol and cannabis, and to a lesser extent amphetamines, dominate as the key substances of concern. This is supported by the survey of police officers, as well as the analysis of the DUMA data.

However, the availability of other drug types, such as heroin, cocaine and pharmaceuticals used for non-medical purposes, is likely to be much greater in metropolitan areas. Stakeholders, for example, noted that wide circulation of illicit substances in metropolitan areas is aided by lower prices and the fact that there are many sources of supply. In addition, interdiction efforts targeted at the supply side seem to have only limited short-term impact because drug dealers seem easily and quickly replaced. These nuances of the metropolitan environment increase the risk, therefore, that while local Indigenous people tend to not use these other drugs as often or as much as their non-indigenous counterparts, they could easily and quickly do so.

Police who were interviewed in this study noted a greater need for information about not only the effects of illicit drugs and pharmaceuticals, but also the sources of their supply and the prevalence of their use among local Indigenous people. Without regular data and intelligence from the local community, responding to illicit and licit substance use can be difficult, not to mention dangerous for officers who are unlikely to know which drugs people are using and how that might impact their response to the police. Moreover, strategies and frameworks developed to address current issues and priorities should be sufficiently flexible and responsive to future problems and issues as they emerge.

The three-tiered framework suggested in this report provides a structure for analysing and responding to problems including substance misuse by Indigenous people in metropolitan areas. This approach relies on thorough assessment and identification of issues from a range of sources and encourages the involvement of all interested agencies and community members. But implementation is the key to success. Fully supported, accountable processes that define actions and areas of responsibility will engage agencies and community members in measures that reduce the harms associated with substance misuse.

Perhaps most importantly, the context of policing in metropolitan areas has to be taken into consideration when developing interventions and strategies. In particular, the diversity of policing responsibilities and lack of homogeneity among population groups, including Indigenous people, should be considered. For police, substance use by Indigenous people is one problem they encounter and a problem that manifests itself in different types of offence behaviour by people with different needs. Making the most of the resources and opportunities available in metropolitan areas is challenged by the size and diversity of the array of potential problems. However, building communication pathways with local Indigenous people can assist police to better understand how these complexities impact on the local population and can lead to the development of flexible approaches that will help to reduce harm at the individual, family and community level.

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All URLs correct at June 2013

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Appendix A: DUMA addendum

Experience and knowledge of drug and alcohol treatment and counselling programs.

A1. How easy do you think it would be for a person to access a drug and alcohol treatment program?
 CIRCLE ONE CODE

1 2 3 4 5
 (1) Very easy; (2) Easy; (3) Neither easy nor hard; (4) Hard; (5) Very hard

A2. What things do you think would make it difficult for people to access drug/alcohol treatment or support?

1.
 2.
 3.

A3. Have you been approached, questioned or arrested by the police regarding the possession of a small quantity of an illegal drug in the past 12 months?
 CIRCLE ONE CODE

0 1 2 3
 No; (1) Yes—Cannabis; (2) Yes—Other drugs (3) Yes—both cannabis and other drugs

Interviewer prompt: A number of police diversion and court run programs exist which aim to help people get services or support that will help them address their drug use and reduce the likelihood of them committing crimes in the future.

A4A. Have you ever heard of the following (SCHEME) which may be offered to persons? IF NO SKIP TO NEXT SCHEME	Heard of		Offered or referred to		Participated in		Why not	
	0	1	0	1	0	1	0	1
A4B. Have you ever been offered or referred to (SCHEME)? IF NO SKIP TO NEXT SCHEME	Schemes identified by jurisdiction							
A4C. Have you ever participated in the following (SCHEME)? IF YES SKIP TO NEXT SCHEME								
A4D. Why did you not participate in the following (SCHEME)?								
A5. Have you ever been in any other drug or alcohol treatment programs?	1. 2.							

INTERVIEWER PROMPT: The next set of questions is about your drug of preference.

Drug Preferences

A6. Which of the drugs you have used in the last 30 days (including alcohol) is your preferred drug of choice?

A7. What are the main reasons you use (DRUG)?

1.

2.

RECORD FIRST THREE RESPONSES
VERBATIM

3.

A8. During the past 30 days, have you used (DRUG)...?

