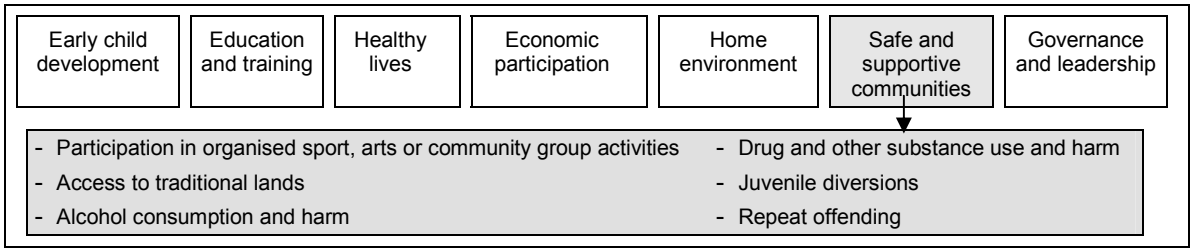
10 Safe and supportive communities

Strategic areas for action



Safe and supportive families and communities provide a resilient, caring and protective environment, promoting a range of positive outcomes (sometimes referred to as positive 'social capital'). Some COAG targets and headline indicators can be positively influenced by outcomes in this area:

- life expectancy (section 4.1)
- young child mortality (section 4.2)
- early childhood education (section 4.3)
- reading, writing and numeracy (section 4.4)
- post secondary education (section 4.7)
- employment (section 4.6).

Problems in families and communities, among other influences, can contribute to disrupted social relationships and social alienation, and to alcohol and drug misuse and family violence. Three headline indicators are associated with breakdown in family and community relationships:

- substantiated child abuse and neglect (section 4.10)
- family and community violence (section 4.11)
- imprisonment and juvenile detention (section 4.12).

Outcomes in the safe and supportive communities strategic area can be affected by outcomes in several other strategic areas for action, or can influence outcomes in other areas:

- early child development (maternal health, teenage birth rate, early childhood hospitalisations, basic skills for life and earning) (chapter 5)
- education and training (school attendance and attainment, Indigenous cultural studies) (chapter 6)
- healthy lives (mental health, suicide and self-harm) (chapter 7)
- economic participation (labour market participation, Indigenous owned and controlled land and business, home ownership, income support) (chapter 8)
- home environment (overcrowding, access to water, sewerage and electricity) (chapter 10)
- governance and leadership (governance capacity and skills, engagement with service delivery) (chapter 11).

The indicators in this strategic area for action focus on the key factors that contribute to safe and supportive communities, as well as some measures of the implications of a breakdown in family and community relationships:

- participation in organised sport, arts or community group activities — participation in sport can contribute to good physical and mental health, confidence and self-esteem, improved academic performance and reduced crime, smoking and illicit drug use. Indigenous people's participation in artistic and cultural activities helps to reinforce and preserve living culture, and can also provide a profitable source of employment (section 10.1)
- access to traditional lands — Indigenous people derive social, cultural and economic benefits from their connection to traditional country. Culturally, access to land and significant sites may allow Indigenous people to practise and maintain their knowledge of ceremonies, rituals and history. Socially, land can be used for recreational, health, welfare and educational purposes. The economic benefits of land are discussed in more detail in section 8.2 of this Report. This section reports data on whether Indigenous people live on, or have access to their homelands/traditional country, but does not show whether Indigenous people have control or ownership over their homelands, or access to particular sites that may be of special significance (section 10.2)
- alcohol consumption and harm — alcohol consumption has potential health and social consequences. Excessive alcohol consumption increases the risk of heart, stroke and vascular diseases, liver cirrhosis and several types of cancers. It also contributes indirectly to disability and death through accidents, violence, suicide and homicide. Alcohol misuse can also have effects at the family and community levels, contributing to workplace-related problems, child abuse and neglect, financial problems (poverty), family breakdown, family violence, and crime. This section examines patterns of alcohol consumption and alcohol

related harms, including alcohol influenced crime and alcohol related hospitalisations and deaths (section 10.3)

- drug and other substance use and harm — drug and other substance misuse contributes to illness and disease, accident and injury, violence and crime, family and social disruption, and workplace problems. Reducing drug related harm can improve health, social and economic outcomes at both individual and community levels. It is difficult to obtain accurate data on the use of illicit drugs, but this section reports available data on patterns of drug use, and drug related crime, hospitalisations and deaths (section 10.4)
- juvenile diversions — Indigenous young people have a high rate of contact with the juvenile justice system (see section 4.12). Juvenile diversion programs can contribute to a reduction in antisocial behaviour and offending. There are no national data on diversionary programs, but this section reports information on diversion programs provided by some jurisdictions (section 10.5)
- repeat offending — Indigenous people are over-represented in prisons, and are likely to come into contact with the criminal justice system at younger ages than non-Indigenous people. Once Indigenous offenders come into contact with the criminal justice system, they are more likely than non-Indigenous offenders to have repeat contact with it. Therefore, it is important that Indigenous people who have had contact with the criminal justice system have the opportunity to integrate back into the community and lead positive and productive lives. Reducing reoffending may also help break the intergenerational offending cycle (whereby incarceration of one generation affects later generations through the breakdown of family structures). This section reports both adult and (limited) juvenile repeat offending data (section 10.6).

Attachment tables

Attachment tables for this chapter are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.1.1). These tables can be found on the Review web page (www.pc.gov.au/gsp), or users can contact the Secretariat directly.

10.1 Participation in organised sport, arts or community group activities

Box 10.1.1 **Key messages**

- For discrete Indigenous communities with a population of 50 or more, 66.8 per cent had some form of sporting facilities (such as outdoor courts for ballgames or sports grounds) in 2006 (ABS 2008).
- Indigenous people (21.0 per cent) were less likely than non-Indigenous people (30.7 per cent) to engage in moderate or high levels of exercise, in non-remote areas in 2004-05 (table 10A.1.1).
- Approximately one-third (35.7 per cent) of Indigenous people aged 15 years and over had attended an Aboriginal or Torres Strait Islander festival involving arts, craft, music or dance in the previous 12 months, and approximately one quarter (27.4 per cent) had participated in creative art activities in 2002. Indigenous people in remote areas were three times more likely than those in non-remote areas to have attended an Aboriginal or Torres Strait Islander ceremony (ABS 2004; 2006).

This indicator contains two main measures:

- participation rates in sport, recreation and fitness activities
- participation in arts, cultural or community group activities.

Participation in organised sport, arts or community group activities has the potential to lead to improvement in many areas of Indigenous disadvantage, including long term health, and physical and mental wellbeing, as well as improving social cohesion in Indigenous communities.

Participation in organised sport, arts or community group activities can foster (among other things) self-esteem, social interaction, and the development of skills and teamwork. A reduction of boredom and an increased sense of belonging are generally seen as having positive impacts on Indigenous youth.

Participation in sport and recreation activities from an early age has the potential to widely benefit individuals and communities (UNICEF 2004) by:

- strengthening the body and preventing disease — regular physical activity helps to build and maintain healthy bones, muscles and joints and control body weight. Physical activity can also help prevent chronic diseases
- preparing infants for future learning
- reducing the risk of clinically significant emotional or behavioural difficulties — the Western Australian Aboriginal Child Health Survey (WAACHS) found that

young Indigenous children who did not participate in organised sport were twice as likely to be at high risk of emotional or behavioural difficulties than Indigenous children who participated in sport (16 per cent and 8 per cent, respectively) (Zubrick et al. 2005)

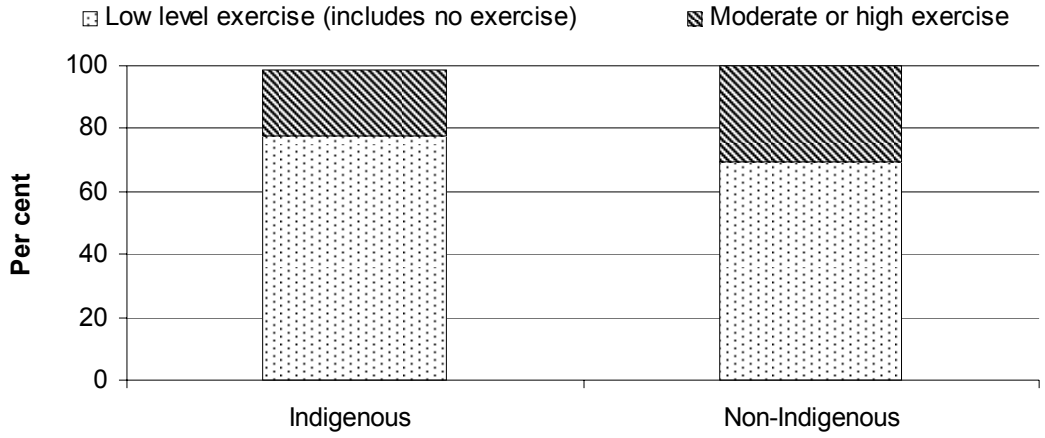
- reducing symptoms of stress and depression — a US study found that active children were depressed less often than inactive children (ACF 2002)
- improving confidence and self-esteem — a study of year seven students found that students involved in organised sports reported higher overall self-esteem and were judged by their teachers to be more socially skilled and less shy than students who did not participate in organised sports (Bush et al. 2001)
- improving learning and academic performance — studies have found that the quality and quantity of physical activity affects children's attention levels and academic performance at school. Similarly, Barber, Eccles and Stone (2001), reported that high school students who participated in organised sports in year 10 completed more years of schooling and experienced lower levels of social isolation than non-participants
- preventing smoking and the use of illicit drugs — Carinduff (2001) suggested that involvement in sport and recreation has the potential to reduce levels of substance abuse and self-harm
- reducing and preventing crime — the Australian Institute of Criminology found that participation in sport and physical activity programs reduces antisocial behaviour (such as engaging in drug and alcohol use and criminal offences) and improves the protective factors (such as leadership and self-esteem) that prevent young people becoming involved in antisocial and criminal behaviour (Morris, Sallybanks, and Willis 2003).

Participation in community arts and cultural programs benefits individuals and community health and wellbeing (Mills and Brown 2004). Dockery (2009) suggests that participation in traditional cultural community group activities can enhance the health, education, employment and behavioural outcomes for Indigenous people.

There are no recent data available on this subject and, as per the 2007 report, data in this section are sourced from the ABS 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSIHS provides information on the frequency, intensity and duration of exercise undertaken by Indigenous Australians aged 15 years and older living in non-remote areas. The latter part of this section provides some examples of sports and community programs in operation.

Participation in sport, recreation or fitness activities

Figure 10.1.1 **Participation in exercise by persons aged 15 years and over in non-remote areas, age standardised, 2004-05[a]**



[a] One per cent of Indigenous people did not state their level of exercise participation, and are not included in figure 10.1.1. Therefore, the Indigenous population does not add to 100 per cent.

Source: ABS (unpublished), derived from *National Health Survey, 2004-05*; ABS (unpublished), derived from *National Aboriginal and Torres Strait Islander Health Survey, 2004-05*; table 10A.1.1.

In 2004-05 in non-remote areas:

- Indigenous people participated in moderate or high levels of exercise (21.0 per cent) less than non-Indigenous people (30.7 per cent) (table 10A.1.1)
- Indigenous people were more likely to do little or no exercise (77.9 per cent) than non-Indigenous people (69.3 per cent) (figure 10.1.1, table 10A.1.1)
- for both Indigenous and non-Indigenous people in non-remote areas, participation in moderate or high levels of exercise decreased with age (table 10A.1.3)
- in both the Indigenous and non-Indigenous populations, a higher proportion of males than females engaged in moderate or high levels of exercise (table 10A.1.4)
- further information on exercise participation and health, employment, income and Indigenous language are shown in table 10A.1.5.

The availability of sporting facilities is likely to affect participation in sport and recreation. The ABS Community Housing and Infrastructure Needs Survey (CHINS) found that in 2006:

- 66.8 per cent of Indigenous communities with a population of 50 or more had some form of sporting facilities, and 33.2 per cent did not (ABS 2008)
- almost 88 per cent of people living in Indigenous communities with a population of 50 or more had access to sporting facilities (ABS 2008)
- the sporting facilities most commonly found in Indigenous communities with a population of 50 or more were outdoor courts for ballgames (such as basketball and netball) and sports grounds (ABS 2008).

Participation in arts and cultural activities

Involvement in art and cultural activities may improve social cohesion and contribute to community wellbeing. Participation in Indigenous arts and cultural activities may include:

- arts or cultural activities that are part of contemporary Indigenous people's lives — including evolving and new forms of cultural expression influenced by wider society
- more traditional forms of Indigenous arts or cultural involvement.

The production of Indigenous arts is also an important economic activity for many Indigenous people. There is further discussion of the economic benefits of self employment in section 8.2.

The 2002 NATSISS provides the most recent data available on Indigenous participation in cultural activities. The 2002 NATSISS found that:

- approximately one third (35.7 per cent) of Indigenous people aged 15 years and over had attended an Aboriginal or Torres Strait Islander festival involving arts, craft, music or dance in the previous 12 months (ABS 2004)
- approximately one quarter (27.4 per cent) of Indigenous people aged 15 years or over had participated in creative art activities (made Indigenous arts or crafts, performed Indigenous music, dance or theatre and/or wrote or told Indigenous stories) (ABS 2006)
- Indigenous people in remote areas were three times more likely to have attended an Aboriginal or Torres Strait Islander ceremony than those in non-remote areas (45.0 per cent compared with 15.5 per cent) (ABS 2006).

Case studies on sports, arts and community programs

The following case studies describe activities within organisations and Indigenous communities that demonstrate the benefits of participation in sport, arts and community group activities (box 10.1.2).

Box 10.1.2 **Things that work — Indigenous participation in sports, arts and community programs**

A **Residential Circus Camp for Indigenous students** with the Flying Fruit Fly circus is supported by the Arts NSW program ConnectEd Arts. In 2008, 36 Indigenous students from 16 schools across the Riverina had the opportunity to participate in workshops alongside professional circus makers and practitioners. The intensive five day program developed students' interest and knowledge in circus and physical theatre as well as providing an Indigenous cultural development experience. The program culminated in a performance to over 100 local community members and students. In 2009, the Flying Fruit Fly Circus will re-engage with the same students, teachers and Aboriginal Education Officers to build on skills developed in the first camp held in 2008 (New South Wales Government (unpublished)).

