“THEY’LL JUST READ ABOUT US IN STORYBOOKS”: ESTIMATIONS OF THE NUMBER OF YOUNG INDIGENOUS PEOPLE USING ILLEGAL DRUG IN THE ACT AND REGION

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Reference Group: five Indigenous representatives:
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• Ms Flo Grant: Community Representative
• Mr Bill Humes: Aboriginal and Torres Strait Islander Commission (ATSIC)
• Regional Council Member
• Ms Audrey Kinnear: Director of Kutju Kuru Consulting
• Mrs Agnes Shea: Ngun(n)awal Elder

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• The ACT Office of the Commonwealth Department of Health and Aged Care
and
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Eduardo Laginha, Solicitor, Aboriginal Legal Service (ACT and Region)
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Fred Monaghan, Drug and Alcohol Worker, Gugan Gulwan Youth Aboriginal Corporation
Dr Peter Sharp, Medical Practitioner, Winnunga Nimmityjah Aboriginal Health Service
Ivor Shaw, Executive Director, Karralika Therapeutic Community, Alcohol and Drug Foundation, ACT Incorporated
Julie Tongs, Chief Executive Officer, Winnunga Nimmityjah Aboriginal Health Service
Youth Justice System, ACT

Our thanks to Lynnice Keen, a young Ngun(n)awal woman who created the artwork on the front cover.

We are very grateful to the Indigenous people we interviewed during the preparation of this report.
Introduction
There have recently been reports of the burgeoning use of illegal drugs by young Indigenous people in the Australian Capital Territory1 (ACT) and Region. In mid-1999, the ACT Office of the Commonwealth Department of Health and Aged Care commissioned researchers at the National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University (ANU) to conduct some research on this problem. We were also asked to conduct a needs analysis of older Indigenous people in the area.

As part of the research on illegal drug use, we approached Assisting Drug Dependents Inc (ADDInc) and the Ted Noffs Foundation. These two bodies were in the process of establishing an adolescent Drug Rehabilitation Centre in the ACT. Our joint aim was for Indigenous people, service providers and researchers to work collaboratively to ensure this facility was suitable for Indigenous adolescents needing rehabilitation. In October 1999 we organised a meeting between members of our Reference Group (the first page of this document lists the members of our Reference Group), Maureen Cane (Executive Director of ADDInc) and Peter Chandran from the Ted Noffs Foundation. During this meeting useful preliminary discussions were held.

Shortly after this meeting, the ACT Office of the Commonwealth Department of Health and Aged Care asked the NCEPH research team to prepare a background paper with estimates of the number of young Indigenous illegal drug users in the ACT and Region. These estimates are provided in this document. They were mainly obtained in two ways. Firstly, we contacted people working in drug and alcohol services or corrective services and asked them if they had any data on the number of young Indigenous people in contact with their service. Secondly, we were about to start the needs analysis of older Indigenous people. We had already been informed by members of the Indigenous community, including members of our Reference Group, that illegal drug use, particularly heroin use, was a huge problem in the Indigenous Community. One older person who was personally affected by the problem said: “You can’t do anything to help the old people unless you do something about the drug problem in young people. Old people are constantly worried about children or grandchildren using drugs.”

We decided, therefore, to ask the older people we were interviewing about any illegal drug use in their family and if they were aware of illegal drug use in the Indigenous community. These findings are also included in this report. The majority of people we interviewed were concerned about the damage illegal drug use was causing in the community. Several had family members

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1 Abbreviations are also included as Appendix 1.
who were using heroin and other illegal drugs. Some had lost children or grandchildren to drug use overdoses. Many people expressed grave concerns that the Indigenous Community would be, in one respondent’s words, “obliterated” because of heroin overdoses, or because of a bloodborne or sexually transmitted virus such as hepatitis C or the Human Immunodeficiency Virus (HIV). These concerns are encapsulated in this comment from the same respondent and which we have used in the title of this report: “They’ll just read about us in storybooks.”

Before discussing the limitations of the findings and concluding the report, we make mention of findings from interviews we conducted with two young Indigenous ex-heroin users. As a prelude to reporting the findings from service providers and the other interviews we conducted, we set our report in an historical and cultural context by firstly presenting a brief history of drug use amongst Indigenous Australians. We then present an overview of the Indigenous population in the ACT before outlining recent media reports, and indicating some findings from two recent documents relevant to estimates of Indigenous drug use in the ACT. Where possible we also draw on pertinent findings from other drug-related research.

