



Community Drug Summit

June 2001

Addressing Illicit Drug Use Among Aboriginal People, Including The Provision Of Treatment Programs For Drug Dependent Aboriginal People.

This is an Issues Paper. The Community Drug Summit Office has formed no conclusion on any issue mentioned in this paper. The purpose of the Issues Papers are to encourage discussion in the lead up to the Community Drug Summit and to encourage persons or organisations to make submissions to the Community Drug Summit Office. The Issues Papers are not meant to restrict persons or organisations in any way. Respondent should feel free to raise other relevant issues.

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4.0 Summary

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1.0 Introduction

As among members of the wider community, the increasing use of illicit drugs is of concern to Indigenous Western Australians. However, the use of illicit drugs must be seen and addressed in both the context of other drug use and the common issues that underlie all drug use. In regard to the context of other drug use, it must be recognised that use of the legal drugs tobacco and alcohol causes considerably more harm in the Indigenous population than does the misuse of illicit drugs. It must also be recognised that the misuse of prescription drugs and volatile substances has a significant impact on sections of the Indigenous population.

People use illicit drugs for many of the same reasons that they use legal drugs. This includes both social and emotional factors: to bring pleasure and to ease pain. However, in the case of Indigenous people, as documented in the reports Royal Commission into Aboriginal Deaths in Custody (1991a, 1991b), underlying social inequalities make a significant contribution to higher rates of alcohol and other drug misuse.

One of the difficulties experienced when attempting to understand illicit drug use among Indigenous Australians is the limited statistical information available on its extent and associated impact or harm. This is compounded by the fact that Indigenous drug users are doubly stigmatised: they are stigmatised for being Indigenous, and for being drug users. Few illicit drug users are willing to speak to researchers or others about their issues. Accordingly, in this paper, gaps in the research and statistical data have been filled with the informed views of people working with Indigenous people affected by drug use.

2.0 The Western Australian Context

2.1 The Historical Context

Since European settlement, Indigenous Western Australians have been largely dispossessed of their lands, marginalised from the wider community, their children institutionalised, and they have been subject to racism and discrimination (Broome, 1994; Collard, 2000; Haebich, 1988; Human Rights and Equal Opportunity Commission 1997; Lette, Wright and Collard, 2000). Indigenous Western Australians have long struggled against this treatment at the hands of members of wider society and the inequalities it has engendered.

It is only in the past 30 years that significant programs have been put in place by Commonwealth and State governments to address these inequalities. Despite such

programs, many are inadequate to meet the magnitude of the problems (Deeble, Mathers, Smith, Goss, Webb and Smith, 1998; Wright, 1998), and despite the fact that many Indigenous people are successful members of the wider community in their own right, as a group Indigenous Western Australians remain severely disadvantaged. Drug use among Indigenous Western Australians must be understood in this historical context.

2.2 Indigenous Diversity

The 1996 Census estimated the Indigenous residential population of Western Australia at 56,205 persons (Australian Bureau of Statistics, 1998). This population is not homogeneous and there is considerable variation in its geographical distribution. Forty seven per cent of the population lives in Perth (35%) and the south west of the State (12%); 18% live in the Kimberley and the remainder are distributed across the other parts of the State. The Indigenous population is also considerably younger than the non-Indigenous population with 59% being under 25 years of age, compared to 37% in the non-Indigenous population and growing at a significantly greater rate than the non-Indigenous population. This means that Aboriginal issues will become increasingly important in the future (Australian Bureau of Statistics, 1998). This geographic and demographic distribution of the Indigenous population has important implications for both the use of illicit drugs and the provision of services.

As well as demographic variation, there is considerable social and cultural diversity within the Indigenous Western Australian population. The importance of recognising this diversity has been the subject of discussion in many Indigenous texts (Dudgeon, Garvey and Pickett, 2000), and has implications for both patterns of drug misuse and appropriate solutions to drug related problems.

2.3 Social Disadvantage

The disadvantage of Indigenous Western Australians is reflected in key social indicators. In Western Australia, at the time of the 1996 Census of Population and Housing, (Australian Bureau of Statistics, 1998):

- the median income of Indigenous families was 64% of the income of non-Indigenous families;
- among those in the labour force, 19% of Indigenous people were unemployed compared to 8% in the non-Indigenous population;
- labour force participation (that is, those aged 15 or more years who were employed or looking for work) among Indigenous people was 47% compared to 63% among non-Indigenous people;

- among those aged 15 to 24 years of age, 52% of Indigenous people were attending an educational institution compared to 78% of non-Indigenous people; and
- among those aged 15 or more years, only 10% of Indigenous people had a post-school qualification compared to 35% of non-Indigenous people.