Established in June 2007, the **Hamilton Local Indigenous Network (Victoria)** works in partnership with local service providers and government agencies to strengthen their community and build the capacity of community members. The **Actively Maintaining Cultural Identity Project**, with funding from the Vic Health Community Participation Scheme, targets unemployed Indigenous males aged from 15 to 40 years, and supported by the Winda Mara Aboriginal Cooperative, aims to build cultural awareness and promote health and wellbeing through outdoor recreational activities. The project, which will continue until October 2009, is building self esteem and confidence among the participants, developing teamwork and communication skills, and is likely to lead to training and employment opportunities for a group whom agencies and service providers find difficult to engage (Victorian Government (unpublished)).

The Rumbalara Football and Netball Club in Shepparton was featured in the 2005 and 2007 reports. The Club's **Academy of Sport, Health and Education (ASHE) (Victoria)**, developed in partnership with the University of Melbourne and supported by the Victorian Government, uses participation in sport as an avenue for Indigenous people to undertake education and training within a trusted, culturally appropriate environment. The ASHE focuses on individuals and their personal needs by providing individualised education and career planning and provides accredited awards through the Goulburn Ovens Institute of TAFE as well as short community based courses. The Rumbalara Football and Netball Club continues to provide a positive example of social relationships within the Shepparton/Mooroopna community (Victorian Government (unpublished)).

(Continued next page)

Box 10.1.2 (continued)

In 1983, the **Garbutt Magpies Under 17 Touring Side (Queensland)** comprised 19 young men aged under 17 (including 15 Aboriginal and Torres Strait Islander men) to travel to Melbourne to watch the Australian Rules Grand Final and play football against young men their own age. In 2008, the current health and wellbeing of the players (now middle-aged men) was explored. It was found that the positive experiences of the young men during their involvement with the Garbutt Magpies may have impacted on their health and lifestyle later in life:

- most (79 per cent) attended school until Year 12 and more than half (58 per cent) went on to gain further trade or other qualifications
- all had been employed most of the time since leaving school, with most (68 per cent) currently working full time
- most (79 per cent) earned more than $21 000 per year, with seven (37 per cent) earning more than $81 000, and eight (42 per cent) owned or were purchasing their own home
- most considered their physical health (79 per cent), emotional wellbeing (89 per cent), and general wellbeing (84 per cent) as good or very good, and more than half (53 per cent) considered their physical fitness as good, however most (79 per cent) did not regularly play sport
- more than half (58 per cent) drank alcohol within the previous week, however nearly one third (32 per cent) had not drunk alcohol for more than six months
- more than half (58 per cent) had never smoked, almost half (42 per cent) had never used illicit drugs, and more than half (53 per cent) had not used illicit drugs for five years or more (McCoy, Ross and Elston 2008).

The **Yirra Yaakin Noongar Theatre (WA)** is an internationally acclaimed Indigenous theatre company and leader in community development. Since establishment in 1993, Yirra Yaakin has delivered 36 new works and employed over 500 Aboriginal theatre workers. Yirra Yaakin runs main stage theatrical productions that are written, directed and performed by Indigenous artists, and supports the community by running issues-based theatre performances and workshops to tackle specific social concerns. Yirra Yaakin also operates a development program to provide ongoing training and mentoring to ensure Indigenous people develop skills to work in the theatre industry. In 2007 and 2008, Yirra Yaakin won awards for its theatre, governance and partnerships. In 2009, Yirra Yaakin has partnered with the Wilin Centre for Indigenous Arts and Cultural Development in Victoria to create more training and employment opportunities for Indigenous artists (WA Government (unpublished), Yirra Yaakin 2009).

(Continued next page)

Box 10.1.2 (continued)

Indigenous Hip Hop Projects (IHHP) are a team of artists who use traditional Indigenous culture fused with hip-hop, rap, beat boxing and break dancing to foster positive thinking and leadership skills in remote Australian communities. IHHP promotes self expression through movement, music and art, boosting morale and confidence and promoting positive social behaviours in remote communities.

In December 2007, IHHP undertook a successful pilot program, Deadly Styles, in Kempsey, NSW using a series of dance workshops to celebrate youth and Indigenous culture while carrying important health messages for young people living in remote communities. In 2008, IHHP visited 56 communities across Australia, and reached over 70 000 youth in most states and territories through workshops, festivals, performances and conferences. For example, in August 2008, IHHP ran two free dance workshops in Townsville as part of Culture Fest 08 to raise awareness of wellbeing through mental and physical health by involving people in performance. The workshops were funded by *beyondblue* and supported by the Migrant Resource Centre Thuringowa and Townsville Council (beyondblue 2008, Indigenous Hip Hop Projects 2009).

The **Galiwin'ku Gumurr Marthakal Healthy Lifestyle Festival**, first held in 2001, is an annual event organised by the Galiwin'ku Community in northeast Arnhem Land on Elcho Island. The festival is supported by the Australian Government through the **Indigenous Culture Support Program.** The main theme of the festival is strengthening traditional understandings of health and healing through strong cultural frameworks and local ownership. The festival draws community-wide attendance, particularly children, and activities include traditional healing workshops, bush food gathering and cooking, a community market, traditional cultural workshops, modern and traditional dance workshops and community concerts.

In 2008, several high profile Indigenous bands performed at the festival and held workshops with local musicians, and this resulted in the development of songs advocating healthy lifestyles and the formation of a sustainable business model for musicians in isolated communities (Australian Government (unpublished)).

Yolngu Radio 1530 AM (NT) is a regional radio service broadcasting to approximately 8000 Yolngu people in 30 remote communities in North East Arnhem Land, as well as Darwin and Nhulunbuy. Funded by the Australian Government through the **Indigenous Broadcasting Program**, Yolngu Radio 1530 AM broadcasts educational programs on Indigenous health and other topics. Most programs are broadcast in the main language of Yolngu Matha and include traditional and contemporary local music. This has contributed to the revival and maintenance of Yolngu cultural identity and language, and is helping build a sense of community. Yolngu Radio 1530 AM also improves access to training and employment opportunities for the Indigenous community through training in broadcasting, radio interview skills and the technical aspects of operating a radio service, as well as supporting local musicians (Australian Government (unpublished)).

(Continued next page)

Box 10.1.2 (continued)

The **Dieri Families Reviving Language and Culture Project** is funded by the Australian Government's **Maintenance of Indigenous Languages and Records program** to revive and maintain the Dieri language. Dieri is an Eyre Basin language with traditional ties to country east of Lake Eyre in South Australia. Many Dieri people have moved outside of the traditional country and, as a result, Dieri language and cultural knowledge has diminished.

The project is currently underway and has already created a strong sense of culture and community, emphasised the positive aspects of common identity and provided a sense of purpose among the Dieri to rebuild their language. The involvement of Dieri youth in the project will generate a strong sense of achievement and opens possibilities of future employment (Australian Government (unpublished)).

Papunya Tula Artists (PTA), established in 1972, is entirely owned and directed by Indigenous artists of the Western Desert and has operated independently of government support for over ten years. PTA aims to promote individual artists, provide economic development for the communities to which they belong, and assist in the maintenance of a rich cultural heritage. PTA represents more than 120 artists across three communities (including Papunya, Kintore and Kiwirrkura) and has 49 shareholders from the Pintupi and Luritja language groups (Papunya Tula Artists 2009).

Papunya Tula Artists operates a gallery in Alice Springs and funded the construction of a new arts centre. PTA has funded community initiatives including a remote renal dialysis unit and the construction of a swimming pool at the Kintore community, and provides financial support for ceremonies, community funerals, sporting equipment and school excursions (Sweeney 2006).

10.2 Access to traditional lands

Box 10.2.1 **Key messages**

- The most recent data on access to traditional lands are for 2004-05, and relate only to adults in non-remote areas. The most recent data for remote areas are for 2002.
- In 2004-05, of Indigenous adults living in non-remote areas:
  - 38.0 per cent did not recognise an area as their homelands (up from 28.8 per cent in 1994) (table 10A.2.3)
  - 15.0 per cent lived on their homelands (down from 21.9 per cent in 1994) and 43.6 per cent were allowed to visit their homelands (similar to the 46.8 per cent reported in 1994) (table 10A.2.3).

Indigenous people derive social, cultural and economic benefits from their connection to traditional country. Culturally, access to land and significant sites allows Indigenous people to practise and maintain their knowledge of ceremonies, rituals and history. Socially, land can be used for recreational, health, welfare and educational purposes. The economic benefits of land are discussed in more detail in section 8.2 of this report. Section 7.1 includes a case study of the Kimberley Satellite Dialysis Centre, which enables Indigenous people in the Kimberley region of WA to remain closer their traditional lands and which has improved health outcomes for patients.

Indigenous land rights are recognised in a variety of ways. Land may be owned outright by Indigenous people, including under land rights legislation, or Indigenous people may have native title rights or interests in land (discussed further in section 8.2). In other cases, Indigenous people may have negotiated access to visit their traditional country with the legal owners of the land. Further, traditional lands may be public land that is accessible to all people (although access to public lands for the purposes of hunting, fishing, gathering or cultural pursuits may be limited by regulations and by-laws).

Data for this indicator come from the ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS), 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). New data from the 2008 NATSISS will be available for the next edition of this report but were not available in time for this edition. The 2004-05 data reported here are for Indigenous people aged 18 years and over in non-remote areas and are not representative of all Indigenous people.

The data for this indicator show whether Indigenous people live on their homelands/traditional country or have access to their homelands/traditional country. The data do not show whether Indigenous people have control or ownership, rights to resources found on their homelands or access to particular sites that may be of special significance.

The data used for this indicator are based on Indigenous people's own understanding of what constitutes their homelands or traditional country, which may vary in different places. Some Indigenous people may live on or visit Indigenous owned or controlled land but they may not consider it to be their homelands or traditional country. Since European colonisation of Australia in 1788, many Indigenous people have moved both voluntarily and involuntarily from their traditional country. As a result, many Indigenous communities comprise a mix of traditional owners and Indigenous people whose traditional country is located elsewhere. Many people who were removed from their families (the Stolen

Generations) have not been able to find their families or return to their traditional country because they do not know their location.

Data for 2002 showed that Indigenous people in remote and very remote areas were more likely to recognise and live on their homelands than Indigenous people in non-remote areas. Indigenous people in very remote areas were the most likely (43.2 per cent) to live on their homelands/traditional country, and the least likely (9.6 per cent) to report that they do not recognise an area as their traditional country (SCRGSP 2005).

Some Indigenous people living in cities and towns with a majority of non-Indigenous people may say they live on their homelands, if the place where they live is part of their homelands/traditional country, even though much of it may be owned or occupied by non-Indigenous people.

In 2004-05, in non-remote areas:

- 15.0 per cent of Indigenous adults lived on their homelands and a further 43.6 per cent were allowed to visit their homelands (table 10A.2.1).
- 38.0 per cent of Indigenous adults did not recognise an area as their homelands or traditional country. Younger Indigenous adults were less likely to recognise an area as their homelands. Almost half those in the 18 to 24 year age group (47.3 per cent) did not recognise homelands (table 10A.2.2).
- 60.1 per cent of Indigenous adults recognised an area as their homelands or traditional country. Of these, only a very small proportion (0.6 per cent) were not allowed to visit their homelands (table 10A.2.1).

ABS surveys from 1994, 2002 and 2004-05 asked the same questions about access to land. However, comparable data are only available for Indigenous adults in non-remote areas. For Indigenous adults living in non-remote areas:

- the proportion who did not recognise an area as their homelands increased from 28.8 per cent in 1994, to 38.0 per cent in 2004-05 (table 10A.2.3)
- the proportion who lived on their homelands decreased (from 21.9 per cent in 1994, to 15.0 per cent in 2004-05). The proportion who were allowed to visit their homelands remained steady between 1994 and 2004-05 (table 10A.2.3).

10.3 Alcohol consumption and harm

Box 10.3.1 **Key messages**

- Indigenous adults were less likely than non-Indigenous adults to have consumed alcohol in the week prior to interview in a 2004-05 survey (53.4 per cent compared with 36.1 per cent). Among those who drank alcohol, rates of risky to high risk drinking were similar for Indigenous and non-Indigenous people (table 10A.3.9).
- 70.0 per cent of Indigenous homicides over the period 1999-2000 to 2006-07 involved both the offender and victim having consumed alcohol, compared to 22.5 per cent of non-Indigenous homicides (figure 10.3.2).
- Hospitalisation rates for all alcohol related conditions were higher for Indigenous people than non-Indigenous people in 2006-07 (table 10.3.1).

Alcohol consumption has health and social consequences through intoxication (drunkenness), alcohol dependence and other long term health effects. In addition, years of alcohol misuse can lead to chronic diseases. Excessive alcohol consumption increases the risk of heart, stroke and vascular diseases, liver cirrhosis, several types of cancers (AIHW 2005a) and alcohol-related brain injury. It also contributes to disability and death indirectly through associated accidents, violence, suicide and homicide.

Alcohol misuse also effects people other than the individual concerned. Excessive alcohol consumption contributes to workplace problems, child abuse and neglect, financial problems (poverty), family breakdown, interpersonal/domestic violence, and crime (WHO 2000, 2004). The *Little Children are Sacred* report (Anderson and Wild 2007) found a strong correlation between alcohol abuse, violence and the sexual abuse of children. Section 4.11, Family and community violence, examines in more detail Indigenous victimisation and deaths from homicide and hospitalisations for assault.

A study by Snowball and Weatherburn (2008) into predictors of Indigenous violence found a powerful association between alcohol consumption and violence. Their study found that high-risk alcohol consumption was a strong predictor of Indigenous violence.[1] The impact of high-risk alcohol consumption on violent behaviour far exceeded that of any other variable examined, including those measuring social disorganisation and social deprivation. Their study provides support to those who, like Pearson (2001, 2006) have rejected the notion that violence is a symptom of disadvantage. Other research has found that

[1] Even in the presence of controls for financial stress, unemployment, family breakdown and geographic mobility.

socioeconomic status is a significant determinant of health risk factors such as smoking, alcohol misuse, physical inactivity and excess weight (Glover et al. 2004).