**The historical and cultural context of drug use amongst Indigenous peoples**

Prior to colonisation, Indigenous peoples, generally men of ritual standing, used at least four plants containing nicotine (Watson, 1991). Pituri, an indigenous desert plant, was used most commonly. Many Aboriginal peoples also made intoxicating beverages from local flora (Brady, 1991). The major difference between that long pre-settlement history and the 200 years since, is that the monitoring and distribution of drugs was previously in the hands of Indigenous people rather than in the hands of Europeans (Brady, 1991).

When the first white settlers arrived they brought with them alcohol, usually in the form of rum. Indigenous people were sometimes forced to drink alcohol for the “amusement” of the settlers and white men gave it to Indigenous women as payment for sexual favours (Brady, 1992). In 1990, Lowitja O’Donoghue, a prominent Indigenous leader, said: “Nothing has so thoroughly wasted potential human talent as has the widespread contemporary dependence on alcohol and other harmful substances among our Indigenous population” (1990:5). As shown later in this document, there is evidence to suggest that in the ten year interim, the situation has deteriorated.

**Indigenous peoples in the ACT and Region**

In 1996 (the most recent available information), there was thought to be 3 058 Indigenous people living in the ACT (Australian Bureau of Statistics [ABS], 1998). This is probably an underestimation. According to Julie Tongs (Chief Executive Officer, Winnunga Nimmityjah
Aboriginal Health Service), the true figure is currently around 5 000 (2000, January 14, pers comm). In addition, there are an unknown number of people living in the Region (such as Goulburn, the South Coast, Queanbeyan and Yass) who may access drug services in the ACT.

As shown later in this document, a few people we interviewed who provided us with information on the age of the Indigenous illegal drug users they were in contact with mentioned people in their forties. We were, however, asked to look at this problem amongst young Indigenous people. Table 1, which was derived from the 1996 ABS statistics (1998), provides us with some idea of the number of young Aboriginal people resident in the ACT. Though our cutoff points may be considered somewhat arbitrary, we have included only age groups covering Indigenous people from the age of 10 to the age of 30. In 1996, according to ABS statistics there were 1 333 Indigenous people in this age range.

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>375</td>
</tr>
<tr>
<td>15-19</td>
<td>323</td>
</tr>
<tr>
<td>20-24</td>
<td>337</td>
</tr>
<tr>
<td>25-29</td>
<td>298</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1 333</strong></td>
</tr>
</tbody>
</table>

The Indigenous population in the ACT is considered to be extremely mobile (McConnell, 1998). In addition to the Ngun(n)awal people, who have a traditional heritage connection to the ACT and Region, Indigenous people from other communities also reside here. There is no reason to believe that the health of Indigenous people living in the ACT is an exception to other Indigenous Australians who, due to such factors as “poor health ... loss of land, culture and lore”, have, on average, much poorer health than their non-Indigenous counterparts (Tripp, 1997:11). Factors such as these would have a major impact on the cause of drug use by Indigenous people.

**Media reports**

Beginning with media reports, we now concentrate on estimates of the extent of illegal drug use amongst Indigenous people in the ACT and Region. In December 1999, three articles in *The Canberra Times* drew attention to the problem of Indigenous drug use in the ACT (Armitage, 1999:2; Clack, 1999:2; Centenara, 1999:2). In the first of these reports Liz Armitage cites Julie Tongs (the Chief Executive Officer of Winnunga Nimmityjah Aboriginal Health Service) as saying that heroin use amongst Aborigines in Canberra was getting progressively worse and had reached “epidemic proportions.” Julie Tongs was quoted as estimating that there were up to
500 heroin users, some as young as 11, and that this represented about 10 per cent of the ACT’s “non-census” estimate of the ACT’s Indigenous population. In the same article, Armitage cites Jon Stanhope (the ACT’s Opposition Leader) who said that the ACT’s Drug Referral and Information Centre (DRIC) had identified 50 Aboriginal people visiting the needle exchange every day. Michael Moore, (the ACT’s Health Minister) was reported as saying he was aware of the “escalating problem” of drug use amongst young Indigenous people.

