



# Victorian Aboriginal Legal Service Co-operative Ltd.

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**VALS' submission to the Parliament of Victoria Drugs and Crime Prevention Committee in response to the 'Inquiry into the impact of drug-related offending on female prisoner numbers' - sent 22<sup>nd</sup> June 2010.**

## INTRODUCTION

Drug use has been shown to be a significant factor in offending. In 2009, approximately 71% of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander prison entrants had used illicit drugs in the last 12 months.<sup>1</sup> These figures further reveal that there are differences between male and female offenders, drug users in the general community and prisoners, but there are also differences within the female drug offending population. A key point raised in a Australian Institute of Criminology (AIC) paper inquiring into women, drug use and crime, is that there are “significant differences between Indigenous and non-Indigenous women. The differences have important implications both for reducing women’s involvement in drug use and crime and for understanding and targeting some of the factors that may have contributed to their involvement in the first place.”<sup>2</sup>

This submission will address the terms of reference in relation to Aboriginal and Torres Strait Islander women. It will be highlighted that there are characteristics particular to Aboriginal and Torres Strait Islander women who commit drug related offences. It is important to seek out the Aboriginal and Torres Strait Islander voice as part of this inquiry as arguably feminist discourse overlooks the Aboriginal and Torres Strait Islander female perspective and trends relating to Aboriginal and Torres Strait Islander women. VALS will question the conclusions drawn about female drug offenders and ask if they are applicable to female Aboriginal and Torres Strait Islander drug offenders.

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<sup>1</sup> Australian Institute of Health and Welfare ‘The Health of Australia’s Prisoners 2009’ 2010, page xi.

<sup>2</sup> Loxley Wendy, Adams Kerryn Research and Public Policy Series 99, ‘Women, drug use and crime: findings from the Drug Use Monitoring in Australia program’ Australian Institute of Criminology 2009, Page 37 .

There are some similarities between female Aboriginal and Torres Strait Islander drug offenders. There are also notable differences between Aboriginal and Torres Strait Islander female drug offenders and their non-Aboriginal and Torres Strait Islander counterparts. These differences relate to:

- The impact of drug related crime (term of reference a);
- Demographic profile (term of reference b); and
- Causes of drug related crime (term of reference c);

Given the significant differences between Aboriginal and Torres Strait Islander women who commit drug related offences services and the Government should be compelled to meet the particular needs of Aboriginal and Torres Strait Islander women. A targeted response to offending that meets the unique needs of Aboriginal and Torres Strait Islander women is one strategy (term of reference d) to adopt. The outcome of this strategy should be a response to Aboriginal and Torres Strait Islander drug related offending that has, at its core, cultural appropriateness.

Discussion in response to the terms of reference outlined above will be framed in relation to three distinct stages in time that can provide insight into prevention, diversion and rehabilitation opportunities in relation to drug related crime. These stages are:

1. Before the crime;
2. During imprisonment for the crime; and
3. After imprisonment (i.e. post-release).

This submission takes a broad interpretation of drug related crime and takes it to include crime whilst committed under the influence of drugs. This submission does not limit drug related crime to crime involving the use/possession or sale of drugs, but can include an assault whilst committed under the influence of drugs. The broad interpretation is more in line with Aboriginal and Torres Strait Islander women's experience of drug related crime.

### **IMPACT - a) examine the impact of drug related crime on the female prisoner population;**

Drug related crime impacts upon the Aboriginal and Torres Strait Islander female prisoner population and the non-Aboriginal and Torres Strait Islander female prisoner population in similar and different ways.

#### **During imprisonment**

##### Drug Withdrawal

Common to both sets of women (i.e. Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women) who are dependent on drugs is the experience of withdrawal upon imprisonment. More common for Aboriginal and Torres Strait Islander women

than non- Aboriginal and Torres Strait Islander women is that the process of withdrawal is unassisted. Statistics indicate that Aboriginal and Torres Strait Islander women are more likely to serve shorter sentences than non- Aboriginal and Torres Strait Islander women. In 1999, the median aggregate sentence length for all offences for Aboriginal and Torres Strait Islander peoples was 2 years, versus 3 years and 6 months for non- Aboriginal and Torres Strait Islanders.<sup>3</sup> Prisoners on short sentences do not receive drug and alcohol counseling either due to ineligibility caused by their short sentence or long waiting lists to access such counseling. The impact of this problematic practice is broad and without appropriate rehabilitation there is a real and ongoing risk of reoffending which affects the community at large.

#### Communicable diseases/overdose

Common to both sets of women who are dependent on injected drugs is the risk of contracting communicable diseases or overdose. Approximately 60% of all offenders report drug use on at least one occasion during their current term of imprisonment, while approximately 33 per cent of people who inject drugs continue to inject drugs in prison.<sup>4</sup> Particular to Aboriginal and Torres Strait Islander women is the increased risk of this occurring. The most recent survey of the health of prisoners found that for hepatitis C, 43% of Aboriginal and Torres Strait Islander prison entrants tested positive, compared with 33% for non-Aboriginal and Torres Strait Islander entrants.<sup>5</sup>

#### Mental illness

Common to both sets of women is mental illness. The co-morbid relationship between drug use and mental illness is well known. The similarity between the two sets of women is in contrast to the experience of male prisoners who do not have as great a rate of mental health issues as women.<sup>6</sup>

Particular to Aboriginal and Torres Strait Islander women is the risk that mental health issues are under-reported and therefore overlooked. According to the latest health survey of Aboriginal and Torres Strait Islander prison entrants, 26% reported mental health issues, compared with 41% of non- Aboriginal and Torres Strait Islander prison entrants.<sup>7</sup> This raises the issue of suicide which is a concern given the high profile of Aboriginal and Torres Strait Islander deaths in custody.

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<sup>3</sup> Australian Institute of Criminology, November 1999. Data derived from *Prisoners in Australia* (ABS 1998)

<sup>4</sup> Joudo (2008) in NIDAC Report (2009) above no 5

<sup>5</sup> Australian Institute of Health and Welfare (2009) above no 1, page xi.

<sup>6</sup> National Indigenous Drug and Alcohol Committee (NIDAC Report) 'Bridges and Barriers: addressing Indigenous Incarceration and Health' Australian National Council on Drugs 2009, page 4.