Just as with the non-Indigenous population, there is an association between unemployment, poverty and both legal and illicit drug use among the Indigenous population.

3.0 Issues For Consideration

3.1 Levels of Use

The most comprehensive survey of Indigenous drug use was conducted among urban dwellers aged 14 years and over as part of the National Drug Strategy in 1994 (Department of Human Services and Health, 1995). In relation to legal drugs it confirmed results from other studies and findings. That is, fewer Indigenous than non-Indigenous people regularly drink alcohol although a higher number of Indigenous people drink at harmful levels and that over twice as many smoke tobacco. The percentage of Indigenous people who had used any illicit drug was higher among Indigenous than among non-Indigenous people, but fewer of those Indigenous people had used illicit drugs other than cannabis (Higgins, Cooper-Stanbury and Williams, 2000). As a consequence of the nature of the activity, self reports of the use of illicit drugs underestimate its frequency. Thus, these figures should be regarded as estimates of the lower range of use.

Table 1

Substances used in the past 12 months, percentage of Indigenous and Non-Indigenous persons, Australia, 1994

Substance	Indigenous	Non-Indigenous
Alcohol	62	84
Tobacco/Cigarettes	54	25
Any illicit drug	29	23
Cannabis	22	19
Any illicit drug other than cannabis	6	11

Source: Higgins et al 2000. (Source: pp. 40, Table 7.4)

Since the 1994 survey, there has been only one small study of drug use levels among Indigenous people in Western Australia. This was a 1996 study conducted in the town of Albany. The study found that 13 of the 27 young Indigenous people in the 15 to 17 year age sub-group were 'frequent poly-drug users'. That is, they were frequent users of some combination of alcohol, tobacco, and cannabis. All but one of this sub-group had used volatile substances and all but two had used other illicit drugs, mostly amphetamines (Gray, Morfitt, Williams, Ryan and Coyne, 1996).

Despite the limited availability of statistical data, there is evidence that illicit drug use among Indigenous Western Australians is increasing. This comes from a variety of sources, such as reports from workers with service agencies, a current research project on the 'Harm reduction needs of Indigenous injecting drug users' (Gray, Saggars and Bourbon, in press [a]) and submissions received for this paper (Indigenous Issues Group Participants Drug Summit Submissions).

Concern has been expressed by Indigenous people across the State at the widespread use of cannabis (Indigenous Issues Group Participants Drug Summit Submissions; Gray *et al* in press [a]). In many communities, it is reported that its use has become 'normalised' and that it is used in remote communities where, until recently, it was absent. Amphetamine use by oral and/or intravenous administration has been reported by substance misuse workers in Perth and the regional centres of Bunbury, Busselton, Albany, Esperance, Kalgoorlie, Geraldton, Port Hedland, Roebourne and Broome. Reports from Port Hedland, Kalgoorlie, Esperance, Broome and Geraldton suggest that amphetamine use may be related to the proximity of these communities to mining, fishing and hospitality industries, where amphetamine use is high (Public and Community Health 2001; Gray *et al* in press [a]; Saggars in press). Heroin use is less common among Indigenous people, with most reports of its use coming from Perth, although there are reports of small numbers of users in Esperance, Geraldton and Port Hedland (Gray *et al* in press [a]; Saggars in press).

Injecting drug use is less common than other methods of taking illicit drugs. Nevertheless, the 1994 national survey of drug use among Indigenous people found that 2% of urban Indigenous people acknowledged injecting drug use compared to 0.5% in the general urban population (Higgins *et al* 2000).

Although they need to be interpreted cautiously, figures provided by the Health Department of Western Australia show that, in 1999 in WA, 68 of 99 total notifications of hepatitis C (a good marker for injecting drug use) among Indigenous people were reported in Perth. This reflects the findings of two research projects currently being undertaken by the National Drug Research Institute.

These studies indicate relatively low levels of injecting, compared to the total Indigenous population in Kalgoorlie, Bunbury, Roebourne, Port Hedland and Geraldton, and higher levels of injecting in Perth. However, illicit drug use has increased significantly over the past five years and there is considerable concern among Indigenous community members because of the enormous social costs of illicit drug use (Indigenous Issues Group Participants Drug Summit Submissions; Gray *et al* in press [a]; Sagers in press).