The other two media reports were juxtaposed on page 2 of *The Sunday [Canberra] Times* on December 5, 1999. In the first, Peter Clack documents concerns expressed by the ACT Government about “increases in the number of Indigenous people being arrested and sent to prison.” He goes on to cite an Australian Federal Police Annual Report which revealed that in 1998-9, eighty four Indigenous youths were arrested in Canberra. The Attorney General, Gary Humphries, is reported to have said “I am concerned about increases among our Indigenous population in prison and their involvement in drugs and crime.”

In the second of the *Sunday [Canberra] Times* articles from December 5 1999, Jeffrey Centenara reports on the moving stories told by Hilary Crawford and Muriel Brandy, two Indigenous elders currently living in the ACT. These two mothers, who are also shown photographed, had decided to speak out about “the epidemic of drug abuse in the Canberra Indigenous community.” They have each lost two children to drug and alcohol problems. According to these women, their stories are not unusual “in the Aboriginal community.” Mrs Crawford, who buried her two sons on the same day in 1999, is quoted as saying “I don’t know any family in our community that hasn’t been touched by drugs or alcohol.” Eight years ago, Mrs Brandy had a daughter and a son die from heroin overdoses within six months of each other.

Both women were now concerned about the next generation. At the time of the report Mrs Crawford had one grandson in Quamby Correctional Services, another in Belconen Remand Centre and a third whom she said was a “heavy drug user.” Mrs Brandy told of her two grandsons “who used the money she gave them to pay for their drug habits.”

**Other estimates of illegal drug use among Indigenous people in the ACT and Region**

From these personal stories we now highlight findings from two pieces of research relevant to estimates of illegal drug use among Indigenous people in the ACT and Region. The first is a report prepared for the ACT Department of Health and Community Care’s Alcohol and Drug Program (Carrick, 1998). As part of her research, Carrick held discussions with workers from
Winnunga Nimmityjah Aboriginal Health Service and Gugan Gulwan (a support service for young Indigenous people). Workers in both these agencies “impl[ied] that there is reason for concern about high levels of heroin consumption amongst Aboriginal youth in the ACT region” (Carrick, 1998:12). From her discussions with Indigenous “key informants”, Carrick later reports that there was a “view that there has been a trend away from alcohol amongst the youth and more of a tendency towards illicit drugs” (1998:26).

Further evidence is found in the ACT’s Illicit Drug Reporting System (IDRS) (Fleming et al, 1999). “The purpose of the IDRS is to provide a coordinated approach to the monitoring of data associated with the use of opiates, cocaine, amphetamines and cannabis, and act as a strategic early warning system for the emerging illicit drug problems” (Fleming et al, 1999:1). Information for the IDRS was obtained from 28 “key informant” interviews in 1999 and from “the collection and examination of indicators [such as] survey, health and law enforcement data” (Fleming et al, 1999:1-2).

Throughout the IDRS, several references are made to reports of increased illegal drug use amongst Indigenous people, particularly heroin use. The authors of the IDRS consider this to be one of their major findings. Of added concern is the increased purity of heroin analysed by the ACT Government Analytical Laboratory. This has climbed from 10.5 per cent in 1991, to 69.2 per cent in the first six months of 1998 (cited by Fleming et al, 1999). Whilst injection was the most common route of administration reported overall (that is, including non-Indigenous people), there was documentation in the IDRS of reports of Indigenous people smoking heroin (Fleming et al, 1999). As will be shown below, several of the people we talked to also mentioned that Indigenous people often smoked heroin. Some also talked about a rapid transition from smoking to injecting.

**Service Providers**

The rest of this report focuses mainly on results gleaned from our original research beginning with the findings from drug and alcohol service providers in the ACT and Region. We contacted workers at Indigenous organisations as well as mainstream government and non-government organisations. Adult and Juvenile Corrective Services in the ACT also provided us with findings from their databases.

Organisations were contacted, mainly by phone, during January and February 2000. Stating that we were conducting research for the ACT Office of the Commonwealth Department of Health, we asked staff members if they could provide us with information about the number of
young Indigenous people accessing their organisations. Citing client confidentiality, one organisation was unwilling to give us any information. Repeated attempts to contact another service provider were unsuccessful. In some instances, the people we contacted were immediately able to give us an exact number of young Indigenous people accessing their service.