Recently published data from the AIHW 2007 National Drug Strategy Household Survey (NDSHS) suggest that 27.4 per cent of Indigenous people reported 'binge' drinking (drinking alcohol at short-term risky/high risk levels — see discussion below) at least once in the 12 months prior to the interview (compared with 20.1 per cent of non-Indigenous people) (AIHW 2008; table 10A.3.1). The NDSHS provides comparable data from 2001–2007 about alcohol consumption by Indigenous and non-Indigenous people aged 14 years and over in non-remote areas (table 10A.3.1). Care should be taken in interpreting these data due to the small size of the Indigenous sample (fewer than 500 respondents) in the NDSHS.

Several governments and Indigenous communities have introduced alcohol reforms. Alcohol Management Plans were developed by the Queensland Government in partnership with discrete Indigenous communities between 2002 and 2006. The plans include alcohol carriage limits (type, strength and amount of alcohol) in communities, canteen takeaway restrictions and limited canteen opening hours. Alcohol restrictions in a community are complemented by strict trading conditions on licensed premises in surrounding areas to limit and monitor alcohol supply. In 2008, Queensland introduced additional reforms to improve the effectiveness of current restrictions, including banning councils from holding a general liquor licence; prohibiting drinking in public in communities and simplifying the process for declaring a private residence dry.

In Fitzroy Crossing in WA, liquor restrictions, in combination with support services, brought about immediate improvements (see box 10.3.2). The Northern Territory Emergency Response (NTER) introduced a ban on the possession, transportation, sale and consumption of alcohol in prescribed areas encompassing more than 500 Aboriginal communities.[2] A review of the NTER by the NTER Review Board (2008) reported a range of views on the impact of the alcohol restrictions, but recommended that the alcohol restrictions remain in place in remote communities. The NTER Review Board noted that greater support should be given to people through supply, demand and harm reduction strategies.

Box 10.3.2 provides examples of how alcohol related crime and violence is being addressed in some communities.

[2] Prescribed areas include land held under the *Aboriginal Land Rights Act (NT) 1976*, all Aboriginal community living areas and all Aboriginal town camps.

Box 10.3.2 **'Things that work' — reducing alcohol consumption and harm**

Alcohol limits in Fitzroy Crossing (WA) were introduced following lobbying by women from the Marninwarntikura Fitzroy Women's Centre. The WA director of liquor licensing limited the local hotel to selling only low strength beer for consumption off the premises. The alcohol restriction was implemented on 2 October 2007.

A study, following the first 12 months of the restriction, found that the alcohol ban led to a 36 per cent fall in the number of people seeking treatment at the Fitzroy Crossing Emergency Department for alcohol related injuries and a 28 per cent reduction in alcohol related violence (Drug and Alcohol Office 2009).

The Groote Eylandt Liquor Management System (NT) was initiated by leaders from the Aboriginal communities in June 2005. The system controls the takeaway of alcohol from two licensed premises on the island. In 2008, the system won two national drug and crime awards.

An evaluation of the system, conducted in July 2007, found 75 per cent fewer cases of public drunkenness; a decline in protective custodies over a year (from 90 to 11); 52 per cent less property crime; 60 per cent reduction in incidents of disturbance; 67 per cent decline in police callouts for aggravated assault; reduced mining company absenteeism (the Indigenous workforce sick leave declined from 7.8 per cent before the system to 2.4 per cent since); improved community function and wellbeing (Conigrave, Proude and d'Abbs 2007).

Based on the Groote Eylandt model an electronic permit identification system for the sale of takeaway alcohol, was introduced in the East Arnhem (Gove) area in March 2008. The Gove system involves three permit committees and seven licensed premises. Preliminary evidence indicates that there has been a decrease in alcohol related hospital admissions, persons in protective custody and the level of anti social behaviour such as fighting and public drunkenness.

Alcohol Management Plans in Cape York, Queensland, developed by Cape York communities in partnership with the Queensland government in 2002 and 2003, include limits on alcohol carriage within communities, canteen takeaway restrictions, limited canteen opening hours and restrictions on the sale of full strength alcohol beverages. A study of four communities by Margolis, Ypinazar and Muller (2008) found an average 51.9 per cent reduction in retrieval rates for serious injury following the introduction of the Plans over the period January 1995 to November 2005. A recent report found that in 2008 there had been a decline in persons convicted of carrying alcohol in breach of the restrictions (Office for Aboriginal and Torres Strait Islander Partnerships 2009).

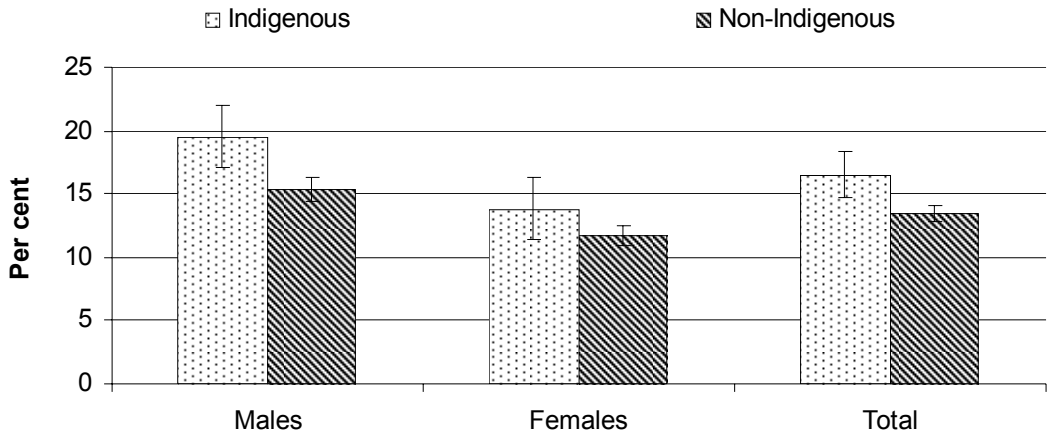
Patterns of alcohol consumption

This section examines patterns of alcohol consumption. In 2009, the National Health and Medical Research Council (NHMRC) released new *Australian Alcohol Guidelines to Reduce Health Risks from Drinking Alcohol* (NHMRC 2009). The NHMRC 2009 Guidelines advise both men and women to drink no more than two standard drinks per day to reduce their health risks over a lifetime. The previous *Australian Alcohol Guidelines* (NHMRC 2001), specified four drinks for men and two drinks for women per day, on average. Also in the NHMRC 2001 Guidelines there were two designated drinking levels where drinking above these levels was 'risky' and 'high risk'. These terms are not used in the NHMRC 2009 Guidelines because evidence suggests that risk increases progressively (NHMRC 2009).

The data presented in this section are grouped into relative risk levels as defined by the NHMRC 2001 Guideline levels. The low risk level defines a level of drinking at which there is only minimal risk of harm and, for some people, the likelihood of health benefits. Risky levels are those at which risk of harm is significantly increased beyond any possible benefits. High risk drinking levels are those at which there is substantial risk of serious harm, and above which risk continues to increase rapidly. Short term risk is the risk of harm in the short term associated with given levels of alcohol consumption on any one occasion. Long-term risk is associated with regular daily patterns of alcohol consumption and defined by the average daily intake of alcohol over the seven days of a reference week. Both short-term and long-term alcohol misuse can cause harm including illnesses, injuries and deaths (NHMRC 2001).

The ABS 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the 2004-05 National Health Survey (NHS) collected data on a person's average daily alcohol consumption in the seven days prior to the interview and then grouped them into relative risk levels as defined by the NHMRC 2001 Guidelines (NHMRC 2001) (see table 10A.3.14). Average daily alcohol consumption and associated risk levels and rates of alcohol consumption at long term risky to high risk levels (by jurisdiction and nationally) is a performance measure in the National Indigenous Reform Agreement (COAG 2009).

Figure 10.3.1 **Alcohol consumption at long term risky to high risk levels, people aged 18 years or over, 2004-05[a, b]**



a Totals are not age standardised and are not directly comparable between Indigenous and non-Indigenous people. **b** Error bars represent 95 per cent confidence intervals around each estimate (see chapter 2 for more information).

Source: ABS *National Aboriginal and Torres Strait Islander Health Survey 2004-05*, Cat. no. 4715.0 (unpublished); ABS *National Health Survey 2004-05: Summary of Results*, Cat. no. 4362.0 (unpublished); table 10A.3.12.

- For both Indigenous and non-Indigenous people, in 2004-05, men were more likely than women to have consumed alcohol at risky to high risk levels (19.5 per cent compared with 13.8 per cent for Indigenous people and 15.4 per cent compared with 11.7 per cent for non-Indigenous people) (figure 10.3.1).

After adjusting for age differences, in 2004-05:

- Indigenous adults were less likely to have consumed alcohol in the week prior to interview than non-Indigenous adults (53.4 per cent compared with 36.1 per cent); and among those who drank alcohol, the reported rate of risky to high risk drinking for Indigenous people was not statistically different to that for non-Indigenous people (table 10A.3.9).
- Data on alcohol consumption by remoteness, sex and risk levels can be found in tables 10A.3.9 and 10A.3.12.

The 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) will provide information on alcohol consumption. The NATSISS results are expected to be available from late 2009.

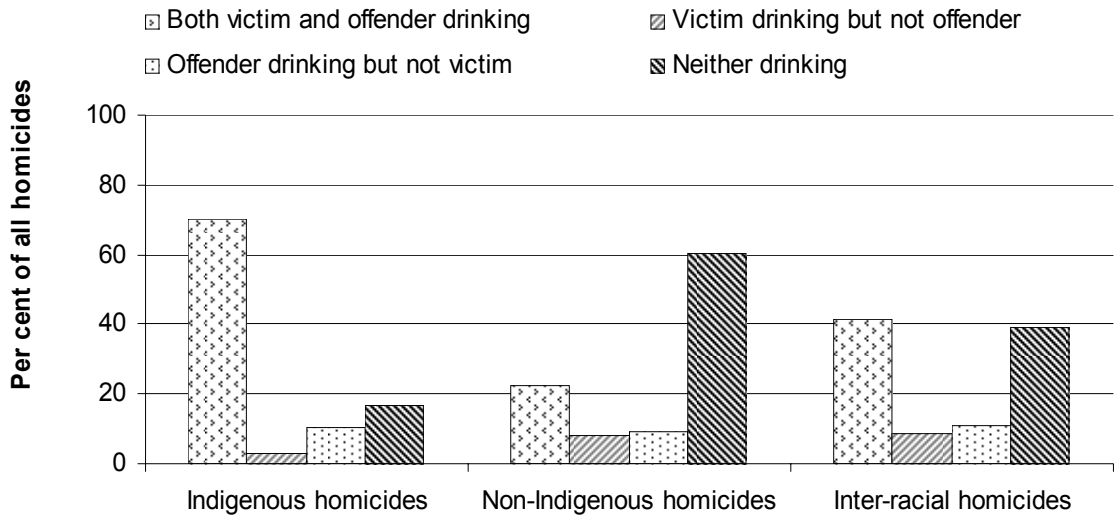
Alcohol influenced crime

This section examines alcohol influenced crime. The relationship between excessive alcohol consumption, violence, crime and injury is well documented (Anderson and Wild 2007; AIC 1990; Ireland 1993; Prichard and Payne 2005; Smith 1983; Weatherburn, Snowball and Hunter 2006).

Two recent studies demonstrate the relationship between alcohol, crime and injury for Australian Indigenous people. An analysis of data from the Drug Use Monitoring in Australia (DUMA) program in 2004 showed that, among police detainees in seven urban police stations or watch houses in NSW, Queensland, WA and SA, there was a more pronounced association between alcohol and offending among Indigenous male offenders than their non-Indigenous counterparts (Putt, Payne and Milner 2005). Smith, O'Hagan and Gole (2006) found that alcohol related assault was a significant cause of the high rate of eye injuries in Indigenous people in far north Queensland. Examples of how alcohol related crime and violence is being addressed in some communities can be found in box 10.3.2.

There are no reliable data on the overall extent of alcohol related crime. This section examines alcohol related homicides, using data from the Australian Institute of Criminology (AIC) National Homicide Monitoring Program (NHMP). The NHMP data are discussed in appendix 4.

Figure 10.3.2 **Alcohol involvement in Indigenous and non-Indigenous homicides, total recorded 1999-2000 to 2006-07**[a, b, c, d, e]



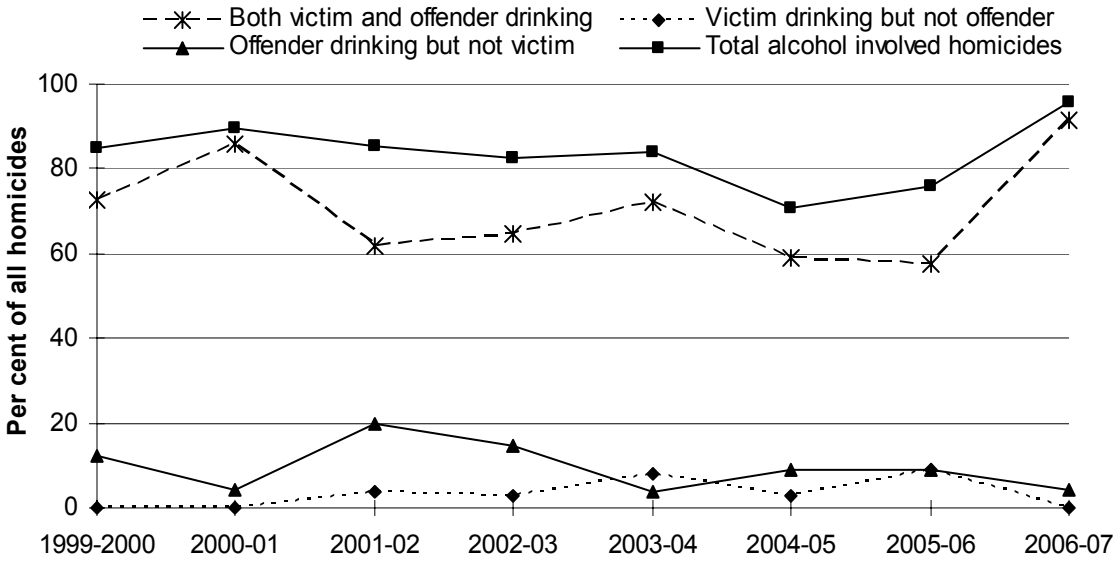
[a] Homicide includes murder and manslaughter, but excludes driving causing death. [b] Excludes data where Indigenous status of victim or offender, or alcohol involvement is unknown. [c] Indigenous homicides are where both victims and offenders of homicide are Indigenous. [d] Non-Indigenous homicides are where both victims and offenders are not Indigenous, including victims and offenders who are Caucasian, Asian and Maori/Pacific Islanders. [e] Inter-racial homicides are where either the victim or the offender is Indigenous, including homicides involving: an Indigenous offender and non-Indigenous victim, and non-Indigenous offender and an Indigenous victim.