As indicated above, the use of illicit drugs does not take place in isolation from licit drug use. A report from the Noongar Alcohol and Substance Abuse Service, the only alcohol and drug service, specifically for Indigenous people in Perth, states:

NASAS has 1470 clients who are alcohol and drug dependant. Alcohol is the major substance of misuse, however the majority of our clients are poly-drug users. ... A large percent of clients have issues with alcohol use combined with other substances such as, cannabis, amphetamines, heroin, volatile substances and prescription drugs. ... 55% of our clients at NASAS are intravenous drug users; this equates to 700 of our clients being recorded as intravenous drug users.

(Noongar Alcohol and Substance Abuse Service 2001)

The use of volatile substances such as petrol and solvents is also of concern to the Indigenous community. 'Sniffing' volatile substance provides a cheap and readily accessible 'high'. It predominantly affects Indigenous youth, not only in Perth, but also in rural and remote Aboriginal communities. In Albany, for example, it was found that half of young Indigenous people between the ages of 15 and 17 years had inhaled volatile substances at some time, although frequency of use was intermittent (Gray *et al* 1996).

Important Questions

- Should more research be conducted to determine the levels of illicit drug use among Indigenous Western Australians?

3.2 Harm for People Who Use Drugs

Indigenous users of illicit drugs experience a range of mental health, physical health, financial and social problems. The use of illicit drugs may affect a person's mental well being, and some people may suffer from problems such as drug-related psychosis, depression, paranoia, hallucinations, increased aggression, anxiety and mood swings. Due to the lack of appropriate and accessible mental health services, Indigenous Western Australians may be using illicit substances, or misusing prescription drugs, to self-medicate for mental health problems such as depression (Kimberley Community

Drug Service Team 2000; Gray *et al* in press [a]; Wright 1998). They may also use other illicit drugs or misuse prescription drugs in an attempt to 'treat' their dependence on an illicit substance such as using benzodiazapines to cope with opiate withdrawal symptoms. Recent interviews with 52 Indigenous injecting drug users, reveal that all had misused a wide range of prescription drugs, either as a form of recreational drug use, to reduce withdrawal symptoms when their normal illicit drugs of choice were not available, or in an attempt to 'treat' their drug use (Gray *et al* in press [a]).

Indigenous Western Australians using illicit substances may also experience a variety of physical health problems, such as weight loss, poor nutrition, and other problems related to poor personal hygiene. In the case of injecting drug use, people may also be at risk of vein damage or contracting blood borne viruses. This risk is increased because some Indigenous Australians, especially youth, are reluctant to access sources of clean injecting equipment. There is also anecdotal evidence that the importance placed on 'sharing' in Indigenous cultures may increase the likelihood of sharing injecting equipment.

The financial disadvantage of many Indigenous Western Australians is exacerbated when money is spent on drugs. Indigenous people who use drugs, like non-Indigenous people, may turn to crime and/or prostitution to support their drug habits, and to pay for essential items, such as food, clothing and housing. The excessive financial strain causes significant amounts of personal and family stress, and also increases the chance of people who use illicit drugs coming into contact with the criminal justice system.

There are few statistics available to directly link illicit drug use and crimes committed by Indigenous Western Australians. However, there are some data which suggest that both a proportion of crime is associated with illicit drug use, and that many of those who commit crimes have substance misuse problems. In 2001, a small study was conducted by the Aboriginal Legal Service of Western Australia (ALS), 2001 of 70 juveniles processed under the mandatory sentencing legislation. Of these 70 juveniles, 54% informed lawyers that they had a substance misuse problem, including 30% who said they had a cannabis problem. Other statistics gathered by the ALS give some indication that crimes associated with illicit drug use may be increasing. For example, in 1999, the ALS dealt with a total of 273 illicit drug related charges, compared with a total of 338 in 2000.

Table 2

Illicit drug related charges dealt with by the Aboriginal Legal Service of Western Australia, 1999 to 2000

Charge	1999	2000
Possession of illicit drugs	212	222
Manufacture of illicit drugs	1	4
Dealing or trafficking drugs	8	26
Illicit drug offences	52	76
Use of illicit drugs		10
Total	273	338

Source: Aboriginal Legal Service of Western Australia, 2001

Indigenous Western Australians are over represented in the criminal justice system, with approximately one third of adult prisoners and two thirds of juvenile detainees being Indigenous. Given the disproportionate rates of imprisonment, there is concern that Indigenous people who do not inject drugs may become exposed to injecting drug use while incarcerated. If people first experience injecting drug use in this setting, it is likely that they will learn unsafe, opportunistic injecting practices from other prisoners. There is also a potentially higher risk of contracting hepatitis C while in prison due to lack of clean injecting equipment.