Location

No

Yes

RANK

PROCEED TO QUESTION A8B IF

(1) At a residential location;

0

1

THEY HAVE USED AT TWO OR MORE
LOCATIONS

(2) At a licensed premises (e.g. pubs, night clubs);

0

1

(3) In the street/other public setting (e.g. school, park)

0

1

A8B. From the locations you have used (DRUG) at, can you rank them from where you use the most often (1) to the least often (3)?

IF NEVER USED 'IN THE STREET/OTHER PUBLIC SETTING' RANK WITH '0' AND PROCEED TO END

A9. When you use (DRUG) in the street/ other public setting, how many other people would you usually use with?
CIRCLE ONE CODE

1 2 3 4 9

(1) 1-2 people; (3) 3-4 people; (4) 5 or more people; (9)N/A—Alone

Appendix B: Police survey

Section A—Substance availability

In this section we want to know about the kinds of substances that people have access to, what Indigenous people tend to use, regardless of what is available, and whether the use causes any problems.

First we need to know where your station is located. Although this project is focussed on metropolitan areas we've included some rural/remote locations for comparison.

Question 1—What is the postcode of your current station's location?

NOTE: Please answer the survey questions with respect to the area you identified above and based on your own experiences, perceptions or opinions.

Question 2a—How available are the following drugs and alcohol?

	Easily available	Available	Not available	Don't know
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (non-prescription eg diazepam, flunitrazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids (non-prescription eg morphine, buprenorphine, methadone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-stimulants (non-prescription eg Ritalin, Dexedrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other—please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2b) Are alcohol restrictions in place in your station's area? Yes No

Question 2c) If yes, how available is alcohol?

Easily available Available Not available Don't know Not applicable (no restrictions)

Question 3—How widely used are the following substances by local Indigenous people? In this question we are trying to see what substances Indigenous people tend to use, if any.

If there are no Indigenous people in your local policing area please write N/A in the space provided, otherwise leave the space blank and proceed through the responses.

	Used rarely	Used by some Indigenous people	Widely used	Very widely used	Not available	Don't know
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (non-prescription e.g. diazepam, flunitrazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (excluding petrol eg paint, glue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids (non-prescription eg morphine, buprenorphine, methadone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-stimulants (non-prescription eg Ritalin, Dexedrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other—please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 4—How much of a problem are the following substances to the local Indigenous population? This is not about extent of use — even if a drug is used infrequently, it may cause problems. By ‘problem’ we mean things that affect health, wellbeing and/or engagement with social institutions (for example addiction, criminal behaviour, school attendance etc).

If there are no Indigenous people in your local policing area please write N/A in the space provided, otherwise leave the space blank and proceed through the responses.

	Not a problem	Slight problem	Moderate problem	Serious problem	Don't know	Not available
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (non-prescription eg diazepam, flunitrazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (excluding petrol eg paint, glue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids (non-prescription eg morphine, buprenorphine, methadone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-stimulants (non-prescription eg Ritalin, Dexedrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poly drug use (specify types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other—please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B—Substance use distribution and issues

In this section we ask questions about how people get certain types of drugs and whether there have been any changes in access to or frequency of use by Indigenous people.

NOTE: Please answer the questions based on your own experiences, perceptions or opinions and with respect to the area you currently police.

Question 5—By what means is cannabis available in the local community? (Please choose all that apply)

<input type="checkbox"/>	Brought in/distributed by local Indigenous residents
<input type="checkbox"/>	Brought in/distributed by local non-Indigenous residents
<input type="checkbox"/>	Brought in/distributed by Indigenous outsiders
<input type="checkbox"/>	Brought in/distributed by non-Indigenous outsiders
<input type="checkbox"/>	Grown within the local government area
<input type="checkbox"/>	Grown within the region but not the local government area
<input type="checkbox"/>	Other (please specify) _____
<input type="checkbox"/>	Cannabis not available in local community
<input type="checkbox"/>	Don't know

Question 6—By what means are amphetamines available in the local area? (Please choose all that apply)

<input type="checkbox"/>	Brought in/distributed by local Indigenous residents
<input type="checkbox"/>	Brought in/distributed by local non-Indigenous residents
<input type="checkbox"/>	Brought in/distributed by Indigenous outsiders
<input type="checkbox"/>	Brought in/distributed by non-Indigenous outsiders
<input type="checkbox"/>	Grown within the local government area
<input type="checkbox"/>	Grown within the region but not the local government area
<input type="checkbox"/>	Other (please specify) _____
<input type="checkbox"/>	Amphetamines not available in local community
<input type="checkbox"/>	Don't know

Question 7—For each of the substances listed, please indicate whether the availability has changed, over the past three years, in the area you currently police. Please choose one option for each substance.