Source: AIC NHMP (unpublished); table 10A.3.2.

Among the total recorded homicides over the period from 1999-2000 to 2006-07:

- 70.0 per cent of Indigenous homicides involved both the victim and offender having consumed alcohol at the time of the offence, compared with 22.5 per cent of non-Indigenous homicides (figure 10.3.2)
- where only the offender was under the influence of alcohol in a homicide, the proportion was slightly higher for Indigenous homicides (10.6 per cent) than non-Indigenous homicides (9.4 per cent) (figure 10.3.2).

Figure 10.3.3 **Alcohol involvement in Indigenous homicides, 1999-2000 to 2006-07**[a, b]



[a] Total alcohol involved homicides are the aggregate of three categories of homicides involving alcohol: both the 'victim and offender drinking',' victim drinking but not offender', and 'offender drinking but not victim'. [b] Excludes data where Indigenous status of victim or offender, or alcohol involvement is unknown.

Source: AIC NHMP (unpublished); table 10A.3.2.

Over the eight year period from 1999-2000 to 2006-07, the level of alcohol involvement in Indigenous homicides has fluctuated (figure 10.3.3). From 2004-05 to 2006-07 there was an increase in the level of alcohol involvement in Indigenous homicides (70.5 per cent in 2004-05, 75.8 per cent in 2005-06 and 95.6 per cent in 2006-07). The number of Indigenous homicides where both offender and victim were drinking (21) was similar in 2006-07 to numbers in the previous four years. However, the total number of Indigenous homicides (23) was well below average. With between 23 and 34 Indigenous homicides per year over the past four years, small changes in numbers can cause large changes in calculated proportions (table 10A.3.2).

Alcohol related hospitalisations and deaths

This section examines alcohol related harms, including alcohol related hospitalisations and deaths. Both short-term and long-term alcohol misuse can cause harm including illnesses, injuries and deaths. Short-term risk of harm is associated with levels of drinking on any one occasion. Drinking to the point of intoxication can cause injuries or deaths from associated violence, falls, road crashes and drowning. Long-term alcohol misuse can cause a number of chronic illnesses (for

example, various cancers, liver diseases, and chronic gastritis). Some suicides and strokes may also be attributable to either short or long-term alcohol misuse.

According to AIHW (2008), alcohol was the second largest cause of drug-related deaths and hospitalisations in Australia (after tobacco) in 2007. Chikritzhs et al. (2007) estimated alcohol attributable mortality for Indigenous residents in each of the 17 former ATSIC zones and found that over a 5 year period (2000 to 2004), suicide (19 per cent) and alcoholic liver cirrhosis (18 per cent) were the two most common causes of alcohol attributable death among Indigenous men. The average age at death from the most common alcohol attributable conditions was 35 years for Indigenous men and 34 years for Indigenous women (Chikritzhs et al. 2007).

Heavy alcohol consumption during pregnancy is a risk factor for fetal alcohol syndrome (O'Leary et al. 2007; NHMRC 2001; World Bank 2000). See section 5.1 for more information on alcohol use in pregnancy, including fetal alcohol syndrome rates.

Data on hospitalisations related to alcohol use reported for this indicator are from the AIHW National Hospital Morbidity Database. These data only cover alcohol related illnesses resulting in admission to a hospital. In addition, data are only available for conditions directly attributable to alcohol consumption and do not include most of the conditions listed above, where alcohol may be a contributing factor but where the link is not direct and immediate.

The availability of hospitalisation data for Indigenous people has significantly improved in the 2009 report compared to the 2007 report. AIHW analysis of the quality of Indigenous identification in hospital statistics has shown that the quality of data from NSW and Victoria has improved and data are now available for NSW, Victoria, Queensland, WA, SA and the NT. Nevertheless, Indigenous identification in hospitalisation data remains incomplete in most jurisdictions. The AIHW (2005b) found that the quality of Indigenous hospitalisation data varied between jurisdictions and hospitals. Tasmania and the ACT are working with the AIHW to improve the quality of their Indigenous hospitalisation data.

Most hospitalisation data used in this section are for six jurisdictions: NSW, Victoria, Queensland, WA, SA, and the NT. These data have sufficient levels of Indigenous identification for 2004-05 to 2006-07. Longer time series data for Queensland, WA, SA and the NT from 2001-02 to 2006-07 are included in attachment table 10A.3.3. Hospitalisation data for these four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

Non-Indigenous data from the AIHW include hospitalisations of people with a ‘not stated’ Indigenous status as well as those identified as non-Indigenous.

Table 10.3.1 Hospitalisations related to alcohol use, NSW, Victoria, Queensland, WA, SA, and public hospitals in NT, 2006-07 (per 1000 population)[a, b, c, d, e]

	Males	*Females*	*All persons*
Indigenous			
Mental and behavioural disorders (F10)	10.9	5.0	7.8
Acute intoxication (F10.0)	4.8	2.8	3.7
Harmful use (F10.1)	0.4	0.2	0.3
Dependence syndrome (F10.2)	2.9	1.3	2.1
Other (F10.3–F10.9)	2.8	0.7	1.7
Alcoholic liver disease (K70)	1.4	1.1	1.2
Other inflammatory liver disease (K75)	–	0.1	0.1
Toxic effect of alcohol (T51)	0.1	0.1	0.1
Accidental poisoning by and exposure to alcohol (X45)	0.2	0.1	0.2
Intentional self-poisoning by and exposure to alcohol (X65)	0.3	0.5	0.4
Poisoning by and exposure to alcohol, undetermined intent (Y15)	0.1	0.1	0.1
Non-Indigenous[f]			
Mental and behavioural disorders (F10)	2.1	1.5	1.8
Acute intoxication (F10.0)	0.6	0.4	0.5
Harmful use (F10.1)	0.1	–	0.1
Dependence syndrome (F10.2)	1.1	1.0	1.0
Other (F10.3–F10.9)	0.3	0.1	0.2
Alcoholic liver disease (K70)	0.4	0.1	0.2
Other inflammatory liver disease (K75)	–	0.1	–
Toxic effect of alcohol (T51)	–	–	–
Accidental poisoning by and exposure to alcohol (X45)	0.1	–	–
Intentional self-poisoning by and exposure to alcohol (X65)	0.2	0.3	0.2
Poisoning by and exposure to alcohol, undetermined intent (Y15)	–	–	–

[a] The hospital separation rates (per 1000 population) were directly age standardised to the Australian population as at 30 June 2001. [b] Hospital separation is the discharge, transfer, death or change of episode of care of an admitted patient (see glossary for a detailed definition). [c] Principal diagnoses of hospitalisations are based on codes of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM). [d] Data are based on state of usual residence. [e] Overlapping may exist between separations by toxic effect of alcohol and separations based on external causes X45, X65, or Y15. [f] Non-Indigenous data include separations where Indigenous status was not reported.

– Nil or rounded to zero.

Source: AIHW National Hospital Morbidity Database (unpublished); table 10A.3.7.

In 2006-07, for NSW, Victoria, Queensland, WA, SA and public hospitals in the NT:

- hospitalisation rates for all conditions related to alcohol use were consistently higher for Indigenous people than for non-Indigenous people, and the rates for both Indigenous and non-Indigenous males were mostly higher than rates for females (table 10.3.1)
- for both Indigenous and non-Indigenous males and females, 'mental and behavioural disorders' was the most common condition for alcohol related hospitalisations
- hospitalisations for alcohol related mental and behavioural disorders were five times as high for Indigenous males (10.9 per 1000) as for non-Indigenous males (2.1 per 1000); the rate for Indigenous females (5.0 per 1000) was three times the rate for non-Indigenous females (1.5 per 1000)

Over the period 2004-05 to 2006-07, hospitalisation rates for all alcohol related conditions for both Indigenous and non-Indigenous people did not change significantly.

Using combined data for Queensland, WA, SA and public hospitals in the NT a longer time series can be created for 2001-02 to 2006-07. Over the period, hospitalisation rates for all alcohol related conditions for both Indigenous and non-Indigenous people did not change significantly (table 10A.3.3).

Table 10.3.2 **Alcohol related deaths, death rates, age standardised, 2003−2007**[a, b, c, d]

	Indigenous					*Non-Indigenous* [e]				
	NSW	Qld	WA	SA	NT	NSW	Qld	WA	SA	NT
Males	41.0	43.3	75.9	57.6	105.7	8.1	7.4	7.2	7.2	10.0
Females	19.2	19.4	36.0	np	53.0	2.0	2.1	1.9	1.8	4.2
Persons	29.7	30.5	54.7	33.9	77.7	4.9	4.7	4.5	4.4	7.4

[a] Causes of death attributable to alcohol are based on codes of the International Classification of Diseases, 10th Revision (ICD-10) [b] Indirect standardised death rate per 100 000 population. [c] Denominators used in the calculation of rates for the Indigenous population are from ABS 2004, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0 (low series). There are no comparable population data for the non-Indigenous population. Denominators used in the calculation of rates for comparison with the Indigenous population have been derived by subtracting Indigenous population estimates/projections from total estimated resident population and should be used with care, as these data include population units for which Indigenous status were not stated. [d] Data on deaths of Indigenous people are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between the Indigenous and non-Indigenous data. [e] Non-Indigenous includes deaths with a 'Not stated' Indigenous status. **np** Not published

Source: ABS *Causes of Death, Australia,* Cat. no. 3303.0 (unpublished); table 10A.3.13.

In 2003–2007, for those jurisdictions for which data are available, alcohol related death rates were 5 to 19 times as high for Indigenous people than non-Indigenous (table 10.3.2).

10.4 Drug and other substance use and harm

Box 10.4.1 **Key messages**

- Illicit substance use in the previous 12 months was reported by 28.0 per cent of Indigenous adults living in non-remote areas in 2004-05 (table 10A.4.3).
- For all homicides recorded from 1999-2000 to 2006-07, a lower proportion of Indigenous homicides than non-Indigenous homicides occurred under the influence of drugs (24.1 per cent compared to 33.9 per cent) (table 10A.4.2).
- Indigenous people (2.1 per 1000) were three times as likely as non-Indigenous people (0.7 per 1000) to be hospitalised for mental and behavioural disorders caused by drug use (table 10A.4.6).

Drug and other substance misuse is a contributing factor to illness and disease, accidents and injury, violence and crime, family and social disruption, and workplace problems. Reducing drug related harm will improve health, social and economic outcomes at both individual and community levels.

This section reports available information on:

- patterns of illicit drug use
- drug related crime
- drug related hospitalisations and deaths.

Illicit substance use can be divided into two categories: use of substances which are illegal to possess (such as heroin) and misuse of substances which are legally available (such as petrol inhalation, misuse of prescription drugs or misuse in combination with alcohol).

In recent years, illicit drug consumption has played a significant role in Indigenous people's involvement in the criminal justice system. According to the Office of the Status of Women, there is a correlation between domestic violence and drug and alcohol use in Indigenous communities, with 70 to 90 per cent of assaults being committed while under the influence of alcohol and other drugs (DHA 2003).

The use of other substances such as inhalants (for example, petrol, glue, paint and butane gas) can lead to serious health consequences, including long term brain

damage, disability or even death. It can also cause social alienation of sniffers, violence and crime (Access Economics 2006; Community Affairs References Committee 2006).

Recently published data from the AIHW 2007 National Drug Strategy Household Survey (NDSHS) suggest that a higher proportion of Indigenous people than non-Indigenous people reported using illicit drugs (including marijuana/cannabis) in the 12 months prior to the survey (24.2 per cent compared with 13.0 per cent) (AIHW 2008; table 10A.4.1). The NDSHS provides comparable data from 1998–2007 about illicit drug use by Indigenous and non-Indigenous people aged 14 years and over in non-remote areas (table 10A.4.1). Care should be taken in interpreting these data due to the small size of the Indigenous sample (fewer than 500 respondents) in the NDSHS.

Patterns of illicit drug use

It is difficult to obtain accurate prevalence data on the use of illicit drugs. Their illegality and their low prevalence makes them difficult to address with population surveys. Data from use of health systems or interaction with the criminal justice system tend to identify mainly heavy users and those who succumb to the drug's effects; while the evidence suggests that the majority of illicit drug users use drugs infrequently without becoming addicted (Makkai and McAllister 1998).

The ABS 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) collected data on illicit drug use by Indigenous people aged 18 years and over in non-remote areas. No data on drug use by non-Indigenous people are available for direct comparison with these data. In 2004-05:

- 28.0 per cent of Indigenous adults living in non-remote areas reported illicit substance use in the previous 12 months (table 10A.4.3)
- marijuana (22.5 per cent), amphetamines (7.3 per cent) and analgesics/sedatives (for non-medical purposes) (6.0 per cent) were the most commonly used substances (table 10A.4.3). Data on drug use by gender is reported in table 10A.4.3.

The 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) will provide information on illicit drug use. The NATSISS results are expected to be available from late 2009.

Inhalants

Petrol sniffing is a form of substance abuse that affects some Indigenous youth in remote areas, particularly in the Western corridor of Central Australia. Studies have found that petrol sniffing has been occurring in some remote and urban communities alongside other forms of substance use, notably cannabis, kava and alcohol, and that past inhalant use is a predictor of other substance use (AIHW 2002; Clough et al. 2002; Clough and Jones 2004). It is difficult to estimate the prevalence of petrol sniffing in Australia as there are no reliable national data on the number of people involved and the extent of resulting damage to individuals and communities.