<sup>7</sup> Australian Institute of Health and Welfare (2009) above no 1, page xi

The risk of Aboriginal and Torres Strait Islander deaths in custody is apparent from the following statistics:

- According to the National Deaths in Custody Monitoring Program, during 2007 there were 45 deaths in prison custody, 5 of whom were Aboriginal and Torres Strait Islander. This is a rate of 0.8 per 1,000 Aboriginal and Torres Strait Islander prisoners and 2.0 per 1,000 non-Aboriginal and Torres Strait Islander prisoners. Most of these deaths (32) were due to natural causes.<sup>8</sup>
- Despite the fact that Aboriginal and Torres Strait Islander peoples comprise around 2% of the entire Australian adult population, Aboriginal and Torres Strait Islander adults are 13 times more likely to be imprisoned relative to other Australians.<sup>9</sup>

### Separation from family

Common to both sets of women is the fact that a term of imprisonment separates them from their family. Particular to Aboriginal and Torres Strait Islander women *and* men, is the concept of family and emphasis placed on it. The Aboriginal and Torres Strait Islander community embraces a cultural concept of family that involves an extended kinship network and isolation from this network has a particular impact.

### Service provision

Common to both sets of women are barriers to accessing the support they need within the prison system (i.e. seeing a health professional). Particular to Aboriginal and Torres Strait Islander women is the hurdle that cultural insensitivity poses to accessing appropriate support. If the support is accessed, but is not culturally appropriate, then the effectiveness of the support is questionable. Pre and post-release supports, outlined below, illustrate this point about service provision.

### Pre-post release

Common to both sets of women are difficulties in making the transition back to the community after imprisonment highlighting the need for pre and post-release support relating to drug use and associated issues. Particular to Aboriginal and Torres Strait Islander women is that the pre and post-release support should be culturally appropriate. What is common to both sets of women is that if the required pre-post release support is not provided then the transition back to the

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<sup>8</sup> Australian Institute of Health and Welfare (2009) above no 1, page xi.

<sup>9</sup> NIDAC Report (2009) above no 6, page 3.

community is hindered. VALS is unclear as to the extent to which pre and post-release support is provided within and beyond prisons. It is VALS' sense that both pre and post-release support is inadequate. This is partly due to the lack of services available to assist people reintegrating back into the community (i.e. housing shortage) and the attitude that once a person has left a prison then they are not longer the responsibility of the correctional system.

**DEMOGRAPHIC PROFILE - b) review the demographic profiles of women in custody for drug offences and the types of drug offences;**

The demographic profiles of women in custody for drug offences, and the types of drug offences, vary. It cannot be assumed that profiles that apply to non-Aboriginal and Torres Strait Islander women are applicable to Aboriginal and Torres Strait Islander women. In doing research for the purposes of this submission, VALS noted that a trap for relevant literature exists. Some literature makes an acknowledgment of the difference between Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women, but then makes concluding remarks that subsume Aboriginal and Torres Strait Islander women within non-Aboriginal and Torres Strait Islander female trends.

**Offence type - Property related offending**

The literature paints the picture that a common offence for female drug offenders is property offences and drug crime. Loxley and Adams state that “female detainees were less likely than male ones to be involved in violent offending, and most commonly a property offence was their most serious offence”.<sup>10</sup> This general statement does not reflect the detail made later about the differences between Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women: Aboriginal and Torres Strait Islander women “... used alcohol heavily; were more likely to be involved in violent crime; and were the most likely to be involved in relatively minor offences against good order or disorderly offences, some of which may have been related to alcohol use”.<sup>11</sup>

Whilst Aboriginal and Torres Strait Islander offenders(women?) do commit property and drug crime, they are more likely than non-Aboriginal and Torres Strait Islander women to “be involved in violent offending and less likely to be involved in drug crime”.<sup>12</sup> According to Loxley and Adams, Aboriginal and Torres Strait Islander female detainees are almost twice as likely as non-Aboriginal and Torres Strait Islander female detainees to have been arrested for violent offences.<sup>13</sup>

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<sup>10</sup> Loxley, Adams (2009) above n 2, page 35

<sup>11</sup> Loxley, Adams (2009) above n 2, page 36

<sup>12</sup> Loxley, Adams (2009) above n 2, page xi

<sup>13</sup> Loxley, Adams (2009) above n 2, page 25

An explanation for violent offending by Aboriginal and Torres Strait Islander women is that Aboriginal and Torres Strait Islander women are almost three times as likely to be dependent on alcohol and illicit drugs concurrently. Loxley and Adams suggest “[i]t seems clear... that alcohol is associated with violent offending in women as it is in men, although perhaps not to the same extent. In particular, Indigenous women appear to be more likely to consume alcohol and to display higher levels of violent offending than non-Indigenous women”.<sup>14</sup> The key difference here is that Aboriginal and Torres Strait Islander women were almost as likely to attribute their offending to illicit drugs as to alcohol; whereas non-Aboriginal and Torres Strait Islander women were more likely to attribute their offending to illicit drug use.<sup>15</sup> This arguably is not reflected in another point made by Loxley, that “the women in this study were more likely than the men to attribute their crime to their illicit drug use”.<sup>16</sup>

The link between violence and drug use by Aboriginal and Torres Strait Islander women can be taken one step further. Aboriginal and Torres Strait Islander women (2%) were less likely than non-Aboriginal and Torres Strait Islander women (5%) to report entering their current treatment program due to a drug court requirement. This may be due to the former being excluded from accessing drug court programs because they are arrested for a violent offence.<sup>17</sup>

### **Drug type**

The types of illicit drugs used by Aboriginal and Torres Strait Islander women differ to that used by non-Aboriginal and Torres Strait Islander women. According to Loxley and Adams Aboriginal and Torres Strait Islander women were more likely than non-Aboriginal and Torres Strait Islander (women) entrants to have used cannabis (59% and 50%), while non-Aboriginal and Torres Strait Islander entrants were more likely than Aboriginal and Torres Strait Islander entrants to have used meth/amphetamines (33% and 21%), heroin (21% and 15%) and ecstasy (21% and 9%).<sup>18</sup> Injecting drug use was more common among Aboriginal and Torres Strait Islanders (61%) than non-Aboriginal and Torres Strait Islander (53%) prison entrants.<sup>19</sup>

Some other demographic differences between Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women are:

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<sup>14</sup> Loxley, Adams (2009) above n 2, page 17

<sup>15</sup> Loxley, Adams (2009) above n 2, page 23.