Important Questions

- How can the harms experienced by Indigenous Western Australians who use illicit drugs be reduced?
- Are there adequate and culturally appropriate drug treatment programs available for Indigenous people in prisons?
- Should sterile injecting equipment be made available in prisons?
- Are there adequate and culturally appropriate mental health services available to Indigenous Western Australians that can screen, assess and treat people with a combination of mental health and substance misuse problems?

3.3 Harm to Family and Community

Illicit drug use creates multiple problems for Indigenous families, and impacts on the Indigenous community as a whole. Families are frequently faced with violence, family breakdown, psycho-social stress, mental disorders, low finances, loss of accommodation, accidents, inadequate child care and drug related crime. There is often increased aggression towards family members, usually associated with amphetamine use, and this can result in violence against partners, children and other kin. Some people who use drugs will demand or steal money from more vulnerable family members, which in turn results in further financial hardship for families (Department of Family and Children's Services, 2001; Office of Aboriginal Health, Health Department of Western Australia, 2001; Noongar Alcohol and Substance Abuse Services, 2001; Gray *et al* in press [a]).

In addition, the families of people who use drugs may be exposed to other harmful elements of the 'drug sub-culture', such as violence associated with drugs, particularly dealers trying to collect 'drug debts'. It is also the case that there are some Indigenous people who deal drugs to other Indigenous people. Community members are sometimes aware of those who are dealing drugs, yet are too afraid to come forward for fear of retribution. There is a sense of frustration at the perceived inability of police, or others in a position of authority, to stop the supply of drugs.

Some of the more devastating impacts of illicit drug use occur when drug-dependent persons have young children for whom they are unable to properly care. According to the Department for Family and Children's Services, Indigenous children make up about 30% of the 1500 children in care in Western Australia, even though they comprise only 4.4% of the population aged less than 15 years. Family and Children's Services report that there is a growing trend for children to be taken into care as a result of neglect arising from alcohol and other drug issues. This has further implications in that immediate and extended families are finding this issue increasingly difficult to deal with at both a support level and in understanding this complex situation. Thus, when drug use is problematic, it has a flow on effect to children, extended family and community (Department of Family and Children's Services, 2001).

Important Questions

- How can the harm experienced by the families of Indigenous Western Australians who use illicit drugs be reduced?
- How can the families of Indigenous Western Australians who use illicit drugs be supported?

3.4 Current Services

In the 1999-2000 financial year, there were 74 drug and alcohol projects for Indigenous people conducted by 55 organisations in Western Australia. Forty per cent of projects were night patrols or sobering-up shelters, designed to prevent intoxicated people harming themselves or others. Treatment was a major focus of 21 projects with six providing some residential facility and 18 projects had a preventive focus. The West Australian Aboriginal Communities Controlled Health Organisation (WAACCHO) plays an active role in drug treatment and prevention strategies through its member agencies across the state.

Many Indigenous people believe that intervention programs should attempt to deal with all substances and that it is wasteful and confusing, for example, to have one organisation addressing alcohol problems and another volatile substance misuse. However, most existing projects were established primarily to address problems of alcohol misuse. There are agencies who are attempting to address illicit drug problems, but most are not adequately resourced, nor have the trained staff to deal with this situation. Furthermore, few existing projects provide adequate follow-up services for those who have undergone treatment, and this contributes to client relapse.

Approximately 45% of funds expended on alcohol and other drug projects for Indigenous Western Australians were spent on treatment for alcohol-related problems. Prevention projects receive only about 10% of funds (Gray, Sputore, Stearne, Bourbon, in press [b]). Money directly spent on prevention and treatment services for Indigenous Western Australians who use illicit drugs are not the only costs entailed. Health costs include those for primary medical care and hospital treatment, and there are considerable costs in managing those who enter the justice system. For example, in 1999-2000 it cost approximately \$66,000 per year to keep an adult in custody (Ministry of Justice, 2001). Given that a significant proportion of Indigenous people convicted of offences have substance misuse problems, treatment and prevention strategies are cost effective if they help to reduce the number of people in custody for drug-related offences.

Important Questions

- Should more resources be allocated for prevention and treatment programs aimed at reducing illicit drug misuse among Indigenous Western Australians?
- Should there be more treatment and prevention programs operating in regional and remote areas?
- What training and support do Indigenous alcohol and other drug workers need, and what steps can be taken to attract new people to the field?
- What training do non-Indigenous staff in mainstream organisations require in order to better work with Indigenous clients?