Petrol sniffing amongst Indigenous people was first reported in northern Australia in 1950 (Brady 1992). More recently, between September 2005 and February 2007, in 74 remote communities (covering parts of the NT, SA, WA and Queensland) there were an estimated 1281 sniffers among the Indigenous population of 30 209 (D'Abbs and Shaw 2008a).

Consultations conducted by the NT Select Committee on Substance Abuse in the Community (2007) found that of the three main substances of abuse (alcohol, cannabis and petrol sniffing), petrol sniffing attracted the highest level of concern from community members in remote communities. Community members raised concerns about the vulnerability of young people to the practice, the severity of physical effects and the pervasive social disorder that comes when it is allowed to continue (NT Select Committee on Substance Abuse 2007).

Alternative fuels (such as Opal fuel) and community based interventions have been successful in reducing petrol sniffing in some communities (Burns et al. 1995; Campbell and Stojanovski 2001). In 2007, the NT Select Committee on Substance Abuse in the Community (2007) found that a black market for conventional fuel, specifically for petrol sniffing, had emerged in some communities. The Committee's view was that the introduction of Opal alone was not the answer to petrol sniffing; but it creates an opportunity to rehabilitate petrol sniffers before they find other drug substitutes (NT Select Committee on Substance Abuse 2007). Box 10.4.2 provides examples of how petrol sniffing is being addressed in some communities.

Box 10.4.2 **'Things that work' — reducing petrol sniffing**

Between 2005 and 2006 baseline data on the prevalence of petrol sniffing was collected in 74 communities that were currently using, or shortly to begin using **Opal fuel**. In 2008, an evaluation study on the impact of Opal fuel was conducted and 20 of the initial 74 communities were revisited. The study found that the incidence of petrol sniffing had declined in 17 of the communities. Petrol sniffing had fallen by 70 per cent and in nine communities there was no sniffing (D'Abbs and Shaw 2008b).

Other drugs

The Northern Territory Emergency Response (NTER) introduced a ban on the possession, transportation, sale and consumption of alcohol in prescribed areas. A review of the NTER by the NTER Review Board (2008)[3] noted that one of the major themes from the community consultations was that, although people thought that the NTER had reduced alcohol abuse, many people reported that cannabis use had increased. The NTER review did not provide data on alcohol or cannabis use in the NTER communities. A recent publication by Senior and Chenhall (2008) highlighted the emergence of cannabis as an apparent replacement for alcohol in one remote Northern Australian community. Heavy cannabis use has been associated with moderate to severe symptoms of depression (Lee et al. 2008).

Excessive consumption of kava is a concern in some Indigenous communities, as it can lead to health problems such as liver damage and malnutrition. Kava can also have a negative impact on families and communities. Some Indigenous communities have expressed concern that kava consumption is linked to neglecting family and community duties, and spending household income on kava instead of on necessities like food (DHA 2003; DHA 2004; Clough and Jones 2004).

Prescription drugs used in combination with other substances such as alcohol can compound the social, physiological and psychological problems faced by people with a mental illness. Through a consultation process with rural Indigenous communities, the Aboriginal Drug and Alcohol Council of SA found that some Indigenous communities were concerned about the misuse of prescription drugs. These communities stated that prescription drugs such as Serapax, codeine and Panadeine Forte were easily accessible by Indigenous people, and that some doctors freely prescribed these drugs (DHA 2003).

[3] The NTER Review Board conducted an independent and transparent review of the first 12 months of the NTER.

Drug related crime

Broadly speaking, there are three types of drug related crime: violence associated with illegal drug markets; crimes committed by individuals under the influence of drugs; and crime committed by drug users to pay for their drug purchases.

Although the link between drug use and crime is complex, many studies have found that there is clear evidence that drug use and crime tend to be associated — that is, co-existing in the same populations (Prichard and Payne 2005; Makkai and Payne 2003; Johnson 2004; Stevens, Trace and Bewley-Taylor 2005). Many persistent offenders frequently used illicit drugs, and drug dependence may amplify offending. Both crime and problematic drug use are linked to other factors, including socio-economic deprivation.

Wilczynski and Pigott (2004) found that illicit drugs were associated with both violent and property crime, but strongest for property crime. An analysis of data from the Drug Use Monitoring in Australia (DUMA) program found that, among police detainees, between 1995 and 2005:

- 17 per cent of offences committed by Indigenous detainees were drug related
- 72 per cent of Indigenous detainees tested positive for cannabis (compared with 54 per cent of non-Indigenous detainees)
- 24 per cent of Indigenous detainees tested positive to benzodiazepines (22 per cent of non-Indigenous detainees)
- 29 per cent of Indigenous detainees tested positive to methylamphetamines (26 per cent of non-Indigenous detainees)
- overall, 79 per cent of Indigenous detainees tested positive to any drug at the time of being detained by police, compared with 67 per cent of non-Indigenous detainees (AIC 2008).

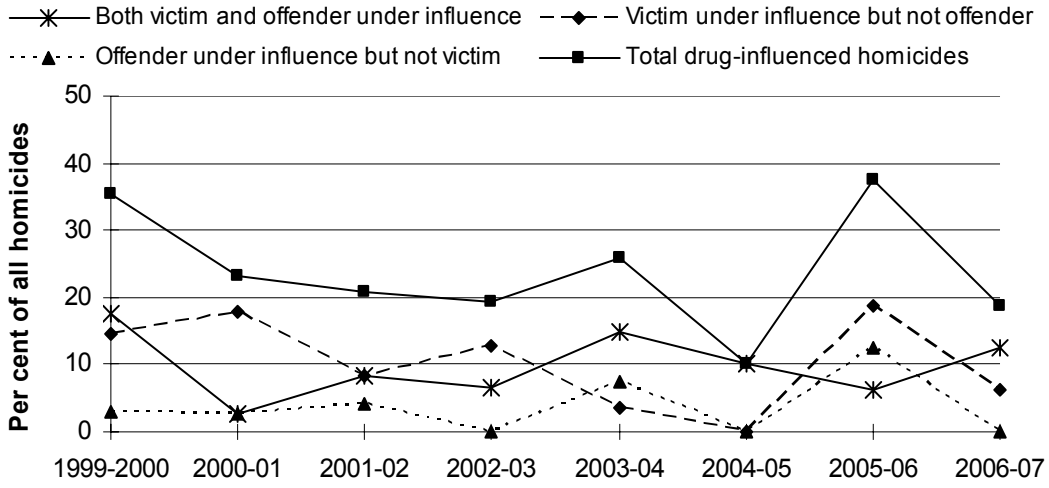
The use of inhalants has been linked with an increased likelihood of committing burglary, assault or wilful damage offences (Brady 1992). Unpublished data from DUMA indicated that Indigenous people detained by police in key city locations in 2004 and 2005, were more likely than non-Indigenous detainees to self-report use of inhalants (7 per cent for Indigenous detainees compared with 2 per cent for non-Indigenous detainees) (AIC 2008).

Prichard and Payne (2005) found that there was a connection between drug and alcohol use and criminal offending among 371 juveniles aged 10 to 17 years who were in detention centres in all Australian jurisdictions in 2003-04. They found that Indigenous and non-Indigenous youths used similar substances at similar frequencies, although non-Indigenous detainees were significantly more likely to

have used amphetamines and ecstasy. Indigenous youths were more likely to attribute their criminal offending to substance use (35 per cent) than non-Indigenous youths (29 per cent) (Prichard and Payne 2005).

Data from the Australian Institute of Criminology (AIC) National Homicide Monitoring Program (NHMP) on drug influenced crimes are included in this section. It should be noted that these data may not reflect the full extent of crimes under the influence of drugs as they do not include other forms of crime involving drugs, such as robberies, burglaries and assaults. Care should be taken in interpreting these data due to the small number of Indigenous homicides where drugs were involved at the time of the offence (between 3 and 12 per year over the past five years). Other limitations of the NHMP data are discussed in appendix 4.

Figure 10.4.1 **Drug influenced Indigenous homicides, 1999-2000 to 2006-07**[a]



[a] Totals are the aggregate of three categories of homicides under influence of drugs: both the 'victim and offender under the influence', 'victim under the influence but not offender', and 'offender under the influence but not victim'.

Source: AIC NHMP (unpublished); table 10A.4.2.

- Over the eight year period from 1999-2000 to 2006-07, the level of drug influenced Indigenous homicides has fluctuated. It is not possible to identify any clear trends (figure 10.4.1).
- Over the past five years there have been between 16 and 48 Indigenous homicides per year, and the number of drug influenced Indigenous homicides has fluctuated in even smaller numbers (between 3 and 12), small changes in numbers can cause large changes in proportions calculated (table 10A.4.2).
- Among all homicides recorded in the AIC NHMP database between 1999-2000 to 2006-07, a lower proportion of Indigenous homicides than non-Indigenous

homicides were associated with the use of drugs at the time of the offence (24.1 per cent compared to 33.9 per cent) (table 10A.4.2).

Drug related hospitalisations and deaths

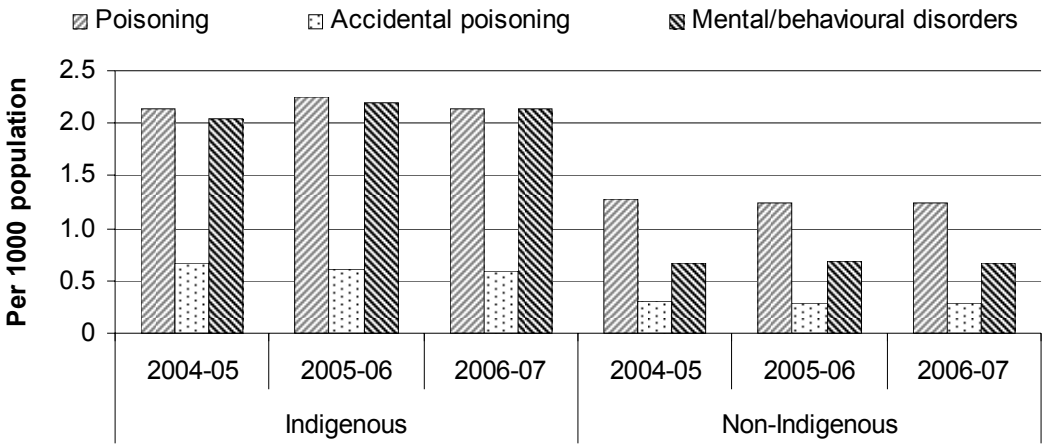
Data on hospitalisations related to drug use reported for this indicator are from the AIHW National Hospital Morbidity Database. These data only cover drug related illnesses resulting in admission to a hospital. Further, data are only available for conditions directly attributable to drug use and do not include conditions where drug use may be a contributing factor but where the link is not direct and immediate.

The availability of hospitalisation data for Indigenous people has significantly increased in the 2009 report compared to the 2007 report. AIHW analysis of the quality of Indigenous identification in hospital statistics has shown that the quality of data from NSW and Victoria has improved and data are now available for NSW, Victoria, Queensland, WA, SA and the NT. Nevertheless, Indigenous identification in hospitalisation data remains incomplete in most jurisdictions. The AIHW (2005) found that the quality of Indigenous hospitalisation data varied between jurisdictions and hospitals. Tasmania and the ACT are working with the AIHW to improve the quality of their Indigenous hospitalisation data.

Most hospitalisation data used in this section are for six jurisdictions: NSW, Victoria, Queensland, WA, SA, and the NT. These data have sufficient levels of Indigenous identification for 2006-07, 2005-06 and 2004-05. Longer time series data for Queensland, WA, SA and the NT from 2001-02 to 2006-07 are included in attachment tables 10A.4.4 and 10A.4.5. Hospitalisation data for these four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

Non-Indigenous data from the AIHW include hospitalisations of people with a 'not stated' Indigenous status as well as those identified as non-Indigenous.

Figure 10.4.2 **Age standardised hospitalisations related to drug use in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT (per 1000 population)[a, b, c, d]**



a The hospital separation rates (per 1000 population) were directly age standardised to the Australian population as at 30 June 2001. **b** Principal diagnoses of hospitalisations are based on codes of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM). **c** Data are based on state of usual residence. **d** Non-Indigenous data include separations where Indigenous status was not reported.
– Nil or rounded to zero.

Source: AIHW National Hospital Morbidity Database (unpublished); table 10A.4.6.

Figure 10.4.2 shows that from 2004-05 to 2006-07 in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT:

- the most common drug-related conditions resulting in hospitalisations of both Indigenous and non-Indigenous people were poisoning, mental and behavioural disorders, and accidental poisoning
- the rates of hospitalisations for the three most common drug related conditions were all higher for Indigenous people than for non-Indigenous people.

In 2006-07:

- Indigenous people (2.1 per 1000) were three times as likely as non-Indigenous people (0.7 per 1000) to be hospitalised for mental and behavioural disorders caused by drug use (table 10A.4.6).

More data on hospitalisations due to drug use, by jurisdiction and sex, for the period 2004-05 to 2006-07 is reported in table 10A.4.7.

Illicit drugs are a direct cause of death as well as being risk factors for conditions such as HIV/AIDS, hepatitis, low birthweight, inflammatory heart disease, poisoning, and suicide and self-inflicted injuries.

Table 10.4.1 **Drug related deaths, death rates, age standardised, 2003−2007**[a, b, c, d]

	Indigenous					*Non-Indigenous* [e]				
	NSW	Qld	WA	SA	NT	NSW	Qld	WA	SA	NT
Males	14.7	np	np	21.5	np	6.7	4.9	5.4	7.0	5.8
Females	7.8	3.8	np	np	np	3.9	2.8	0.3	4.9	3.6
Persons	11.1	3.3	5.4	13.9	4.5	5.3	3.8	4.3	5.9	4.7

[a] Causes of death attributable to drug-induced mortality are based on codes of the International Classification of Diseases, 10th Revision (ICD-10) [b] Indirect standardised death rate per 100 000 population. [c] Denominators used in the calculation of rates for the Indigenous population are from ABS 2004, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0 (low series). There are no comparable population data for the non-Indigenous population. Denominators used in the calculation of rates for comparison with the Indigenous population have been derived by subtracting Indigenous population estimates/projections from total estimated resident population and should be used with care, as these data include population units for which Indigenous status were not stated. [d] Data on deaths of Indigenous people are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between the Indigenous and non-Indigenous data. [e] Non-Indigenous includes deaths with a 'Not stated' Indigenous status. **np** Not published

Source: ABS *Causes of Death, Australia,* Cat. no. 3303.0 (unpublished); table 10A.4.8.