<sup>16</sup> Loxley, Adams (2009) above n 2, page 21.

<sup>17</sup> Loxley, Adams (2009) above n 2, page 30.

<sup>18</sup> Loxley, Adams (2009) above n 2, page xi.

<sup>19</sup> Loxley, Adams (2009) above n 2, page 62.

- **Extent of offending:** There has been a greater increase in the imprisonment rate of Aboriginal and Torres Strait Islander women relative to non-Aboriginal and Torres Strait Islander women and Aboriginal and Torres Strait Islander men.<sup>20</sup> In 2007, 31 % of all adult female prisoners and 24 % of all adult male prisoners were of Aboriginal or Torres Strait Islander descent.<sup>21</sup> The number of Aboriginal and Torres Strait Islander women in prison has increased by 343 % since the 1991 Royal commission into Aboriginal deaths in custody.<sup>22</sup> Given the extent of offending Aboriginal and Torres Strait Islander women are demonized to a greater extent than non-Aboriginal and Torres Strait Islander women. Female offenders are demonized because of their perceived subversion of feminine characteristics of the dominant paradigm (i.e. nurturing).<sup>23</sup>
- **Age:** Aboriginal and Torres Strait Islander female prisoners tend to be younger than non-Aboriginal and Torres Strait Islander female prisoners.<sup>24</sup>
- **Treatment:** Non-Aboriginal and Torres Strait Islander female detainees were almost twice as likely as Aboriginal and Torres Strait Islander women to be currently involved in a drug-or-alcohol-treatment program (29% vs. 17%).
- **Criminal history:** Sixteen% of drug related female police detainees had been in prison during the previous 12 months, but Aboriginal and Torres Strait Islander women (26%) were twice as likely as non-Aboriginal and Torres Strait Islander women (13%) to have been imprisoned.<sup>25</sup>

**CAUSE - c) examine underlying causal factors which may influence drug related offending and repeat offending that result in women entering custody; and**

A good starting point for understanding the causes of offending of Aboriginal and Torres Strait Islander women is the Parliament of Victoria Drugs and Crime Prevention Committee Inquiry into Strategies to Reduce Harmful Alcohol Consumption Final Report:

*Historical legacies and continued marginalisation coalesce to form a complex web of cause and effect for those attempting to understand and address alcohol misuse by Indigenous people. This situation is further complicated by the shared experience of loss and grief within Indigenous communities. This takes many forms including the decline of some valuable aspects of traditional culture and cultural practices, which is pertinent to Victoria where many Indigenous people live*

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<sup>20</sup> Loxley, Adams (2009) above n 2, page 22.

<sup>21</sup> NIDAC Report (2009) above no 6, page 4.

<sup>22</sup> NIDAC Report (2009) above no 6, page 4.

<sup>23</sup> Loxley, Adams (2009) above n 2, page 3.

<sup>24</sup> Loxley, Adams (2009) above n 2, page 22.

<sup>25</sup> Loxley, Adams (2009) above n 2, page 25.

*in urban areas without a strong traditional community setting, and the loss of family and friends, often as the result of premature death.*<sup>26</sup>

The underlying causal factors which may influence drug related offending of Aboriginal and Torres Strait Islander women are:

- Aboriginal and Torres Strait Islander women are the most socially disadvantaged of all classes of police detainees included in the Australian Institute of Criminology Drug Use Monitoring in Australia program.<sup>27</sup>
- A comparison of women involved in the DUMA and the DUCO (Drug Use Careers of Offenders study- Makkai & Payne 2003) shows that relative to non-Aboriginal and Torres Strait Islander women, Aboriginal and Torres Strait Islander women police detainees were:
  - Younger;
  - less likely to have had more than a Year 10 education;
  - less likely to be single;
  - less likely to be employed;
  - more likely to have dependent children;
  - more likely to be living in public housing;
  - more likely to be seeking work; and
  - more likely to be full-time homemakers.<sup>28</sup>
- “Social disadvantage and a history of upheaval culminating in trauma and grief clearly contribute to the high level of imprisonment among Indigenous Australians”.<sup>29</sup>
- The effects on women from dysfunction with the Aboriginal and Torres Strait Islander community and changes in the roles men (i.e. erosion of male role).
- Much research with female offenders points towards their prior victimisation.<sup>30</sup> Aboriginal and Torres Strait Islander women have a greater propensity to become

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<sup>26</sup> Parliament of Victoria Drugs and Crime Prevention Committee Inquiry into Strategies to Reduce Harmful Alcohol Consumption Final Report Volume 2, March 2006, page 979.

<sup>27</sup> Loxley, Adams (2009) above n 2, page xii.

<sup>28</sup> Loxley, Adams (2009) above n 2, page 24.

<sup>29</sup> NIDAC Report (2009) above no 6, page 6.

<sup>30</sup> Loxley, Adams (2009) above n 2, page 3.

involved in the criminal justice system as an offender and/or a victim than do Aboriginal and Torres Strait Islander men.<sup>31</sup>

**STRATEGIES - d) recommend strategies to reduce drug related offending and repeat offending by women, including strategies to address underlying causal factors.**

VALS' research revealed a number of strategies to reduce drug related offending and repeat offending by Aboriginal and Torres Strait Islander women, including strategies to address underlying causal factors.