Following our request, staff of some organisations analysed their data then reported their findings back to us. Where there were no available data, we asked the most experienced staff members to provide us with estimations. We also asked for an estimation of the total client base. Some of the total client base of organisations which provide services to people who use drugs consisted only of illegal drug users. In others, the client base was comprised of polydrug users, including people whose main problem was alcohol use.

The clients of some organisations were a mixture of people experiencing drug-related problems and people experiencing problems which were not drug-related. Those organisations which provided Legal or Corrective Services saw people with drug-related problems as well as people experiencing problems unrelated to drug use. The first three organisations listed in the Table are Indigenous organisations and the client base consists only of Indigenous people. The other client bases consist of both Indigenous and non-Indigenous people. This Table also includes the timeframes on which the estimations or calculations were based. Some information was current at the time of our discussions with service providers. In addition to giving us a present figure, one agency provided us with a calculation for September 1999. One timeframe covered the period from August 1999 until January 2000 and one was from November 1999 until January 2000. Other estimations were derived from recent twelve monthly, quarterly or monthly figures. Our findings are listed in Table 2 (pages 7 - 9) where the status of the data is also indicated. The results are discussed more fully below where to substantiate the quantitative we include some comments from the service providers we interviewed.

The process of data collection was iterative and sometimes required a number of contacts to ensure the accuracy of our reporting. This process included providing a penultimate copy of this document to the most senior members of organisations. Any requested corrections were made. Staff from two organisations requested quite substantive changes and were willing to provide us with a written account. Their accounts are included here exactly as written and are duly acknowledged in the relevant sections below.
Table 2: Young Indigenous illegal drug users in contact with organisations in the ACT and Region

<table>
<thead>
<tr>
<th>Organisation, type &amp; clientele</th>
<th>Number of Indigenous clients using drugs</th>
<th>Total number of clients in contact with organisation</th>
<th>Status of numbers</th>
<th>Timeframe for numbers</th>
<th>Drug/s used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnunga Nimmityjah Aboriginal Health Service</td>
<td>500 (all ages)</td>
<td>3,700 (this total includes 500 non-Indigenous people)</td>
<td>“Estimations”</td>
<td>Current: 14.1.2000</td>
<td>Polydrug use, including heroin</td>
</tr>
<tr>
<td>Indigenous People with any health problem, including drug use</td>
<td>“Hundreds” (all ages)</td>
<td>“”</td>
<td></td>
<td>Current: 2.2.2000</td>
<td></td>
</tr>
<tr>
<td>• Julie Tongs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dr Peter Sharp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gugan Gulwan Youth Aboriginal Corporation</td>
<td>a 29</td>
<td>b 832</td>
<td>Precise</td>
<td>a Quarterly</td>
<td>“Heroin, marijuana, alcohol and pills”</td>
</tr>
<tr>
<td>Indigenous Youth</td>
<td></td>
<td></td>
<td></td>
<td>b Annual</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Legal Service</td>
<td>100-200</td>
<td>200</td>
<td>“Estimations”</td>
<td>Current: 20.1.2000</td>
<td>Heroin</td>
</tr>
<tr>
<td>Indigenous People with legal problems</td>
<td>60-80</td>
<td>“”</td>
<td></td>
<td>“” 9.2.2000</td>
<td></td>
</tr>
<tr>
<td>• Paul Brandy &amp; Jim Jeffery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eduardo Laginha</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Young Indigenous illegal drug users in contact with organisations in the ACT and Region (cont)