In 2003–2007, for those jurisdictions for which data are available, drug related death rates were higher for Indigenous people than non-Indigenous in NSW, SA and WA and similar in Queensland and the NT.

10.5 Juvenile diversions as a proportion of all juvenile offenders

Box 10.5.1 **Key message**

- A smaller proportion of Indigenous than non-Indigenous juveniles were diverted from court by formal cautioning or referrals in each State and Territory for which data were available.

Juvenile diversion programs aim to divert offenders away from, or minimise their probability of, proceeding further into the criminal justice system. Australian diversion programs vary from informal arrangements between local communities, police, alcohol and drug workers, and the courts, through to legislated programs (Joudo 2008). Diversion programs have been implemented in various forms in

every State and Territory. These programs can be either police based or court based (Payne, Kwiatkowski and Wundersitz 2008). The most common diversionary mechanisms used by State and Territory juvenile justice systems include:

- cautions or warnings
- infringement notices
- referrals to youth, community or family conferences
- referrals to juvenile justice teams.

In some states and territories, the decision to divert an alleged offender will be left to the discretion of individual police officers. Alternatively, as in NSW, an Act of Parliament governs the process to be followed. In such cases, when the police apprehend a young person, they must consider whether the individual is entitled to be diverted under the appropriate Act.

Research has shown high levels of substance misuse among Indigenous offenders, and in recent years this has led to a number of diversionary programs addressing alcohol and drug use (Joudo 2008). A diversionary program available to juveniles in Queensland, for example, aims to address the underlying drug problems of offenders who have committed minor offences. The diversion is available in the court setting prior to sentencing, for suitable offenders who admit guilt, and involves a drug rehabilitation program. Court sentencing then takes into account the successful completion of the program (CCYPCG 2008).

Diversionary mechanisms may not reduce the interaction between Indigenous juveniles and the criminal justice system, but in combination with sports and leisure programs have been shown to contribute to reducing antisocial behaviour and offending (Morris, Sallybanks and Willis 2003). Research has also shown that programs that increase young peoples' involvement in sport, arts, or community group activities may reduce the likelihood of Indigenous juveniles having repeated contact with police (Cameron and MacDougall 2000; Mason and Wilson 1988; Morris, Sallybanks and Willis 2003; Randell 2002). This, in turn, may lead to an improvement in imprisonment and juvenile detention rates (section 4.12) and reduction in repeat offending rates (section 10.6) and less directly lead to improvements in year 10 and 12 retention (section 6.5), labour market participation (section 8.1), and suicide and self-harm (section 7.8).

A successful initiative for diverting Indigenous youth from the criminal justice system in the NT is described in box 10.5.2

Box 10.5.2 **'Things that work' — pre-court diversion in the NT**

In 2000, a pre-court diversion program for juvenile offenders was introduced in the NT. This program is administered by police and uses warnings and conferences to divert selected individuals from the traditional court process. The program gives the police the power to divert offenders through a verbal or written warning, or by requiring the juvenile to attend a family or victim-offender conference.

An analysis of NT police records over a five year period showed a significant difference between juveniles diverted and those who attended court. Diverted juveniles reoffended less often than those who attended court, and those who went to court reoffended more quickly. The study acknowledges that although the program indicates positive results, further analysis is required to determine the effects of prior offending history (Cunningham 2007).

There are no national data on the extent of Indigenous juvenile diversions. The data in this section are from NSW, Victoria, Queensland, WA, SA and the NT, and the focus is on diversions at the police level. The data are not comparable, but have been provided to give some indication of the level of Indigenous juvenile diversions. Diversions can also be exercised at the court level. In this section, only WA provides some data on referrals to juvenile justice teams by the court. Diversionary mechanisms exercised by courts may be explored further in future reports.

For the 2007 report, data on juvenile diversions by Indigenous status were available for six jurisdictions: NSW, Victoria, Queensland, WA, SA and the NT. The 2009 report contains updated data for five of these jurisdictions, NSW, Victoria, Queensland, WA and SA. There are some updated data for WA on juvenile cautions by type of offence, but updated data on contacts with the juvenile justice system by type of contact were not available. More recent data for the NT were not available.

Data from Tasmania and the ACT have not been published in this section. In some instances, this is because there is no Indigenous identifier currently in place or data are not of sufficient size or quality to publish. It is anticipated that in future years a more extensive and comparable set of data will be available from jurisdictions.

The mechanism for juvenile diversions in NSW is youth justice conferencing, administered by the NSW Department of Juvenile Justice. The NSW data are from police records and represent persons of interest (POIs) or alleged offenders who have come to the attention of NSW Police for a recorded criminal incident (driving offences are excluded) and been referred to a youth justice conference.

In Victoria, data on apprehensions describe offences charged by police as either an 'arrest' or 'summons', and a diversion as a 'caution'. Queensland Police data

present diversionary methods of processing as 'caution' and 'community conference', in contrast to an 'arrest', 'notice to appear', 'summons' or 'warrant'. In WA, a juvenile diversion includes both 'cautioning' and 'referrals to juvenile justice teams' by the police. A 'formal caution' and 'transfer to family conference' issued by police in SA are classified as juvenile diversions. For the NT, the data refer to apprehension cases rather than individual persons; therefore, several cases can relate to one person.

Indigenous status in Victoria, WA and SA is completed on the basis of the attending officer's subjective assessment of the person's appearance and is recorded for operational purposes only. In NSW, Queensland and the NT, police officers ask juveniles whether they are Aboriginal or Torres Strait Islander.

Data in the following section have not been adjusted to control for factors that might affect the likelihood of a juvenile being diverted from court by police. These factors include the nature of the offence and the offending history of the young person.

New South Wales

Table 10.5.1 **NSW, number and proportion of juveniles diverted, 2007** [a, b, c, d]

	Unit	*Indigenous*	*Non-Indigenous*	*Total*[e]
Proceeded against other than to court				
Youth Justice conference	no.	523	1 551	2 217
Caution – Young Offenders Act	no.	1 571	9 388	11 487
Warning	no.	1 640	16 118	18 940
Infringement notice		428	7 083	8 055
Total	no.	4 162	34 140	40 699
Proceeded against to court	no.	5 131	10 417	16 058
Proportion of juveniles diverted	**%**	**44.8**	**76.6**	**71.7**

[a] This table represents persons of interest (POIs) or alleged offenders who have come to the attention of NSW Police for a recorded criminal incident (driving offences are excluded). Not all crimes have an associated POI. The table only shows POIs whom the police have taken action against. 'Proceeded against to court' includes the issue of court attendance notices, charges and summonses. 'Youth Justice Conference' shows police conference referrals but excludes court referrals. [b] Under the *Young Offenders Act 1997* (NSW), when police apprehend a young person they must first consider whether the young person is entitled to be diverted under the Act by way of warning, caution or youth justice conference. [c] Excluded from this table were 1554 juvenile POIs whose status was recorded by police as 'legal process not further classified'. [d] Indigenous status is based on self-identification by the juvenile. [e] 'Total' includes those juveniles whose status is unknown.

Source: NSW Bureau of Crime Statistics and Research (unpublished); table 10A.5.4.

Table 10.5.1 shows the various legal processes NSW Police can employ against alleged young offenders. The proportion of juveniles diverted includes those

referred to a 'youth conference' and those given a 'caution', 'warning' or 'infringement notice'; none of which require the juvenile to attend court.

- Indigenous juveniles were diverted at a lesser rate than non-Indigenous juveniles in 2007 (44.8 per cent compared to 76.6 per cent) (table 10.5.1).
- The proportion of Indigenous juveniles diverted by police were similar from 2004 to 2007 (43.8 per cent in 2004 compared with 44.8 per cent in 2007) (tables 10A.5.3 and 10A.5.4). In 2004, 77.9 per cent of non-Indigenous juveniles were diverted (table 10A.5.3), similar to the 76.6 per cent diverted in 2007 (table 10A.5.4).

Tables 10A.5.1 and 10A.5.2 present data by offence type for 2006 and 2007 respectively.

Victoria

Table 10.5.2 **Victoria, Indigenous and non-Indigenous juvenile alleged offenders and cautions**[a]

	Unit	*Indigenous*	*Non-Indigenous*
2007-08			
Total juvenile alleged offenders	no.	1 738	29 173
Juvenile cautions	no.	261	8 502
Proportion of juveniles cautioned	**%**	**15.0**	**29.1**
2006-07			
Total juvenile alleged offenders	no.	1 504	26 612
Juvenile cautions	no.	206	8 285
Proportion of juveniles cautioned	**%**	**13.7**	**31.1**
2005-06			
Total juvenile alleged offenders	no.	1 607	24 230
Juvenile cautions	no.	157	6 398
Proportion of juveniles cautioned	**%**	**9.8**	**26.4**
2004-05			
Total juvenile alleged offenders	no.	1 551	23 548
Juvenile cautions	no.	181	5 501
Proportion of juveniles cautioned	**%**	**11.7**	**23.4**

[a] Indigenous status is derived from the racial appearance of the offender which is a subjective assessment of the police officer.

Source: Victoria Police (unpublished); tables 10A.5.5–8.

- In 2007-08, the proportion of Indigenous juvenile alleged offenders in Victoria who received a caution was around half the proportion of non-Indigenous

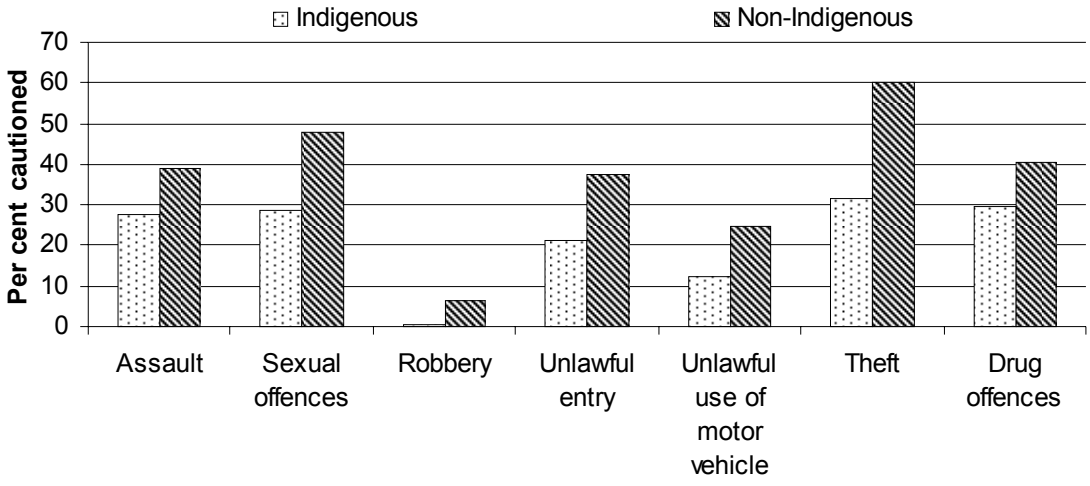
juvenile alleged offenders cautioned (15.0 per cent compared to 29.1 per cent) (table 10.5.2).

- The proportion of Indigenous juvenile alleged offenders cautioned by police in Victoria increased from 2004-05 to 2007-08 (11.7 per cent in 2004 05 compared to 15.0 per cent in 2007-08). The proportion of non-Indigenous juveniles cautioned by police also increased over this period.
- In 2006-07 and 2007-08, the proportion of Indigenous juvenile alleged offenders in Victoria who received a caution was highest in outer regional areas, 19.0 per cent in 2007-08 compared with 14.6 per cent in major cities and 11.0 per cent in inner regional areas (tables 10A.5.11 and 10A.5.12).

Tables 10A.5.9 and 10A.5.10 present data on method of processing juvenile alleged offenders by offence type for 2006-07 and 2007-08 respectively.

Queensland

Figure 10.5.1 **Queensland, proportion of Indigenous and non-Indigenous juvenile alleged offences receiving a caution, by type of offence, 2007-08[a, b, c, d]**



[a] Proportions are calculated using data in table 10A.5.13. The number of cautions is divided by the sum of the number of arrests, cautions, referrals to community conference, notices to appear, summons, warrants and other methods of processing juvenile alleged offenders used by Queensland Police, multiplied by 100. [b] Indigenous status is based on self-identification by the juvenile. [c] Only those offenders whose age and sex were identified are included. [d] 'Theft' excludes unlawful entry.

Source: Queensland Police Services (2008); table 10A.5.13.

Figure 10.5.1 presents police data on the number of offences, rather than the number of distinct young people. Therefore, these data should be interpreted with caution.

- In Queensland a greater proportion of non-Indigenous juveniles received cautions for assault, sexual offences, robbery, unlawful entry, unlawful use of a motor vehicle, theft, and drug offences than Indigenous juveniles in 2007-08 (figure 10.5.1).

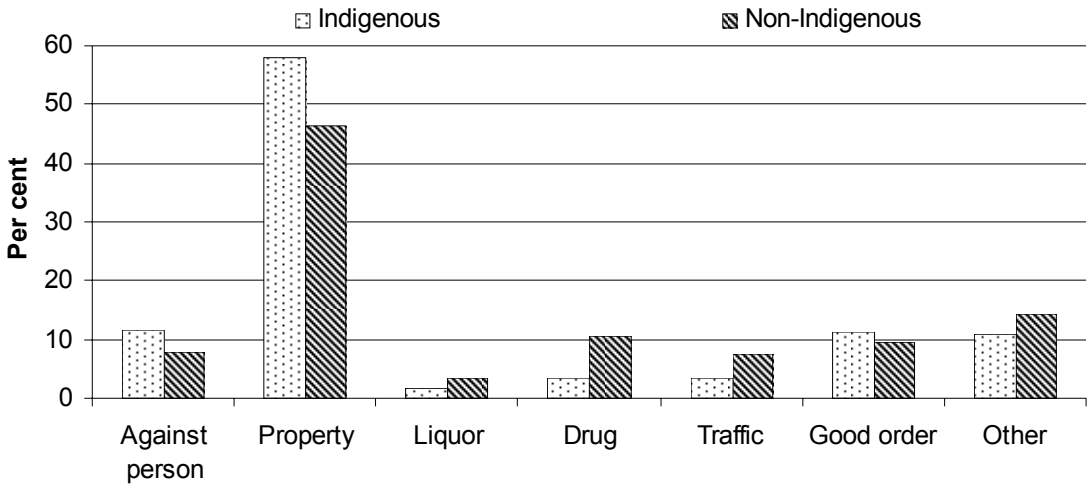
Tables 10A.5.13 and 10A.5.14 present a detailed breakdown of the number of arrests, cautions, referrals to community conferences, notices to appear, summonses and warrants issued by Queensland Police by offence type in 2007-08 and 2006-07.