**1. Approach at all levels**

A strategy to address drug related offending is to approach the issue at multiple levels of intervention: pre offence, during imprisonment and post imprisonment. An acknowledgement of these levels comes from Gray: more need to be done to "...increase opportunities for Indigenous Australians within the system to access treatment options at all levels including: pre-arrest; pre-trial; pre-sentence; within prisons and detention centers; and post-release."<sup>32</sup>

Some examples are:

Pre-prison

During the pre prison stage diversion is a useful strategy. However, in the context of drug use and Aboriginality there are barriers to Aboriginal and Torres Strait Islander women accessing diversion programs. This led to the following recommendation in the National Indigenous Drug and Alcohol Committee (NIDAC) 2009 report:

*Recommendation 2. Amend the eligibility criteria of current diversion programs to provide a greater incentive for the justice system and Indigenous people to participate by accepting Indigenous people (including those who have received advice to plead not guilty to avert a criminal record) into diversion programs with:*

- *a prior conviction that is alcohol- or drug-related*
- *selective multiple charges*
- *any alcohol and/or other drug misuse problem*
- *co-existing mental illness or health problem*

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<sup>31</sup> Payne (1993) in Loxley, Adams (2009) above n 2, Page 22.

<sup>32</sup> Gray Denis et al, 'Indigenous specific alcohol and other drug interventions: continuities, changes and areas of greatest need' ANCD Research Paper 20 - A report prepared for the National Indigenous Drug and Alcohol Committee, Australian National Council on Drugs, 2010, page 30.

- *a violent alcohol- or drug-related offence conviction.*<sup>33</sup>

### During imprisonment

During imprisonment linking prisoners who have a drug problem with services they are familiar with is a good strategy. NIDAC suggests:

*Recommendation 9: Contract or develop partnerships with Indigenous services such as Aboriginal community-controlled health services and Aboriginal drug and alcohol services to work in correctional centers, especially where there is a significant population of Indigenous offenders.*<sup>34</sup>

### Pre/Post release

During the pre/post release stage it is important to be strategic as “[t]he manner of release of a prisoner back into the community can represent one of the most critical factors for re-offending”<sup>35</sup> NIDAC suggest as follows:

*Recommendation 4: Provide federal funding for each State and Territory to develop and implement appropriate Indigenous-specific programs to assist family members in the return and re-integration of Indigenous offenders into their community and to reduce intergenerational offending and incarceration.*<sup>36</sup>

## **2. Targeted approach**

A strategy to address drug related offending is to provide a response that is targeted at the specific needs of Aboriginal and Torres Strait Islander women that have been revealed above in addressing terms of reference a-c. The need for a specific response to Aboriginal and Torres Strait Islander people is identified in the literature: “[i]nterventions that are effective in reducing the harm caused by alcohol and other drugs in the wider population cannot simply be assumed to be likely to have the same impact among Indigenous Australians. Their efficacy may be circumscribed (or in some cases may be enhanced) by a range of factors including: the cultural appropriateness or otherwise of the interventions themselves; the extent to which interventions are perceived by Indigenous Australians as being forced upon them by the non-Indigenous

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<sup>33</sup> NIDAC Report (2009) above no 6, page 11.

<sup>34</sup> NIDAC Report (2009) above no 6, page 10.

<sup>35</sup> NIDAC Report (2009) above no 6, page 11.

<sup>36</sup> NIDAC Report (2009) above no 6, page 11

community; more frequent occurrence of comorbid mental health problems; the settings in which they are offered; and individual or social barriers to ‘compliance’”.<sup>37</sup>

### **3. Implement Parliament of Victoria Drugs and Crime Prevention Committee Inquiry into Strategies to Reduce Harmful Alcohol Consumption Final Report (2008) recommendations**

The Parliament of Victoria Drugs and Crime Prevention Committee (Committee) Inquiry into Strategies to Reduce Harmful Alcohol Consumption Final Report (2008) contains many relevant recommendations to the current inquiry. These recommendations will be discussed below in the context of how they reflect Gray’s Aboriginal and Torres Strait Islander specific strategy (also discussed below).

The similarities between the Committee recommendations and Gray’s strategy suggest that the current inquiry does not have to reinvent the wheel. Otherwise the danger is that reports just sit on shelves unimplemented collecting dust and consultation fatigue with the Aboriginal community continues to no avail. This is a major point of frustration within the Aboriginal and Torres Strait Islander community: over-consultation but a feeling of not being heard as results are not forthcoming. There comes a point when actions speak louder than the words in report after report after report adnauseam (etc). In the meantime people are still being affected by drugs and imprisoned as a result - inaction is simply not good enough.

### **4. Aboriginal and Torres Strait Islander specific strategy.**

Gray in a recent report, specifically about Aboriginal and Torres Strait Islander peoples and drugs proposes a two-pronged strategy to reduce harmful drug and alcohol use. At the core of this two-pronged approach is an acknowledgement of the following gaps in service provision and the need to address them

1. the need for more services
2. the lack of ongoing and acute services
3. the need for increased access and availability, and
4. the need to address the social determinants of health.<sup>38</sup>

The relevance of these gaps to women is apparent in the following statement by Gray: “[p]articipants also felt that there was a need for gender-specific Indigenous services and programs, and for inclusive services that cater for families”.<sup>39</sup> Similar sentiments about Aboriginal and Torres Strait Islander women are expressed by Loxley and Adams: “Indigenous women were the most socially disadvantaged of all classes of DUMA police detainees.” DUMA

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<sup>37</sup> Gray Denis et al (2010) above n 32, page 46.

<sup>38</sup> Gray Denis et al (2010) above n 32, page 115.

<sup>39</sup> Gray Denis et al (2010) above n 32, page 116.

is an Australian Institute of Criminology Project: Drug Use Monitoring in Australia.<sup>40</sup> The extent of the gaps outlined above is apparent in Gray's following finding: "given their personal and environmental circumstances, residential treatment is a desirable option for many Indigenous Australians with AOD-related problems. However, such services were unavailable in about one-third of regions".<sup>41</sup> Gray's recommendation 4 is as follows: "[g]iven the paucity of community and residentially based treatment services for women, families, young people and those suffering from comorbid mental illness, there should be a significant increase in the provision of such services".<sup>42</sup>

Grays two pronged strategy is as follows:

- 1. make a concerted effort to address the structural determinants of harmful alcohol and other drug use (AOD).**

Gray outlines priorities mentioned by his stakeholders to the end of addressing the structural determinants of harmful AOD use: "creation of culturally sensitive and supportive environments to keep children and adolescents at school, sustainable employment opportunities for people in their local communities and the provision of infrastructure such as transportation systems". Gray mentions the Government's close the gap campaign as an example.<sup>43</sup>

VALS wishes to highlight that this notion is not far removed from the Committee report. The report contains the following: "In order to successfully address harmful alcohol consumption, strategies must first address a number of broader social factors and structures that contribute to alcohol misuse and abuse".<sup>44</sup>

- 1. Greater effort to implement the intervention framework provided by the Complementary Action Plan.**<sup>45</sup>

Gray's recommendations operate within the framework of CAP (see Appendix A).<sup>46</sup> The value of the CAP is that "it was led by a team of Indigenous Australians with many years of relevant experience and extensive consultations with key stakeholders". The CAP was introduced in 2003 for a period of three years, was subsequently extended to 2009 and, at the time Gray was writing

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<sup>40</sup> Loxley, Adams (2009) above n 2, Page xii.