<table>
<thead>
<tr>
<th>Organisation, type &amp; clientele</th>
<th>Number of Indigenous clients using drugs</th>
<th>Total number of clients in contact with organisation</th>
<th>Status of numbers</th>
<th>Timeframe for numbers</th>
<th>Drug/s used</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADP, ACTCC</td>
<td>15</td>
<td>411</td>
<td>Precise</td>
<td>November, 1999- January 2000</td>
<td>Alcohol &amp; / or other drugs</td>
</tr>
<tr>
<td>Mainstream Alcohol &amp; / or other drug users</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karralika Therapeutic Community, ADFACT: Mainstream Alcohol &amp; / or other drug users</td>
<td>16</td>
<td>180</td>
<td>Precise</td>
<td>February 1999-February 2000</td>
<td>Alcohol &amp; / or other drugs</td>
</tr>
<tr>
<td>Mancare Community, Salvation Army Mainstream Polydrug users</td>
<td>2-3 a year</td>
<td>Circa 157</td>
<td>Estimations</td>
<td>Annual</td>
<td>Polydrug use</td>
</tr>
<tr>
<td>ADP, Southern Area Health Service Mainstream Alcohol &amp; / or other drug users</td>
<td>6</td>
<td>300</td>
<td>Estimations</td>
<td>20.1.2000 June 1998-June 1999</td>
<td>Alcohol &amp; / or other drugs</td>
</tr>
<tr>
<td>ADDInc</td>
<td>a 30-50 known, estimates “at least two hundred”</td>
<td>b “Thousands”</td>
<td>“Precise and estimations”</td>
<td>a Current b Annual</td>
<td>Polydrug use, including, for the majority, heroin</td>
</tr>
<tr>
<td>Mainstream Polydrug users</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Young Indigenous illegal drug users in contact with organisations in the ACT and Region (cont)

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<tr>
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<th>Total number of clients in contact with organisation</th>
<th>Status of numbers</th>
<th>Timeframe for numbers</th>
<th>Drug/s used</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIN Inc</td>
<td>30 known, estimates “at least two hundred”</td>
<td>300-350</td>
<td>Estimations</td>
<td>Since opening: August 1999</td>
<td>Heroin</td>
</tr>
<tr>
<td>ACT Adult Corrective Services</td>
<td>25</td>
<td>Not obtained</td>
<td>Detainee record count</td>
<td>January - December, 1998</td>
<td>Most commonly, heroin &amp; / or marijuana</td>
</tr>
<tr>
<td>ACT Community Based Corrections (Probation and Parole)</td>
<td>3-25</td>
<td>966</td>
<td>Record count</td>
<td>1.12.1999</td>
<td>Illegal drug use</td>
</tr>
<tr>
<td>ACT Periodic Detention Centre</td>
<td>0</td>
<td>69</td>
<td>Record count</td>
<td>30.9.1999</td>
<td>Illegal drug use</td>
</tr>
<tr>
<td>ACT Youth Justice System</td>
<td>33</td>
<td>162</td>
<td>Census</td>
<td>30.9.1999</td>
<td>Marijuana &amp; heroin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35</td>
<td></td>
<td>21.1.2000</td>
<td>”</td>
</tr>
</tbody>
</table>
Winungna Nimmityjah Aboriginal Health Service

Winungna Nimmityjah Aboriginal Health Service provides “sensitive and holistic primary health care services for the Aboriginal and Torres Strait Islanders [ATSIs] of the ACT and region” (Winungna Nimmityjah Aboriginal Health Service, 1999:3). Julie Tongs (Chief Executive Officer of the Service) estimates that there are around 3,700 people accessing these services. Around 500 of these people are non-Indigenous. These services include those appropriate for people experiencing drug-related problems (ACT Department of Health and Community Care, 1998). Most drug users seeking help “are multiple users, ie they may use any of the following in any number of combinations, heroin, alcohol, methylated spirits, marijuana, glue and prescription drugs” (Winungna Nimmityjah Aboriginal Health Service, 1999:7). Though drug combinations may vary across cultures, polydrug use has been reported from several studies of people who use illegal drugs. These studies have included those in the ACT (for example, Dance, 1998; Fleming et al, 1999).

During our interview, Julie Tongs reiterated her estimate reported by Liz Armitage in The Canberra Times (1999:2):

There’s five hundred [clients of this service] and growing, that’s illicit drug users. They’re multiple users, metho [methylated spirits], petrol, pills, alcohol and they’re all using heroin. They start by dipping marijuana in heroin, they start by smoking, now the majority are injecting it. It’s like a timebomb, there are not many families untouched by it. We’re seeing it more and more. The problem alcohol users are turning to heroin now. I know a couple of people in their forties who’ve given up the grog and then moved on to heroin. Until they deal with this problem ... we’re going to have two Stolen Generations. The kids are going to be taken off them, the kids in detention have babies of their own ... I could identify five hundred heroin using clients at Winungna.

From a number of discussions held with Julie Tongs during the research period, it is obvious that she is very concerned that the numerous drug-related problems in the Aboriginal community have led to major dysfunction in the family. This includes neglect of the elderly and neglect of children.