Western Australia

Recent data on contacts with the juvenile justice system by type of contact for WA were not available for this report. Data reported below were also presented in the 2007 report. These data show that, between 1995 and 2002, about half (54.5 per cent) of the Indigenous juveniles formally dealt with by the WA Police were diverted, while 72.3 per cent of non-Indigenous juveniles were diverted (table 10A.5.15). To support these data, tables 10A.5.16 and 10A.5.17 present the number and proportion of juvenile diversions by sex and offence type.

Updated data on Indigenous and non-Indigenous juvenile cautions, by type of offence are presented in figure 10.5.2.

Figure 10.5.2 **WA Indigenous and non-Indigenous juvenile cautions, by type of offence, 2006** [a]



[a] Indigenous status is based on the attending officer's subjective assessment of the offenders' appearance and is recorded for operational purposes only.

Source: University of Western Australia 2006, *Crime and Justice Statistics for Western Australia*, Crime Research Centre, Perth; table 10A.5.19.

- In 2006, Indigenous juveniles received a greater proportion of cautions for three of the seven types of offences presented in figure 10.5.2 ('against person', 'property', and 'good order').
- The greatest disparity between the proportion of cautions by offence type issued to Indigenous and non-Indigenous juveniles was for property related offences (58.0 per cent for Indigenous and 46.3 per cent for non-Indigenous).

An annual breakdown of the number and proportion of juvenile cautions issued in WA from 1994 to 2006 is presented in table 10A.5.20. For Indigenous juveniles, there was an increase in the proportion of cautions issued from 1994 to 2006. For non-Indigenous juveniles, there was a decline in the proportion of cautions issued between 1994 and 2006.

Table 10A.5.21 shows the number and proportion of Indigenous and non-Indigenous juveniles cautioned in WA in 2006 by sex and single-year age groups (from 10 to 17 years).

South Australia

Table 10.5.3 **SA, Indigenous and non-Indigenous juvenile apprehensions and diversions** [a, b]

	Unit	*Indigenous*	*Non-Indigenous*
1 January to 31 December 2006			
Juvenile apprehensions[c]	no.	1235	4681
Formal caution	no.	225	1341
Transfer to family conference	no.	204	846
Proportion diverted	**%**	**34.7**	**46.7**
1 January to 31 December 2005			
Juvenile apprehensions[c]	no.	1 248	4 439
Formal caution	no.	258	1 257
Transfer to family conference	no.	186	751
Proportion diverted	**%**	**35.6**	**45.2**
1 January to 31 December 2004			
Juvenile apprehensions[c]	no.	1 054	4 018
Formal caution	no.	200	247
Transfer to family conference	no.	181	837
Proportion diverted	**%**	**36.1**	**51.9**

[a] Aboriginal appearance, derived from police apprehension reports, reflects the opinion of the apprehending officer. [b] Juvenile diversions include both formal cautions and transfers to a family conference. [c] Numbers of juvenile apprehensions exclude those offences with an unknown method of processing.

Source: Office of Crime, Statistics and Research (unpublished); table 10A.5.22.

- Table 10.5.3 shows that a smaller proportion of Indigenous juveniles were diverted via formal caution and transfer to family conference in 2005 and 2006 than non-Indigenous juveniles.
- From 2004 to 2006, the proportion of Indigenous juveniles in SA diverted from court decreased slightly from 36.1 per cent to 34.7 per cent of Indigenous juvenile apprehensions (table 10.5.3).
- In 2006, for each offence category listed in table 10A.5.24, the proportion of Indigenous juvenile alleged offenders diverted from court (via formal cautions or transfers to a family conference) was lower than the proportion of non-Indigenous juvenile alleged offenders (with the exception of 'armed robbery and extortion' and 'driving offences' (table 10A.5.24).

Northern Territory

Recent data on juvenile diversions by Indigenous status were not available for the NT, and data included in this report were also presented in the 2007 report.

In 2005, the proportion of juvenile cases diverted was lower for Indigenous than non-Indigenous juveniles (31.2 per cent compared with 58.2 per cent). For both Indigenous and non-Indigenous juvenile cases, a greater proportion of females than males were diverted. Of the total apprehensions for the period (1284), 39.2 per cent participated in diversion (table 10A.5.26).

From 2002 to 2005, there was a decrease in the proportion of Indigenous juveniles diverted. The proportions of non-Indigenous juvenile diversions fluctuated between 2002 and 2005, but were consistently greater than the proportion of Indigenous diversions during this period (table 10A.5.26).

10.6 Repeat offending

Box 10.6.1 **Key messages**

- A greater proportion of Indigenous prisoners (73.0 per cent) than non-Indigenous prisoners (49.6 per cent) had prior adult imprisonment in 2008 (figure 10.6.1). There was no significant change at the national level in the proportion of Indigenous prisoners with prior adult imprisonment from 2000 to 2008 (table 10A.6.3).
- Studies on juvenile offenders carried out in NSW, Queensland, WA and SA show that Indigenous juveniles experienced a higher number of court reappearances and higher rates of repeat offending than non-Indigenous juveniles (tables 10A.6.6, 10A.6.7, 10A.6.9 and 10A.6.10).

Repeat offending, sometimes called recidivism is a significant issue. Research has shown that once Indigenous offenders come into contact with the criminal justice system, they are more likely than non-Indigenous offenders to have further contact with it. Furthermore, Indigenous offenders are more likely to begin offending regularly at younger ages (Joudo 2008).

Indigenous children are more likely to have a parent imprisoned at some point in their lives than non-Indigenous children. Incarceration of one generation affects later generations through the breakdown of family structures, and has ramifications for the rehabilitation and employment prospects of individuals, and the socio-economic capacity of families to function (Standing Committee on Law and Justice 1999). Children of prisoners are more likely than children in the general community to commit offences that result in their own imprisonment (Standing Committee on Law and Justice 1999, 2000; Woodward 2003).

Several factors contribute to recidivism and, in many cases, these are the same as those that resulted in the initial incarceration (Standing Committee on Social Issues 2008; Willis and Moore 2008).

Given the extent of Indigenous imprisonment, it is important that people who have contact with the criminal justice system have the opportunity to integrate back into the community and lead positive and productive lives, which may also break the intergenerational offending cycle. Many social barriers faced by Indigenous offenders can be overcome to some extent through intervention programs aimed at addressing those barriers (Willis and Moore 2008). The Standing Committee on Social Issues (2008) found that a major factor leading to recidivism was the lack of suitable support to ex-offenders integrating back to society. Borzycki and Baldry (2003) found that there were only a small number of programs in Australia to help

Indigenous and non-Indigenous people make the transition from prison to society and to break the cycle of reoffending.

Services that aim to support Indigenous offenders with the experience of imprisonment can also help lower the rate of reoffending. These services can enhance rehabilitative outcomes and the reintegration process by helping Indigenous offenders remain in contact and involved with the community. These services can include: visits by elders, contact with community liaison officers, official Indigenous visitors and access to chaplains (including specified Indigenous chaplains) (Willis and Moore 2008).

Box 10.6.2 describes successful initiatives in SA and Tasmania aimed at reducing recidivism among Indigenous people.

Box 10.6.2 **'Things that work' — repeat offending**

Operation Flinders, is a SA project aimed at reducing recidivism of young offenders. The program does not specifically target Indigenous participants, but in 2006-07, 13 per cent of all participants were Aboriginal.

Operation Flinders targets individuals aged 14–18 years who have a history of offending or are at risk of reoffending. The project is an eight day trek in the Flinders Ranges and aims to help youth develop self esteem, leadership, personal responsibility and motivation. The program is clinically based and has a strong focus on understanding, ongoing support and assistance to connect those who need further services.

An independent evaluation reported a significant improvement in attitudes and that post completion participants were less likely to commit crime. The project was a winner in the 2008 Australian Crime and Violence Prevention Awards (AIC 2008).

The **Aboriginal Outdoor Recreation Program** in Tasmania delivers cultural and outdoor recreation programs to provide personal growth opportunities for Aboriginal people. During 2008, the program conducted a *Men's Cultural Connection Camp* in collaboration with Colony 47's Justice Mentoring Program to assist with Aboriginal men to reintegrate into the community after release from prison. The involved participants take part in traditional cultural activities designed to re-connect them to their Aboriginal culture. Similar camps were run in 2006, and anecdotal evidence suggests that none of the past participants reoffended or returned to prison (Tasmanian Government, unpublished).

This section includes data on both adult and juvenile repeat offending. For the adult population, data on prior imprisonment under sentence are from the ABS *Prisoners in Australia* publication (ABS 2008) and are provided for each State and Territory. Data on juvenile repeat offending are limited to four jurisdictions: NSW,

Queensland, WA and SA, and are based on four cohort studies published by the Bureau of Crime Statistics and Research in NSW, Griffith University School of Criminology and Criminal Justice, the University of Western Australia Crime Research Centre, and the Office of Crime Statistics and Research in SA. Data presented for NSW have been updated since the 2007 report. Data for Queensland, WA and SA presented are as shown in the 2007 report. Sections 4.12 and 10.5 of the report present data on juvenile detention and juvenile diversions, and cover a greater number of jurisdictions than the data available on juvenile repeat offending.

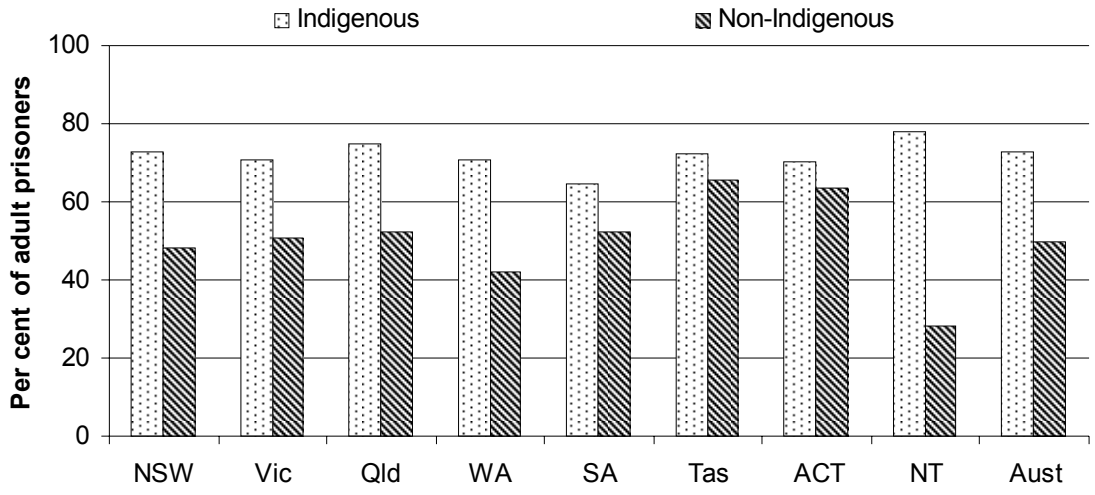
Data on the prior imprisonment of adults from the ABS *Prisoners in Australia* series need to be interpreted with caution, and are subject to caveats:

- some states and territories include episodes on remand as prior imprisonment
- a prior sentence of periodic detention is included as prior imprisonment
- prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment
- the data do not include arrests that do not proceed to court (for example, as a result of diversion or restitution)
- the data do not include convictions for re-offending that lead to outcomes that are not administered by prisons (for example, community service orders or fines)
- the data only deal with prior imprisonment in an adult prison (juvenile detention is not included).

As a consequence, the true level of repeat offending is under represented. Furthermore, not all offences come to the attention of police, or are recorded by police, or are dealt with within the criminal justice system.

Adult repeat offending

Figure 10.6.1 **Proportion of prisoners with known prior adult imprisonment under sentence, 30 June 2008[a]**



a People known to have had prior imprisonment under sentence in a gazetted adult prison. A prior sentence of periodic detention is included as prior imprisonment. Some states and territories may also include episodes on remand as prior imprisonment. Prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment.