<sup>41</sup> Gray Denis et al (2010) above n 33, page 129.

<sup>42</sup> Gray Denis et al (2010) above n 33, page xiv.

<sup>43</sup> Gray Denis et al (2010) above n 32, page 136.

<sup>44</sup> Parliament of Victoria Drugs and Crime Prevention Committee Inquiry into Strategies to Reduce Harmful Alcohol Consumption Final Report Volume 1, March 2006, page Ixxi.

<sup>45</sup> Gray Denis et al (2010) above n 32, page 136.

<sup>46</sup> Gray Denis et al (2010) above n 32, page 136.

his report it was being evaluated. Gray suggests that “[t]he Ministerial Council on Drug Strategy should make a renewed commitment to the CAP”.<sup>47</sup>

It is of note that many of the following key result areas of CAP (outlined in bold below) are consistent with the recommendations of the Committee Report.

### Capacity

Area 1. **Enhanced capacity of Aboriginal and Torres Strait Islander individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and wellbeing.**

### Collaboration

Area 2. **Whole-of-government effort and commitment, in collaboration with community-controlled services and other non-government organisations, to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Aboriginal and Torres Strait Islander peoples.**

Areas 1 and 2 (capacity and collaboration) are reflected in the following recommendations of the Committee:

***Recommendation 107:** the Office of Alcohol Policy and Coordination organise a summit with Victorian Aboriginal community organisations including health and drug and alcohol organisations and workers to establish a set of principles and actions to guide the development and implementation of strategies to reduce harmful alcohol consumption. This set of principles and actions should ensure that strategies to address harmful alcohol consumption are community based and managed.*<sup>48</sup>

***Recommendation 109:** the Victorian Government support the trial and evaluation of a selected number of Aboriginal community renewal projects within Victoria. These selected projects would aim to build and enhance community capacity to address local issues including alcohol-related problems within the community. These projects should be developed and operated by local Indigenous community members in partnership with government and community organisations where appropriate.*<sup>49</sup>

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<sup>47</sup> Gray Denis et al (2010) above n 32, page 136.

<sup>48</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (2006) above no 44, page Ixxi.

<sup>49</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (2006) above no 44, page Ixxi.

**Recommendation 110:** *where appropriate, local government authorities delegate responsibility to a staff member or employ an Aboriginal liaison officer to facilitate communication and information sharing between local government, community organisations and Aboriginal communities within the area. This would include information in relation to sporting and recreational clubs and activities, health and drug and alcohol services, youth services and community activities.*<sup>50</sup>

**Recommendation 111:** *these officers be responsible for coordinating regular meetings between Aboriginal organisations, mainstream service providers and local council to share information on the range and availability of health and allied services within the local community.*<sup>51</sup>

The Committee draws on the 2003 NSW Summit on Alcohol Abuse Communiqué which contains a recommendation about Indigenous alcohol prevention strategies being community based and owned (Appendix B).<sup>52</sup> The Committee endorses it stating: The Committee “..believes that strategies to address harmful alcohol consumption should be community based and managed and would like to see similar guidelines and actions developed for Victoria to ensure that all strategies addressing harmful alcohol consumption in Indigenous communities in Victoria are community based and managed”.<sup>53</sup> Appendix B also contains best practice notions from *Gray & Sagers in Stockwell, Gruenewald, Toumbourou & Loxley 2005* which the Committee draws upon.

#### Access

Area 3.           **Substantially improved access for Aboriginal and Torres Strait Islander Peoples to the appropriate range of health and wellbeing services that play a role in addressing the use of alcohol, tobacco and other drugs.**

Area 3 is reflected in the following work of the Committee:

**Recommendation 115:** *the Victorian Government take steps to ensure that mandatory cultural awareness training be undertaken by primary health care providers including general practitioners and non-Indigenous drug and alcohol workers who provide services to Indigenous people. (Recommendation 115, p.1012)*<sup>54</sup>

Areas 3 and 5 (workforce – see below) are reflected in the following work of the Committee:

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<sup>50</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (2006) above no 44, page Ixxi.

<sup>51</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (2006) above no 44, page Ixxii.

<sup>52</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 2 (2006) above no 26, page 988.

<sup>53</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 2 (2006) above no 26, page 988.

<sup>54</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (2006) above no 44, page Ixxiii.

***Recommendation 116:*** *the Victorian Government take steps to ensure that primary health care providers including general practitioners and non-Indigenous drug and alcohol workers be trained to identify and deal with alcohol-related health problems among Indigenous people in a culturally appropriate manner. (Recommendation 116, p.1020)*<sup>55</sup>

Loxley and Adams findings relating to Aboriginal and Torres Strait Islander women are consistent with the above: “The reduction of inter-generational social disadvantage and the engagement of alcohol land drug-dependence offenders in drug treatment programs are therefore particularly relevant to this group of detainees; but it is important that such targeted approaches be culturally appropriate and sensitive to the needs of Indigenous women.”<sup>56</sup>

## Holistic

Area 4. **A range of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible.**

Area 4 is reflected in the following work of the Committee:

***Recommendation 113:*** *the Victorian Government provide resources to establish additional Aboriginal holistic healing centres to cater for the specific cultural needs of Indigenous communities with regard to substance abuse issues including alcohol misuse. The planning, development and delivery of these centres should be community based and managed.*<sup>57</sup>

Also, the Committee stated: “[t]he Committee acknowledges that the Victorian Government has allocated resources to establish one healing service for young Koori people in Victoria, however to address alcohol misuse within Indigenous families and their wider communities holistic healing services for the adult Koori population are equally important.”<sup>58</sup>

VALS’ further research reveals that holistic approaches contain the following characteristics:

- **Local Range:** Options ranging from “prevention through to treatment and on-going care that is locally available and accessible”. Gray suggests that planning for such options should occur at a regional level. He suggests a regional alcohol and other drug planning committee, “made up of a broad range of stakeholders and including all community-

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<sup>55</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (2006) above no 44, page Ixxiiv.