	Alcohol	Amphetamines	Cannabis	Illicitly used pharmaceuticals (eg opioids/psychostimulants)
Greatly increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No change—consistently high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No change—consistently moderate or low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greatly reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance not used by local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 8—For each of the substances listed, please indicate changes in the frequency of use by Indigenous people over the past three years, in the area you currently police. Please choose one option for each substance.

	Alcohol	Amphetamines	Cannabis	Illicitly used pharmaceuticals (eg opioids/psychostimulants)
Greatly increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No change — consistently high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No change — consistently moderate or low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greatly reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance not used by local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 9—Below is a list of problems that may be experienced in your local policing area. Please indicate if the use of the substances specified below, by local Indigenous people, makes these problems worse. Please choose all that apply.

	Alcohol	Amphetamines	Cannabis	Illicitly used pharmaceuticals	Not applicable
Domestic or other family violence (including sexual abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other violence (eg assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual favours being traded for money or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues (eg psychosis, suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial hardship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not wanting to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruption to children's schooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Substance not used by local Indigenous community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 10—Is poly-drug use a problem in the area you currently police?

Yes No Don't know

Question 11 – Please list the most common types of drugs used in combination (including alcohol) in the spaces below, Please indicate up to five (5) combinations (eg 1) Alcohol and cannabis; 2) Cannabis and cocaine; 3) Alcohol and non-prescription ritalin etc).

1) _____

2) _____

3) _____

4) _____

5) _____

Section C – Policing Alcohol & Illicit Substance Use

In this section we are looking for information about the cost of drugs in your area and how much of your time is taken up with handling matters associated with substance misuse.

NOTE: Please answer the questions based on your own experiences, perceptions or opinions and with respect to the area you currently police

Question 12 – Please indicate, from your own knowledge, approximate prices for the following quantities and types of cannabis (leaf and head)? If you don't know please write 'DK' in the appropriate space or if not available in your area please write 'N/A'

	Leaf	Head
One deal (approximately 1 gram)		
¼ bag (approx 7gms)		
½ bag (approx 14 gms)		
1 bag (approx 1kg)		

Question 13 – Please indicate, from your own knowledge, approximate prices for the following quantities and types of amphetamines (powder, tablets, crystal/ice)? If you don't know please write 'DK' in the appropriate space or if not available in your area please write 'N/A'

	Powder	Tablet	Crystal/ice
One point/deal (approximately 0.1 gram)			
One gram			
One ounce			

Question 14 – In the past fortnight, what proportion of your work time has been taken up with incidents related to alcohol or illicit drugs. An incident may be a specific drug offence such as possession or drink-driving, or an event where drugs or alcohol are identified as a contributing factor such as an assault by an intoxicated person. Please choose one for each substance type.

	None	Less than 20%	21–40%	41–60%	61–80%	81–100%	Don't know
Alcohol-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 15—Over the past year, in your estimation, what proportion of charges against local Indigenous people were in relation to alcohol or illicit drug related incidents?

	None	Less than 20%	21–40%	41–60%	61–80%	81–100%	Don't know
Alcohol-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 16—Over the past year, in your estimation, what proportion of charges against local non-Indigenous people were in relation to alcohol or illicit drug related incidents?

	None	Less than 20%	21–40%	41–60%	61–80%	81–100%	Don't know
Alcohol-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 17—What proportion of the illicit drug charges were for supply/distribution/manufacture/cultivation?

	None	Less than 20%	21–40%	41–60%	61–80%	81–100%	Don't know
Charges against Indigenous people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charges against non-Indigenous people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 18—Please indicate whether the following services are currently available and effective, available but not effective or not available. If you aren't sure please choose 'Don't know'. By 'effective' we mean that the service, in your opinion, has had some positive impact (eg increases safety, reduces drug/alcohol harms, improves community/agency relations etc). (Please choose one of the following)

	Currently available and effective	Currently available but not effective	Not available	Don't know
Wardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community patrols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobering up shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 hour emergency health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics anonymous meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detox centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Methadone, naltrexone treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholics anonymous meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if other services are available or if you think there are specific services that are required. Please also clearly state whether you feel the service/s you mention are required, available and working effectively or available and not working effectively.