Dr Peter Sharp has been a medical practitioner at Winungna Nimmityjah for 10 years. As well as seeing clients there, he also visits detainees at Quamby Juvenile Corrections and Belconnen Remand Centre. He said:
At the moment, a third of my time is taken up with seeing drug users. The workload is increasing constantly. Heroin is the big one. [When I first came here] speed [amphetamine] was the biggest problem, now it’s heroin. The numbers are difficult to assess, there’s probably hundreds of [Indigenous] users. They’re polydrug users, and they all would be using heroin.

The average age of Dr Sharp’s heroin using clients was 16 to 17. He also said he saw heroin users as young as 12, as well as those in their forties. Confirming information from Julie Tongs, he said that some people in their forties had recently commenced their heroin use. Dr Sharp said: “One of the problems is that there are now two generations using it. It’s now not abnormal to be a heroin user. Everyone is doing it.”

After reviewing the available data sources, Crofts and colleagues found that the prevalence of hepatitis C among Australian Injecting Drug Users (IDUs) ranges from 60 to 70 per cent (1997). Dr Sharp believed the proportion to be even higher amongst the Indigenous IDUs he was in contact with. IDUs are also known to have a much higher prevalence of hepatitis B than the general population (for example, Bell et al 1990). According to Dr Sharp, there had been a good response rate to hepatitis B immunisation at Winnunga Nimmityjah. As a consequence, many of the younger IDUs had been fully immunised against hepatitis B before they commenced injecting drug use. Less than 5 per cent of Australian IDUs are HIV-positive (Darke, 1992; National Centre in HIV Epidemiology and Clinical Research, 1998). Whilst expressing fears about what could happen in the future, Dr Sharp believed the proportion to be similar amongst his Indigenous clients who injected drugs.

Gugan Gulwan Youth Aboriginal Corporation

This contribution was written by Kim Davison, Co-ordinator of Gugan Gulwan Youth Aboriginal Corporation

Gugan Gulwan Youth Aboriginal Corporation provides a range of support services for young Indigenous people, a component of their program involves providing support to young people with drug and alcohol problems. Fred Monaghan has been employed as the Drug and Alcohol worker at Gugan Gulwan for six months. At the time of contact (3.2.2000) Fred was servicing 29 clients. This figure constitutes the client base in a quarterly period.

The Co-ordinator of Gugan Gulwan, Kim Davison stated that the clients currently being serviced were prioritised as requiring the most assistance. “There is only so much one worker can effectively achieve with limited resources.” Most of these clients are multiple users and
have a range of issues, which include housing, education, welfare, and family dysfunction. Out of the total client base of Gugan Gulwan, a large percentage of young Indigenous people have experimented with heroin, smoking cigarettes, drinking alcohol and smoking marijuana. This problem has been escalating over the past two to three years, it is not something that has recently surfaced. These issues need to be addressed. The problem can not be left to a couple of community organisations to deal with any longer. Government, members of the community, Drug and Alcohol services, community organisations, parents and extended family need to work together to come up with a strategy to alleviate the problem.

Of the 29 clients, 20 were young men and 9 were young women. The ages of clients range from 15-25 years and a large percentage are heroin users who were either inhaling or injecting the drug. Gugan Gulwan has seen an increase in the crime rate with young people stealing to support their habit. Kim Davison said, “We need to educate our younger people, keep them in school and reinforce our culture which is sadly lacking. A lot of our youth idolise American Negroes, which is fine, however they know very little about their own culture. We need more positive role models in our community to lead the way.”

Fred Monaghan said “The situation is getting worse. The age is dropping. I’ve heard of kids eleven, twelve and thirteen snowconing or dragoning. They’ll upgrade to injecting it.” Kim Davison stated “We fear for these kids’ lives. Gugan has been around for eight years, we have watched many of these kids grow up. We get emotional, frustrated and angry but we all must try to fight the problem!”