<sup>56</sup> Loxley, Adams (2009) above n 2, Page xii.

<sup>57</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (March 2006) above no 44, page Ixxiii.

<sup>58</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (March 2006) above no 44, page Ixxiii.

controlled AOD and health services” which facilitate the options and “contribute to evaluation and continuous improvement of services”.<sup>59</sup>

- **Breadth:** “Since alcohol and other drug misuse can sometimes be a family or intergenerational problem for Indigenous prisoners or detainees, programs and/or treatment need to have the flexibility to be inclusive of family”.<sup>60</sup> Gray noted that of the projects providing residential treatment, only five specifically targeted families and this is a barrier to entering treatment, especially for women.<sup>61</sup>
- **Links:** “Links must be drawn and holistic models developed and supported which address the connections between culture, drug use, alcohol use, separation from family, violence, poverty spiritual needs, housing, health, boredom, race discrimination and gender discrimination. (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002: 166)<sup>62</sup>
- **‘One-stop shop:** Offer multiple services, a multi-pronged approach to substance use and a collection of specialists in the one location.<sup>63</sup>

### Workforce

Area 5. **Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services.**

### Accountability

Area 6. **Substantial partnerships between Aboriginal and Torres Strait Islander communities, government and non-government agencies in developing and managing research, monitoring, evaluation and dissemination of information**

Areas 5 and 6 are reflected in the following work of the Committee:

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<sup>59</sup> Gray Denis et al (2010) above n 32, page 136.

<sup>60</sup> Gray Denis et al (2010) above n 32, page 78.

<sup>61</sup> Gray Denis et al (2010) above n 32, page 78.

<sup>62</sup> Loxley, Adams (2009) above n 2, Page xii 36

<sup>63</sup> Gray Denis et al (2010) above n 32, page 110.

**Recommendation 114:** *the Victorian Government undertake a review of Indigenous Drug and Alcohol Services. This should include but not be restricted to:*

- *adequacy of staff training;*
- *staff workload and turnover;*
- *examples of best practice in service provision;*
- *the appropriateness of mainstream data collection and assessment frameworks for Indigenous Drug and Alcohol Services; and*
- *funding mechanisms for services. (Recommendation 114, p.1010).*<sup>64</sup>

## **5. Cost benefit analysis**

A strategy to adopt is to include within any proposal an outline of how it will save money. Information such as the following speaks for itself:

- “The total cost per prisoner in 2007–08 averaged \$269 per day or \$98,000 per year for each prisoner (Productivity Commission 2009). By comparison, the cost of residential rehabilitation was estimated to be \$98 per day (Moore et al. 2007).”<sup>65</sup>
- The annual social costs of drug use in Australia are estimated to total approximately \$12 billion in these calculations. Crime costs represent the majority of all costs.<sup>66</sup>

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<sup>64</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (March 2006) above no 44, page Ixxiii.

<sup>65</sup> NIDAC Report (2009) above no 6, page 10

<sup>66</sup> Moore Tim ‘Drug Policy Modeling Program - Monograph 14: Working Estimates Of The Social Costs Per Gram And Per User For Cannabis, Cocaine, Opiates And Amphetamines (Turning Point Alcohol and Drug Centre) February 2007, page 25

## CONCLUSION

There are characteristics particular to Aboriginal and Torres Strait Islander women who commit drug related offences. In this submission these characteristics were explained in the context of:

a) The impact of drug related crime;

VALS highlighted similarities and differences between Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women in terms of drug withdrawals, communicable diseases/overdose, mental illness, separation from family, service provision and pre-post release. The differences stemmed from Aboriginal and Torres Strait Islander women being:

- more likely to serve shorter sentences than non- Aboriginal and Torres Strait Islander women which affects eligibility for programs that can assist with the withdrawal process.
- At greater risk of contracting hepatitis C.
- At risk of having their needs overlooked as the extent of mental illness is under-reported.
  - Affected by separation in a culturally specific way given the connection to family within the Aboriginal and Torres Strait Islander community.
  - Disadvantaged by the hurdle that cultural insensitivity poses to accessing appropriate support, such as pre/post release support.

b) Demographic profile;

There are characteristics unique to Aboriginal and Torres Strait Islander women who commit drug related crime. It cannot be assumed that the demographic profile of non-Aboriginal and Torres Strait Islander women is applicable to Aboriginal and Torres Strait Islander women. However, as the latter are a minority group conclusions drawn about female drug related offending sometimes generalise on issues that are more common to the former. For instance, Aboriginal and Torres Strait Islander women do not neatly fit the generalised profile of female drug related offenders relating to offence and drug type.

### Offence Type

Whilst Aboriginal and Torres Strait Islander women do commit property related crime, and so are similar to non-Aboriginal and Torres Strait Islander women, the former also commit violent crime, arguably contributed to by the higher likelihood of being effected by not only drugs, but alcohol. According to Loxley and Adams Aboriginal and Torres Strait Islander women "... used alcohol heavily; were more likely to be involved in violent crime; and were the most likely to be

involved in relatively minor offences against good order or disorderly offences, some of which may have been related to alcohol use”.<sup>67</sup> Whilst Loxley and Adams make this acknowledgement they also say “the women in this study were more likely than the men to attribute their crime to their illicit drug use”.<sup>68</sup> This is an example of a generalized conclusion overlooking the particular experience of Aboriginal and Torres Strait Islander women.