Question 19—Have you implemented/been involved in any activities designed to prevent or reduce the incidence of alcohol and illicit substance misuse since you have been a police officer in the local area?

Yes (Please indicate below all that apply) No (Go to Question 20)

- Sport
- Youth activities (eg blue light discos, youth centre)
- Camps
- Local education campaign
- Counselling individuals/families
- Other (specify below)

Question 20—In your opinion, which of the factors below has an impact on your ability to get information from local Indigenous people about the supply and distribution of illicit drugs in the local area? (Please choose all that apply)

- Reluctance of Indigenous community members to share information with police
- Reluctance of Indigenous community members to share information about drugs with police
- Reluctance of Indigenous community members to share information with police about people (friends/associates) they may know who are users/dealers
- Mistrust of criminal justice system by Indigenous community members
- Reluctance of Indigenous community members to assist, or be seen to be assisting, in a police investigation
- Indigenous community members do not have detailed information to provide to police

Other issues:

Section D— Policing in Metropolitan/urban locations

In this section we ask questions to find out about differences between policing in metropolitan and other locations and police contact with other agencies.

NOTE: Please answer the questions based on your own experiences, perceptions or opinions and with respect to the area you currently police

Question 21 – In which of the following is your station located?

<input type="checkbox"/>	City (including suburbs located in major city)
<input type="checkbox"/>	Large country town/regional centre (population>10 000)
<input type="checkbox"/>	Small country town/rural area
<input type="checkbox"/>	Indigenous community/remote community
<input type="checkbox"/>	Other (specify)

Question 22 – Have you worked in both metropolitan/urban and rural/remote locations?

Yes No – Go to Q24

Question 23 – Please list up to three things that make policing substance misuse in urban/metropolitan locations different to policing substance misuse in rural or remote locations?

1) _____

2) _____

3) _____

Question 24 – Please rank the following types of crime in order of biggest problem in the area you are responsible to police (1–5, where 5=most problematic)

<input type="checkbox"/>	Drug offences (eg possession)
<input type="checkbox"/>	Alcohol licensing and/or supply offences
<input type="checkbox"/>	Good order offences (eg drunk and disorderly)
<input type="checkbox"/>	Offences against property (eg theft)
<input type="checkbox"/>	Offences against the person (eg assault, sexual assault)

Question 26 – To what extent are you satisfied with the level of criminal justice interagency cooperation in the area you are responsible to police?

<input type="checkbox"/>	Very satisfied
<input type="checkbox"/>	Satisfied
<input type="checkbox"/>	Neither satisfied nor dissatisfied
<input type="checkbox"/>	Dissatisfied
<input type="checkbox"/>	Very dissatisfied

Please provide any additional comments:

Question 27 – To what extent are you satisfied with the level of other interagency cooperation with police in the area you are responsible to police, including health, education and welfare?

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

Don't know

Please provide any additional comments

Section E – Policing and Indigenous populations

In this section we ask questions about Indigenous-specific services and relationships between police and local Indigenous people.

NOTE: Please answer the questions based on your own experiences, perceptions or opinions and with respect to the area you currently police

In your estimation, what proportion of residents are of Indigenous descent?

None—Go to Q29

Less than 20%

21–40%

41–60%

61–80%

Q28 (b): In your estimation, does the Indigenous population increase during the year as a result of temporary visitors?

Yes

No

Don't know

Question 29 – To what extent do you agree or disagree with the following statement: “Specific cultural awareness training would assist new officers in policing the local Indigenous community?”

Strongly agree

Agree

- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 30—Which of the following personnel/services are available or take place in the area you police? (please choose all that apply)

- Indigenous police liaison officer
- Other Indigenous staff employed within police service
- Indigenous visitors scheme
- Police Indigenous community committee
- Regular meetings with local leaders
- Liaison with indigenous services
- Other
- Don't know

Question 32—In general, how would you rate Indigenous people's attitudes to police in the area you currently police?