**Aboriginal Legal Service**

Two staff members of the Aboriginal Legal Service (which serves the ACT and Region): Jim Jeffery (a solicitor) and Paul Brandy (an outreach worker), said they could name 100-200 Indigenous young people with legal problems related to heroin use. This was current at 21.1.2000. These problems included break, enter and steal, armed robberies and theft. Jim Jeffery said: “We’ve had examples of robberies occurring for the fifteen dollars needed to buy a deal of heroin.” We later contacted the Aboriginal Legal Service to request an estimate of their total client base. Eduardo Laginha, a solicitor with the organisation, said this was

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2 “Snowconing” is a process whereby heroin is sprinkled over marijuana which is already in a small metal cone ready for smoking through a “bong.”

3 “Dragoning” is a shortened form of “chasing the dragon.” It is also referred to as “chasing.” The administration involves placing the drug (usually heroin or opium) on silver foil, placing a flame under the foil then inhaling the smoke, commonly through a rolled piece of cardboard or an empty plastic biro insert.
Currently (9.2.2000) approximately 200 people. He believed that around 30 to 40 per cent of these people (60-80) were heroin users.

**Alcohol and Drug Program, ACT Community Care**

The ACT Alcohol and Drug Program (ADP) is provided by ACT Community Care (ACTCC) and offers a range of treatment options including methadone, detoxification (either as an inpatient or outpatient) and case management. According to a spokesperson from this service, the statistics made available to us were derived from “a temporary new database which records all new admissions to the program.” This database showed that for the three month period from the beginning of November 1999 to the end of January 2000, 411 people were admitted to the program (people accessing the service for needle exchange and clients at Belconnen Remand Centre are not included in this figure). Fifteen of these people were of ATSI origin.

**Alcohol and Drug Foundation, ACT Inc**

The Alcohol and Drug Foundation, ACT Inc (ADFACT) administers a range of residential drug rehabilitation, “halfway” houses and community based education programs (ACT Department of Health and Community Care, 1998). In a written communication (15.2.2000), Ivor Shaw, Executive Director of Karralika Therapeutic Community, ADFACT, said “ADFACT’s programs are available to, and are generally seen as appropriate for, Aboriginal and Torres Strait Islander people who wish to access longer term residential drug rehabilitation. Typically around two per cent of persons admitted to the Karralika program identify as Aboriginal or Torres Strait Islander at assessment. On admission contact with the Winnunga Nimmityjah Aboriginal Health Service is facilitated and ongoing contact with this program is encouraged.”

In a further contact, Ivor Shaw informed us that from February 1999 to February 2000, 16 of the 180 clients accessing treatment at Karralika for alcohol and / or other drug problems were Indigenous.

**Mancare Community, Salvation Army**

Mancare offers a longterm residential drug rehabilitation program which involves “group and individual counselling, work therapy and peer based therapy. Involvement in Alcoholics Anonymous and Narcotics Anonymous is encouraged” (ACT Department of Health and Community Care, 1998:26). A spokesperson for this organisation said that most clients were polydrug users and that about 157 men a year accessed the service. Only 2 to 3 of these people were Indigenous.

**Alcohol and Drug Program, Southern Area Health Service**
The Southern Area Health Service covers an area bordered by Goulburn, Bega, Young, Yass and Queanbeyan. Services provided by the ADP in this area include drug education and the provision of methadone services. When contacted (20.1.2000) Marilyn Dent, Director of the Program, estimated that at that time about two per cent of approximately 300 clients accessing this service were Indigenous [about 6 people]. There were precise figures for the financial period 1998-1999 when 3.5 per cent of the 851 clients in contact with the ADP were Indigenous [about 30 people]. Marilyn Dent said from the information currently available to her it was not possible to distinguish whether these people were experiencing alcohol and / or other drug problems.

Assisting Drug Dependents Inc (ADDInc)

This contribution was written by Maureen Cane, ADDInc’s Executive Director

ADDInc is a community-based, non-government health service agency funded by the ACT Department of Health and Community Care. ADDInc offers a range of programs to assist people with problematic alcohol and / or other drug use in the ACT.

These programs include DRIC, Arcadia House Withdrawal Centre, the ACT Needle and Syringe Program, the Late Night DRIC Youth Program, clinics for drug using parents and their children and an experimental, pilot program called Skills Plus. ADDInc also provides drugs education in schools and the community.

Maureen Cane, ADDInc’s Executive Director, told us that during financial year 1998-99 over 2 200 people had sought counselling, referral and advocacy support from DRIC, over 350 people had been resident at Arcadia House and about 4 200 people had accessed the ACT Needle and Syringe Program.