3.5 Gaps in Services

Members of the wider Indigenous community, Indigenous workers in the area and illicit drug users themselves have identified a number of gaps in existing services. Among the most important of the gaps in service is the scarcity of appropriate intervention services. Many Indigenous people with substance misuse problems are reluctant to leave family and 'country' for treatment. Thus, as a consequence of the absence of appropriate residential detoxification and rehabilitation programs in many areas of the state, many Indigenous people with problems go untreated. In many areas there is also a lack of choice for individuals seeking treatment. In Perth, for example, there is one residential treatment project for Indigenous women conducted by a non-Indigenous organisation, but no Indigenous organisation is funded to provide a comprehensive intervention program.

For reasons of 'shame', family connections, and other cultural considerations, not all Indigenous drug users seek help from Indigenous community-controlled organisations. Their choice is often constrained because mainstream agencies have few Indigenous staff members and are not adequately geared to provide appropriate and acceptable services to Indigenous people. In both Indigenous and non-Indigenous services, it was reported that staff required more training opportunities and better professional support if they were to deliver the range of services expected, in ways that were both culturally secure and professionally sound.

In both regional and urban areas, few service providers operate outside of standard working hours. However, this is the time when most acute problems arise and when crisis care is most needed. Concern about this is also linked to inadequate levels of emergency housing for people who use illicit drugs, their partners, and their families.

Prevention is the poor relation in current services. Nine of the projects conducted in 1999-2000 were aimed at Indigenous adolescents but these were spread thinly across the State. There is strong community feeling, especially in regional and remote areas, that there is a lack of structured and inexpensive recreational activities for younger people. The absence of these, lack of vocational opportunities, and consequent boredom are seen by Indigenous people to be major reasons for high rates of cannabis use among young people. In turn this is seen to have a negative impact on 'cultural health' with, for example, young people being more interested in taking drugs than learning about their culture and land.

3.6 User's and Family Member's Perceptions of Gaps in Services

People who inject drugs interviewed by staff from the National Drug Research Institute unanimously called for better access to injecting equipment, especially after hours. Many preferred the option of vending machines to protect their identity, particularly in rural areas where there are relatively few places that distribute needles, and negative attitudes of some hospital and pharmacy staff discouraged them from accessing injecting equipment. They were also concerned that young, novice injecting drug users do not know enough about the transmission of blood borne viruses, and that they are placing themselves at high risk through their lack of understanding.

Many parents of illicit drug users feel isolated, frustrated by their inability to access services for their children; depressed because of the impact of their children's use on other family members, and are filled with self blame and shame. In such circumstances, they usually try to deal with their problems within the family unit and only seek outside help when their efforts fail. However, once that decision has been made, there is confusion about which services to approach for help, and barriers to accessing services. There is nowhere people can drop in for an informal non-judgemental chat and obtain information, and it is extremely difficult to get counselling or other support to help them cope with the drug use of family members.

Important Questions

- What services are required to meet the needs of Indigenous Western Australians who use drugs, and their families?
- What type of follow-up programs would assist people to stay off illicit drugs after they have completed their treatment?

4.0 Summary

There is evidence of increasing illicit drug use among Indigenous Western Australians, with poly-drug use (the use of more than one drug) being common. While there are regional variations in the levels of drug use, with the types of drugs used, and with the harm and impact associated with that use, there are some common themes emerging across the state:

- there is a need to address the underlying causes of substance misuse, such as housing, employment and mental well-being, and for existing services both within and outside of the alcohol and other drug field to respond to those causes;
- there are few treatment programs that target illicit drug use which are appropriate for Indigenous clients. Indigenous clients living in rural areas are severely disadvantaged because of having to leave their family and 'country' when undergoing treatment. The few services that do exist are under resourced for the programs they deliver, and follow-up programs are inadequate;
- there are few prevention strategies targeted for Indigenous people. As well, there are limited opportunities for Indigenous youth to engage in recreational and vocational activities, and therefore they may be more likely to use drugs. There are few culturally appropriate education campaigns about the harms associated with cannabis use, and information about the transmission of blood borne viruses;
- given the high numbers of Indigenous people in detention, harm minimisation strategies and drug treatment options should be available to prisoners; and
- the families of people who use drugs are often subject to a range of harms, and few services currently exist that support Indigenous families affected by drug use.

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