- Very good
- Good
- Moderate
- Poor
- Very poor
- Don't know

Question 33—In general, how do you think relations between police and the Indigenous people in the area you are responsible to police have changed in the past three years?

- Greatly improved
- Improved
- No change
- Deteriorated
- Greatly deteriorated
- Don't know

Question 34—What Indigenous-run or Indigenous-specific services/agencies are active in the area you are responsible to police? (Please choose all that apply)

- Indigenous JPs or community justice scheme
- Night wardens

- Circle sentencing court
- Sobering up shelter
- Women's refuge
- Indigenous legal services
- Community health
- Other
- Don't know

Section F – Demographics

In this section we ask some general questions about you. These questions are necessary so we can determine if there are any differences in responses that could be attributed to officer rank, gender, age or length of service.

What is your sex?

- Male
- Female

Are you of Aboriginal or Torres Strait Islander origin?

- No, neither
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both

How old were you at your last birthday?

- 18–25
- 26–34
- 35–44
- 45–54
- 55–64
- 65+

What is your current substantive rank?

- Sergeant or above
- Snr constable
- Constable
- Indigenous Police Liaison Officer (or equivalent)
- Other (specify)

How long have you been in the police force?

Years: _____ Months: _____

How long have you been at your current posting?

Years: _____ Months: _____

Have you completed any training/education about Indigenous cross-cultural issues?

Yes (please describe)

No

Don't know

Q42(b): If yes, please give details such as course name and duration, including comments on what you found useful or could be improved.

Have you completed any training/education about drug or alcohol use?

Yes (please describe)

No

Don't know

Q43(b): If 'yes' please give details such as course name and duration, including comments on what you found useful or could be improved.

Appendix C: DUMA addendum: Findings from the diversion question

Knowledge and experience of police and court diversion schemes, by state

Table C1 South Australia, police and court diversion programs (%)

	Police drug initiative	Drug court	Court assessment and referral drugs scheme	Other
Heard of program	16	46	24	21
Offered or referred to program	3	9	4	7
Participated in program	1	9	4	7
Total (n)	(68)	(68)	(68)	(67)

Source: AIC 2010 DUMA Collection [computer file]

Table C2 New South Wales, police and court diversion programs (%)

	Cannabis cautioning scheme	Adult drug court	Magistrate's early referral into treatment	Cautions under the Young Offenders Act	Conferences under the Young Offenders Act	Youth drug and alcohol court	Rural alcohol diversion program	Mental health liaison service	Other
Heard of program	18	40	33	32	17	26	5	24	7
Offered or referred to program	7	11	8	10	6	2	0	1	1
Participated in program	6	8	8	10	6	2	0	1	1
Total (n)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(83)

Source: AIC 2010 DUMA Collection [computer file]

Table C3 Western Australia, police and court diversion programs (%)

	Cannabis infringement notice	Drug diversion notice	Drug court	Young person's opportunity program	Pre-sentence opportunity program	Children's court drug court	Supervised treatment intervention regime	Indigenous diversion program	Other
Heard of program	34	4	52	6	20	29	4	5	3
Offered or referred to program	10	0	9	1	9	4	2	0	3

Participated in program	8	0	8	1	9	4	2	0	2
Total (n)	(163)	(163)	(163)	(163)	(163)	(163)	(163)	(163)	

Source: AIC 2010 DUMA Collection [computer file]

Table C4 Northern Territory, police and court diversion programs (%)

	Drug court	Alcohol court	Pre-court juvenile detention	Pre-court illicit drug diversion	Other
Heard of program	15	26	22	2	0
Offered or referred to program	9	9	3	2	0
Participated in program	3	8	3	2	0
Total (n)	(66)	(66)	(65)	(65)	(65)

Source: AIC 2010 DUMA Collection [computer file]

Table C5 Victoria, police and court diversion programs (%)

	Drug diversion program	Cannabis cautioning program	Credit bail support program	CISP	Criminal justice diversion program	Drug court of Victoria	Koori court	Other
Heard of program	24	16	24	46	24	24	35	6
Offered or referred to program	3	3	3	19	5	0	0	3
Participated in program	3	3	3	19	5	0	0	3
Total (n)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(36)

Table C6 Queensland, police and court diversion programs (%)

	Police drug diversion	Illicit drug court diversion	Drug court	Magistrate's early referral into treatment	Indigenous alcohol diversion program	Other
Heard of program	52	15	52	6	12	0
Offered or referred to program	25	3	4	1	<1	0
Participated in program	15	2	4	1	<1	0
Total (n)	(227)	(227)	(227)	(227)	(227)	(227)

Appendix D: Additional practical scenarios

Reminder: The scenarios and the advice provided are based on discussions held with police and other stakeholders consulted during this research. Police service members are reminded that service protocols, legislation and/or practice directions take precedence over any advice presented in these scenarios. Scenario 1 appears in the *Developing a framework* section within the main body of this report.