## Drug type

Whilst Aboriginal and Torres Strait Islander women use meth/amphetamines as do non-Aboriginal and Torres Strait Islander women (21% and 33% respectively), the former are more likely than the latter to use cannabis (59% and 50% respectively).<sup>69</sup>

Some other demographic differences between Aboriginal and Torres Strait Islander women and non-Aboriginal and Torres Strait Islander women that were discussed were extent of offending, age, treatment re drug use and criminal history

### c) Causes of drug related crime;

The underlying causal factors which may influence drug related offending and repeat offending that result in women entering custody can be summed up in the findings of the Australian Institute of Criminology Drug Use Monitoring in Australia program. It was found that Aboriginal and Torres Strait Islander women are the most socially disadvantaged of all classes of police detainees included in the program.<sup>70</sup>

### d) strategies to reduce drug related offending and repeat offending

VALS suggests the following strategies to reduce drug related offending and repeat offending by women:.

5. **Approach at all levels:** approach the issues at multiple levels of intervention: pre offence, during imprisonment and post imprisonment. VALS gave some examples: diversion, continuity of health care during imprisonment and Aboriginal and Torres Strait Islander specific programs to assist in re-integration into the community after imprisonment.

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<sup>67</sup> Loxley, Adams (2009) above n 2, Page 36.

<sup>68</sup> Loxley, Adams (2009) above n 2, Page 21.

<sup>69</sup> Australian Institute of Health and Welfare (2009) above no 1, page 62.

<sup>70</sup> Loxley, Adams (2009) above n 2, Page xii.

6. **Targeted approach:** adopt a response that is targeted at the specific needs of Aboriginal and Torres Strait Islander women that have been revealed above in addressing terms of reference a-c.
7. **Implementation of old recommendations:** implement Parliament of Victoria Drugs and Crime Prevention Committee Inquiry into Strategies to Reduce Harmful Alcohol Consumption Final Report (2008) recommendations. It was noted that the similarities between the Committee recommendations and strategy 4 below suggest that the current inquiry does not have to reinvent the wheel.
8. **Aboriginal and Torres Strait Islander specific strategy:** adopt Grays two pronged strategy:
  - a) Make a concerted effort to address the structural determinants of harmful alcohol and other drug use (AOD).
  - b) Greater effort to implement the intervention framework provided by the *Complementary Action Plan*.<sup>71</sup>

The key result areas of the framework are:

- a) Capacity
- b) Collaboration
- c) Access,
- d) Holistic
- e) Workforce
- f) Accountability

VALS highlights how these areas are consistent with the recommendations of the Committee Report. For instance, the recommendation is in line with the following areas: capacity and collaboration:

***Recommendation 107:** the Office of Alcohol Policy and Coordination organise a summit with Victorian Aboriginal community organisations including health and drug and alcohol organisations and workers to establish a set of principles and actions to guide the development and implementation of strategies to reduce harmful alcohol consumption. This set of principles and actions should ensure that strategies to address harmful alcohol consumption are community based and managed.*<sup>72</sup>

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<sup>71</sup> Gray Denis et al (2010) above n 32, page 136.

<sup>72</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 1 (March 2006) above no 44, page Ixxi.

9. **Cost benefit analysis:** include within any proposal an outline of how it will save money. VALS includes in the appendix Gray's recommendations and best practice that is noted in the Committee report which are consistent with the above suggestions about strategy.

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## APPENDIX 1

### GRAY'S RECOMMENDATIONS

1. Given the evidence that there have been no significant reductions in the prevalence of harmful alcohol and other drug use among Indigenous Australians over the past decade, all levels of government should enhance their efforts to develop more effective policies and strategies to address the structural inequalities that underlie such prevalence, as well as the specific needs for service provision identified below.<sup>73</sup>

2. The framework provided by the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* provides a comprehensive basis for reducing harmful levels of alcohol and other drug use and has widespread support within the sector. As the peak policy and decision-making body in relation to licit and illicit drugs in Australia, the Ministerial Council on Drug Strategy should make a renewed commitment to the action plan.<sup>74</sup>

#### Targeting gaps in service provision

3. Given the disproportionate negative impact of tobacco smoking on the health of Indigenous Australians, far greater emphasis should be put on the provision of appropriate interventions to reduce its prevalence.<sup>75</sup>

4. Given the paucity of community and residentially based treatment services for women, families, young people and those suffering from comorbid mental illness, there should be a significant increase in the provision of such services.<sup>76</sup>

5. To address the significant gap in the provision of ongoing care services, to minimise relapse among those who have undergone treatment, and to protect the investment made in treatment services, priority should be given to the provision of community-based ongoing care services for those who have completed treatment.<sup>77</sup>

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<sup>73</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>74</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>75</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>76</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>77</sup> Gray Denis et al (2010) above n 32, page 137.

6. Where a need is identified by Indigenous communities, and where justified by numbers of potential clients, there should be an expansion of detoxification services catering to the needs of Indigenous Australians.<sup>78</sup>

7. There are several regions identified in Chapter 5 of this report which appear to be under-served. These regions should be targeted with regard to the provision of a wider range of Indigenous-specific alcohol and other drug services.<sup>79</sup>

### **Capacity building:**

8. In the interest of providing more appropriate services, better client outcomes, and building capacity, all levels of government should re-commit themselves to the principle of Indigenous community control of service provision.<sup>80</sup>

9. To develop the capacity of Indigenous communities to address alcohol- and other drug-related harms, it should be a requirement of tendering conditions that non-Indigenous NGOs tendering for the provision of services to Indigenous Australians make all endeavours to tender in partnership with Indigenous community controlled organisations and put in place strategies and timeframes for handover of services to those organisations.<sup>81</sup>

10. Given the gaps in the capacity of some providers either to effectively deliver existing services or to meet other community needs, consideration of current capacity and any need to enhance it should be part of service contract negotiations, and funding should be provided accordingly.<sup>82</sup>

### **Workforce issues:**

11. Given the shortages of skilled alcohol and other drug staff (and the constraints on service provision and expansion of capacity that such shortages impose) and the low levels of investment in staff development and training, funding and other resourcing for skilled staff should be substantially increased.<sup>83</sup>

12. Given the high turnover of staff within the community-controlled alcohol and other drugs sector (as a consequence of heavy workloads, poor remuneration vis-à-vis the government sector,

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<sup>78</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>79</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>80</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>81</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>82</sup> Gray Denis et al (2010) above n 32, page 137.