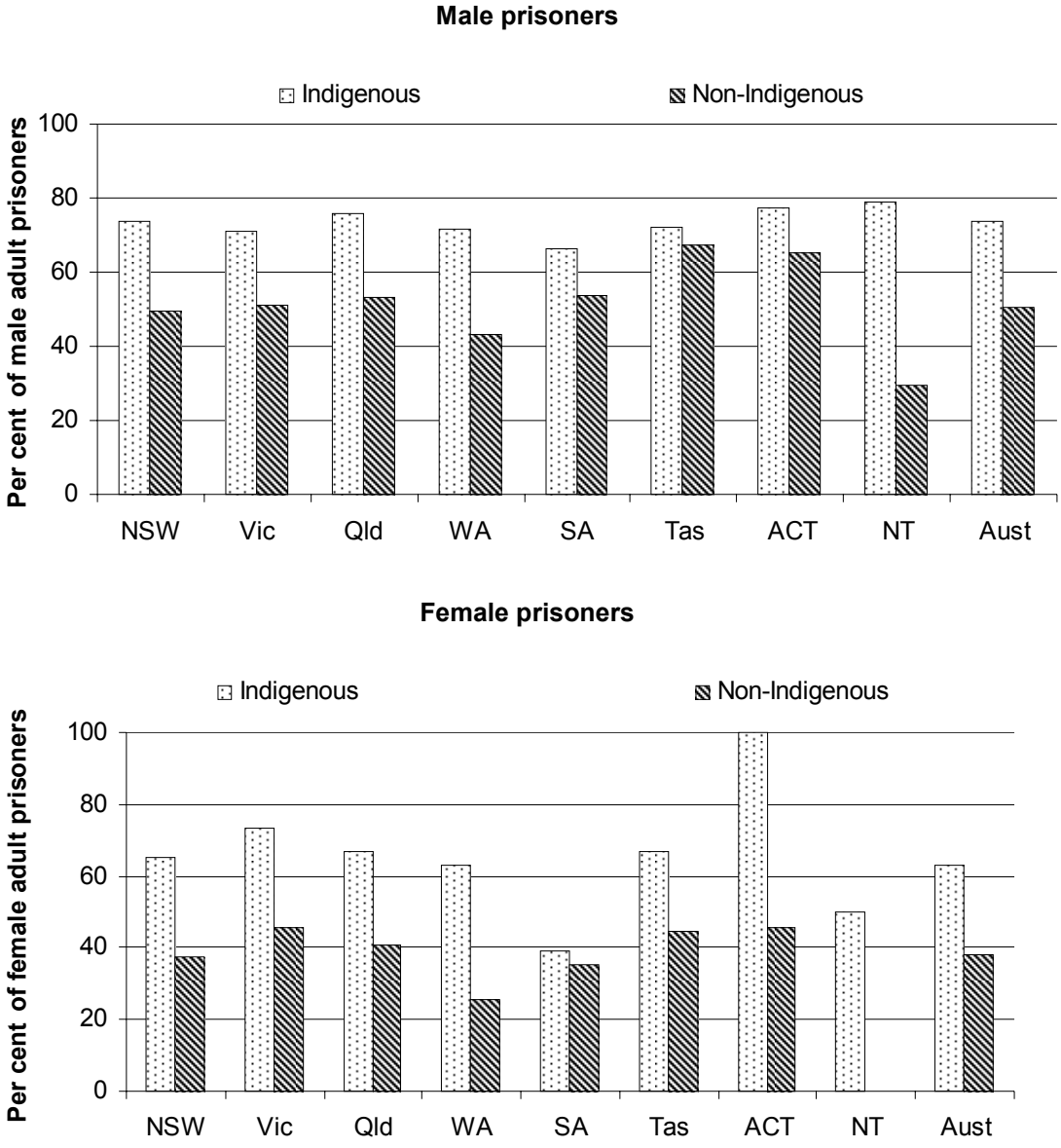
Source: ABS (2008); table 10A.6.1.

Nationally, at 30 June 2008:

- the proportion of prisoners who had prior adult imprisonment was 73.0 per cent for Indigenous prisoners and 49.6 per cent for non-Indigenous prisoners (figure 10.6.1).
- the proportion of prisoners who had prior adult imprisonment under sentence was higher for Indigenous prisoners than non-Indigenous prisoners in all states and territories (figure 10.6.1).

From 2000 to 2008, nationally, the percentages of Indigenous and non-Indigenous prisoners with prior imprisonment changed little. However there were different trends across states and territories, with the most significant improvements in SA, dropping from 89.3 per cent in 2000 to 64.6 per cent in 2008 (table 10A.6.3).

Figure 10.6.2 **Proportion of prisoners with known prior adult imprisonment under sentence, by sex, 30 June 2008[a]**



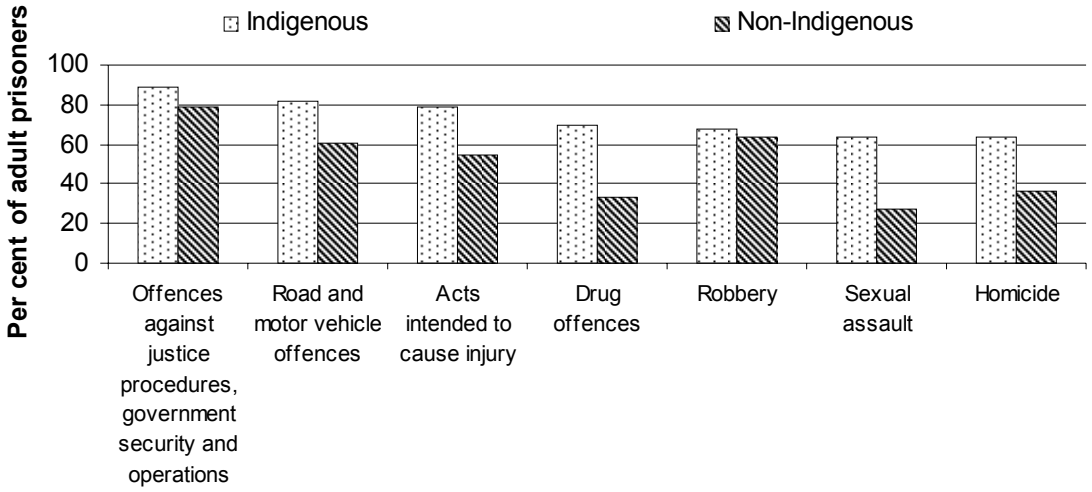
a People known to have had prior imprisonment under sentence in a gazetted adult prison. A prior sentence of periodic detention is included as prior imprisonment. Some states and territories may also include episodes on remand as prior imprisonment. Prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment.

Source: ABS (2008); table 10A.6.1.

- At 30 June 2008, the proportion of prisoners who had prior adult imprisonment under sentence was higher for Indigenous male and female prisoners than non-Indigenous male and female prisoners in all states and territories (figure 10.6.2).

- Nationally in 2008, 73.9 per cent of Indigenous male prisoners had prior adult imprisonment, compared with 63.3 per cent of Indigenous female prisoners (figure 10.6.2).

Figure 10.6.3 **Proportion of prisoners with known prior adult imprisonment under sentence, by most serious offence/charge, 30 June 2008[a]**



a People known to have had prior imprisonment under sentence in a gazetted adult prison. A prior sentence of periodic detention is included as prior imprisonment. Some states and territories may also include episodes on remand as prior imprisonment. Prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment.

Source: ABS (2008); table 10A.6.4.

- Figure 10.6.3 shows the proportion of Indigenous and non-Indigenous prisoners with known prior adult imprisonment disaggregated by the current most serious offence/charge for which the person had been imprisoned. The most serious offence/charge for which the prisoner was serving their current sentence is not necessarily related to any offence/charge for which they may have previously been imprisoned.
- In each offence category shown in figure 10.6.3, the proportion of Indigenous prisoners who had been in prison previously was higher than the proportion of non-Indigenous prisoners at 30 June 2008.
- Indigenous prisoners serving a sentence for 'offences against justice procedures, government security and operations' at 30 June 2008 were more likely to have been in prison previously compared to the other offence categories (figure 10.6.3).

Data on the number and proportion of sentenced and unsentenced prisoners with prior imprisonment, disaggregated by a greater number of offence categories than

those presented in figure 10.6.3, are shown in tables 10A.6.4 (for 2008) and 10A.6.5 (for 2007). In 2008 and 2007, the proportion of sentenced Indigenous prisoners who had been in prison previously was higher than the proportion of sentenced non-Indigenous prisoners with prior imprisonment for each offence category excluding unlawful entry with intent, which had marginally higher proportions of non-Indigenous than Indigenous prisoners in both years, and for abduction and related offences in 2008 (tables 10A.6.4 and 10A.6.5).

Juvenile repeat offending

New South Wales

Table 10A.6.6 presents data from a cohort study of 3523 juveniles aged 10 to 18 years who appeared in the NSW Children's Court for the first time in 1999. Of the cohort population, 17.7 per cent were Indigenous. The study counted the number of court and custodial appearances for each juvenile from 1999 to 2007 to evaluate the re-offending behaviour of the cohort. The average number of court reappearances per person in the follow-up period was 2.4 times higher for Indigenous juveniles than non-Indigenous juveniles (7.0 court reappearances per person compared to 2.9). Further, 84.6 per cent of Indigenous juveniles in the cohort had at least one adult court appearance in the follow-up period, compared with 59.0 per cent of non-Indigenous juveniles.

Queensland

Data for Queensland are from a report published by Griffith University School of Criminology and Criminal Justice (2005) which examined the link between child maltreatment, police cautioning and juvenile repeat offending. The study followed all children born in a 1983 birth cohort through any contact they had with the former Department of Families (regarding a child protection matter) and juvenile justice system up until 2000-01 (that is, until the participants turned 17 years of age and were no longer classified as a juvenile in Queensland). In total, data pertaining to 24 305 children were collected and analysed in this study (Griffith University 2005).

In the population analysed, 14 572 juveniles received a police caution from 1983 to 2000-01. Of those who received a police caution, 993 had been maltreated as a child (Griffith University 2005). Child maltreatment, which can include physical abuse, neglect or sexual abuse, is considered a specific risk factor for delinquency and juvenile offending (Griffith University 2005).

Of the juveniles in the 1983 Queensland birth cohort who had been maltreated and received a police caution, a greater proportion of Indigenous males and females re-offended than non-Indigenous males and females. Eighty-two per cent and 74.1 per cent of maltreated Indigenous males and females re-offended, respectively, compared with 66.0 per cent of maltreated non-Indigenous males and 46.7 per cent of maltreated non-Indigenous females (table 10A.6.7).

The study also examined whether juveniles who may or may not have been maltreated as children who were cautioned for their first offence were more likely to re-offend than juveniles who appeared in court for their first offence.

The proportion of juvenile repeat offenders who had a finalised court appearance after receiving a caution was similar for Indigenous and non-Indigenous males (48.2 per cent and 49.9 per cent respectively) and females (42.1 per cent and 45 per cent, respectively).

The proportion of repeat offenders who had a finalised court appearance after their first contact with the juvenile justice system led to a court appearance was similar for males and females, although rates for Indigenous males and females were slightly greater than non-Indigenous males and females (table 10A.6.8).

For both Indigenous and non-Indigenous juveniles, greater proportions re-offended if their first contact with the juvenile justice system was court rather than a caution (46.6 per cent of Indigenous juveniles re-offended after receiving a caution compared to 53.4 per cent who re-offended after having had contact with court) (table 10A.6.8).

Western Australia

Data for WA are from a University of WA study. The report examined the proportions of Indigenous and non-Indigenous juveniles who re-offended after being dismissed, referred to a juvenile justice team, issued a formal caution, fine or community-based order, or sentenced to juvenile detention on their first contact with the WA juvenile justice system. Data are based on two cohorts of juveniles first entering the WA justice system in either 1995 or 2000, and measured re-offending over the period until mid 2002 (University of WA 2004).

For each type of contact with the juvenile justice system, a greater proportion of Indigenous juveniles re-offended than non-Indigenous juveniles. Among Indigenous juveniles, the greatest proportion re-offended after their first contact with the juvenile justice system was dismissed (77.4 per cent) or there was a referral to a juvenile justice team (74.7 per cent). For non-Indigenous juveniles, the greatest proportion re-offended after their first contact with the juvenile justice system was

dismissed (57.6 per cent) or there was a community-based order (53.5 per cent). The greatest difference between the proportion of Indigenous and non-Indigenous re-offenders was for juveniles receiving a fine as their first contact with the justice system (56.0 per cent of Indigenous juveniles re-offended after receiving a fine compared to 25.8 per cent of non-Indigenous juveniles) (table 10A.6.9).

South Australia

Data for SA are from an Office for Crime Statistics and Research study (OCSAR 2005). The study assessed the extent to which juveniles in SA had formal contact with the juvenile justice system. Each juvenile included in the study was born in 1984 and the follow-up period was 18 years (till 2002). In SA, a juvenile's formal contact with the justice system commences when they are officially apprehended by police, either by way of an arrest or report. The data must be interpreted with caution, as they do not measure the actual levels of offending as not all apprehended youths are subsequently found guilty or admit guilt (although the majority do).

In the study, Indigenous juveniles were more likely than non-Indigenous juveniles to be in contact with the SA juvenile justice system, overall, Indigenous juveniles were 2.8 times as likely to be apprehended at least once than non-Indigenous juveniles (44.1 per cent compared with 15.8 per cent).

The proportion of Indigenous juveniles who were apprehended on two to four occasions in the 1984 cohort was 3.6 times as high as the proportion of non-Indigenous juveniles (16.7 per cent compared with 4.6 per cent) (table 10A.6.10).

10.7 Future directions in data

Alcohol consumption and harm

There are limited data on patterns of substance use. This report and previous reports (2005 and 2007) sourced data on substance use from several ABS surveys. The AIHW National Drug Strategy Household Survey (NDSHS) has a small Indigenous sample (fewer than 500 respondents) and only supports comparisons between Indigenous and non-Indigenous people at a national level. Work is underway to improve Indigenous coverage. The NT is conducting an Indigenous drinking patterns study, the results from this study may be available for the next report.

The report, *Drug Use among Aboriginal and Torres Strait Islander Peoples: an Assessment of Data Sources* (AIHW 2006) suggested many ways to improve current collections of data on substance use:

- continue to improve identification of Indigenous people across all data sources
- improve estimates of substance use among Indigenous people, particularly in relation to illicit substance use in rural and remote locations
- improve information about the number of Indigenous people accessing alcohol and other treatment services, the types of treatment they receive and its outcomes
- develop an appropriate methodology for gathering information about issues relevant to Indigenous substance use, such as petrol sniffing.

The adoption of these suggested improvements would allow reporting of data with improved quality and comparability in the future.

Drug and other substance use and harm

There are limited data regarding patterns of substance use. This report and previous reports (2005 and 2007) sourced data on substance use from several ABS surveys. Data on substance use (including tobacco, alcohol and illicit drugs) are also available from the AIHW 2007 National Drug Strategy Household Survey (NDSHS). However, the NDSHS has a very small Indigenous sample (fewer than 500 respondents). The 2008 NATSISS has collected information about illicit substance use and these data will be available from late 2009.

There are limited data on the prevalence of drug and other substance use in the Indigenous population by type of drug, and by State/Territory or remoteness area. Future drug surveys need to be large enough in scope to ensure that robust data can be provided on the level of use and type of drugs used by Indigenous people.

The report, *Drug Use among Aboriginal and Torres Strait Islander Peoples: an Assessment of Data Sources* (AIHW 2006) suggested many ways to improve current collections of data on substance use.

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