Scenario 1: A welfare concern

Two Aboriginal young people are on the street huddled together. One of them looks out of it. There is a beer bottle and a clear liquid in a jar at hand. What is your approach?

The primary consideration in this scenario is the welfare of the young people. Officers identified that scenarios such as these are also opportunities for police to interact positively with young people and promote positive future relations.

This scenario requires developing a rapport with the young person that is coherent and able to answer police questions. While assessing the need for medical attention police can focus their initial questions on areas that demonstrate care and consideration for the young people before identifying what if any offence has been committed.

- Ask the person who is coherent if their friend is ok and if they are ok.
- Ask what they've been drinking, if other substances have been used.
- Ask what they need (when was the last meal?).
- Explain what your role is and why you have to ensure their safety.
- Find out where they have been
- Raise consciousness in the person about the effects of what they've been consuming by asking them questions.
- Find out who you can call (responsible adult). What services are around (eg is there an outreach support you can call).
- Use custody as a last resort. If required, follow station protocols and continue to try to locate responsible parent.

Scenario 2: A family violence concern

You are called out to yet another family violence incident at a specific home. The male offender is drunk. His partner is too and she does not want you to take him away. There are three children in the house and the oldest who is 14 is abusively yelling at you and your partner.

In this scenario it is possible that the responding officer/s may be frustrated by having to attend another family violence incident with the same people. It is important in this scenario to review what has been attempted in the past and to continue to provide support. It is important for the police to demonstrate care for the safety of the victims regardless of their treatment of the officers.

In addition to all the procedures that have to be followed for a family violence incident (including getting medical attention and contacting relevant support services) police may focus on:

- listening to what all parties have to say and addressing their concerns where appropriate to do so;
- explaining processes and the police role, specifically what police are doing and why they have to do it;
- getting assistance for the victims, including shelter and a responsible person to care for the children as the female victim is intoxicated;
- asking about when they last ate and what other immediate needs they may have;
- considering delaying reporting of the case to child protection until the woman is sober and can understand why this is necessary;
- ensuring a victim support person or police liaison is able and willing to notify the woman when her partner is released from custody;
- following up in a day or so to ensure the family is aware of what is happening in the process and who they can contact for further information;
- making active referrals to support agencies or providing information on agencies if the victims do not want to contact.

Scenario 3: Illicit drug dealing

Drug running in local council flat area by Aboriginal and non-Aboriginal people. You are the officer in charge of the local policing area. What can you do to clean up the area?

In this scenario, as in the previous scenarios, communicating with local people is the focus. The difference in this scenario is that conveying too much information is likely to compromise operations and careful consideration must be given to how to manage communications.

The strategies employed will be directed by police procedure and problem identification which may involve:

- gathering information from multiple sources;
- assessing the quality of the information;
- organising meetings with local people (Indigenous and non) to discuss concerns
- identifying and choosing tactical strategies;
- assessing risks and unintended consequences of available options;
- assess best approaches, deciding on the best course of action and resourcing it properly.

Consideration could also be given to how to best convey information to local residents and the broader community about the operation before it begins and upon completion.

- explaining the police role, objective of the strategy (if appropriate) and why the community can only have minimal involvement
- exploring ways the community can help
- developing a media strategy that reports on the tangible community safety benefits of the operation as well as the outcomes of the police operation

The plan could also include a process for monitoring progress, review and evaluation, documenting successes and lessons and a debriefing with the community that discusses the outcomes and continued concerns.

Each of the practical scenarios identified above could be placed into the broader framework. The practical scenarios point to individual things an officer may do when they come across a situation. In broad terms the framework needs to be applied to those repeat situations officers encounter where they, another organisation or superiors have identified a need for problem solving.