<sup>83</sup> Gray Denis et al (2010) above n 32, page 138.

and lack of career paths), staffing benchmarks —including remuneration and conditions of employment — should be negotiated between funding agencies and service provider representatives and should be implemented.<sup>84</sup>

13. Given that the demand for qualified Indigenous staff members cannot be adequately met within the alcohol and other drugs sector, the Australian Government Department of Health and Ageing (as the most important of the funding agencies) should enter into discussion with the Department of Education, Employment and Workplace Relations to explore ways of facilitating increased direct entry of Indigenous Australians into vocational and tertiary education programs of relevance within the sector.<sup>85</sup>

### **Funding**

14. Given the evidence of significant gaps in the provision of alcohol and other drug services for Indigenous Australians, detailed costing of the services necessary to address those gaps should be developed in collaboration by the various funding agencies and service providers, and funding allocations should be increased accordingly.<sup>86</sup>

15. Given the variation in need between regions and in community priorities, funding program guidelines and contractual arrangements for the provision of alcohol and other drug services to Indigenous Australians should be sufficiently broad to allow service providers to meet community needs within their particular regions.<sup>87</sup>

16. Given the uncertainty of service delivery, the compromising of outcomes and the additional reporting requirements entailed in dependence upon non-recurrent funding, strategies should be put in place by governments to increase the proportion of funding allocated on a non-recurrent basis for the provision of alcohol and other drug services.<sup>88</sup>

17. Benchmarks should be negotiated between funding agencies and service providers for the provision of treatment services — including provision for clients with special needs such as those with comorbid mental health problems, polydrug users, and offenders — and services should be funded with regard to client needs and client mix.<sup>89</sup>

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<sup>84</sup> Gray Denis et al (2010) above n 32, page 138.

<sup>85</sup> Gray Denis et al (2010) above n 32, page 138.

<sup>86</sup> Gray Denis et al (2010) above n 32, page 138.

<sup>87</sup> Gray Denis et al (2010) above n 32, page 138.

<sup>88</sup> Gray Denis et al (2010) above n 32, page 138.

<sup>89</sup> Gray Denis et al (2010) above n 32, page 138.

18. Coordination of care within and between government and non-government sectors should be part of treatment service benchmarking, and its provision should be appropriately funded.<sup>90</sup>

19. Given the administrative burden of reporting requirements, steps should be taken by funding agencies to reduce such requirements — including the rationalisation of grant provision and the simplification and standardisation of reporting requirements — while at the same time upgrading the capacity of Indigenous organisations to meet them.<sup>91</sup>

### **Planning**

20. Given the evidence of limited planning of service provision, regional alcohol and other drug planning committees, made up of a broad range of stakeholders and including all community-controlled AOD and health services, should be established to facilitate provision of a ‘range of holistic services from prevention through to treatment and continuing care’, and to contribute to their evaluation and continuous improvement.<sup>92</sup>

21. Agencies charged with collecting data on the prevalence of alcohol and other drug use and related harms should work together to provide such data at a regional level, and in a timely manner, to ensure that services are planned jointly by key stakeholders and funded in response to need.<sup>93</sup>

22. Service provision at the regional level should be reviewed to ensure that a complete range of community-based services — and, where feasible, residential services — is available.<sup>94</sup>

23. Where provision of services is not feasible at the local level, regional service providers should be resourced to provide reasonable region-wide access to their services.<sup>95</sup>

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<sup>90</sup> Gray Denis et al (2010) above n 32, page 138.

<sup>91</sup> Gray Denis et al (2010) above n 32, page 139.

<sup>92</sup> Gray Denis et al (2010) above n 32, page 139.

<sup>93</sup> Gray Denis et al (2010) above n 32, page 139.

<sup>94</sup> Gray Denis et al (2010) above n 32, page 139.

<sup>95</sup> Gray Denis et al (2010) above n 32, page 139.

## APPENDIX B

These are examples the Committee mentions as best practice. VALS has placed these examples within the CAP framework.

### *2003 NSW Summit on Alcohol Abuse Communiqué*

Indigenous alcohol prevention strategies should be community based and owned.<sup>96</sup> To this end a number of principles and actions were outlined to assist in achieving community ownership over strategies including:

**1) Capacity**

Implementing programs which build capacity within local communities to work on their own solutions

**2) Collaboration**

Targeting resources for communities to conduct their own alcohol summits in partnership with Local Governments

**3) Access**

Ensuring the accessibility and appropriateness of mainstream services to the community through consultation with local Indigenous groups

**4) Holistic**

Recognising that these are complex problems that do not have simple Solutions

**5) Workforce**

- Developing and using local leadership and Indigenous workers at all stages of programs
- Ensuring a sustainable framework which reflects the impact of alcohol on Indigenous communities through skill building and workforce development, continuous evaluation and funding (also Area 6)
- Proactively target recruitment strategies to increase the number of female Aboriginal community liaison officers and the number of female and male Aboriginal police officers in the NSW Police

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<sup>96</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 2 (2006) above no 26 , page 988.

- Establishing specialist alcohol resource units to support community based action (NSW Summit on Alcohol Abuse 2003, p.10).<sup>97</sup>

## **6) Accountability**

Researching local Indigenous issues to inform the direction and suitability of local strategies

*Gray & Sagers in Stockwell, Gruenewald, Toumbourou & Loxley 2005,*

### **1. Capacity**

- Indigenous community control, good governance and social accountability, commitment by chief and council [or elders];
- A clear set of principles, plan, and strategy, including a realistic time-frame;
- Clearly defined management structures, strong managerial leadership and support;
- Adequate resourcing;

### **2. Collaboration**

- Intra- and inter-agency collaboration;

### **3. Access**

### **4. Holistic**

- Holistic, multi-agency, flexible interventions;

### **5. Workforce**

- Recruitment of appropriate staff (including native language speakers where appropriate) and staff development and support;

### **6. Accountability**

- Reporting, monitoring and evaluation procedures.<sup>98</sup>

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<sup>97</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 2 (2006) above no 26 , page 988.

<sup>98</sup> Parliament of Victoria Drugs and Crime Prevention Committee, Volume 2 (2006) above no 26 , page 986.