She said that both DRIC and the main needle exchange in Civic had seen a definite increase in Indigenous clients over the last six to eight months. Assessments undertaken for Indigenous clients in Belconnen Remand Centre and Quamby Youth Centre had increased in number. The number of Indigenous clients accessing the needle exchange ranged from 30 to 50 per day. [Maureen Cane thought the total number of Indigenous heroin users to be at least 200].

The Late Night DRIC Youth program for under-25s had seen participation by Indigenous youth grow from very few to around 20 at some sessions. Overall, for the October to December 1999 quarter, over 17 per cent of the 899 total of Late Night DRIC clients were Indigenous.
The Skills Plus pilot program (which offers a range of positive options, including art and crafts) had been particularly popular with Indigenous clients, attracting around 300 contacts during November 1999. This number had reduced to about 200 contacts in December 1999 because of the arrest and incarceration of several Indigenous people. Overall, over 30 per cent of Skills Plus clients are Indigenous.

Maureen Cane noted an Indigenous participation rate of 8.4 per cent out of 107 clients of Arcadia House Withdrawal Centre and of nearly 6.5 per cent in the parent’s and children’s clinics during the final quarter of 1999. She also commented on the combined experience of DRIC and the outreach nursing service on the worrying health status of some Indigenous clients, including some very young people.

_Canberra Injectors Network_
Canberra Injectors Network Inc (CIN) is a peer based organisation for IDUs. It has been operating since August 1999 (McPartlan, 1999). Tarquin McPartlan, CIN’s General Manager, estimates that since its opening CIN has seen 300-350 clients. CIN’s services include needle exchange and information to, and advocacy for, IDUs. Tarquin McPartlan, said, “I know thirty young Indigenous heroin users. But I would estimate that there’s at least two hundred.”

.ACT Adult Corrective Services
Accurate data were available for ACT Adult Corrective Services for 1998 when 70 per cent of the 35 Indigenous detainees in Belconnen Remand Centre were there because of illegal drug problems. This equates to 25 people. Such a high proportion of drug use histories amongst prison detainees is not unusual. Wodak and Des Jarlais believe that “Almost 50 per cent of IDUs in most countries are likely to have spent some time in prison” (1993:48). According to a spokesperson for this organisation, problems associated with heroin and / or marijuana use had brought most Indigenous detainees into contact with Corrective Services.

The Business Systems and Statistics Officer at ACT Corrective Services also provided us with two further findings from data collected by his organisation. The first was Community Based Corrections (Probation and Parole) results for 1.12.1999 which showed that there were 966 offenders under supervision at that time. These offenders included 57 men and 15 women from the ATSI population. These 72 people constituted 8.05 per cent of the total population of offenders. Of these 72 people, three Indigenous people, all men, were in contact with Community Based Corrections for possession or use of drugs. The ages of these men ranged from 22-35.
The second findings were derived from Periodic Detention Centre data for 30.9.1999 when there were 69 people being supervised. Five of these people (3 men and 2 women) were of ATSI origin. None of these people had been apprehended because of possession or use of drugs.

In a further communication [15.2.2000], the Business Systems and Statistics Officer at ACT Corrective Services informed us that there was evidence “that the offences noted against ATSI offenders [in both Probation and Parole and the Periodic Detention Centre] are the ‘most serious offences’ [such as] break / enter, theft and robberies [these crimes were] usually committed under the influence of, or to support the habit of, illicit drug use.” If we take these crimes into account, a further 22 Indigenous people in contact with Probation and Parole on 1.12.1999 may have been illegal drug users.

**NSW Corrective Services**

At the time of writing this report, estimates of Indigenous people from the ACT and Region incarcerated for drug-related crimes in New South Wales (NSW) Corrective Services have been requested but are not yet available to us. Some indication is, however, given by Peter Clack in The Sunday [Canberra] Times on December 5 1999. He reports that in 1998, 11 Indigenous prisoners were sent from Canberra to NSW Corrective Services. Extrapolating from the estimates reported above (that around 50 per cent of detainees are incarcerated for drug–related crimes), it would be safe to assume that many of these people had a history of illegal drug use.

**ACT Youth Justice System**

The ACT Youth Justice System deals with apprehended young offenders in the community as well as with those detained at Quamby Youth Centre. According to an anonymous source, ages of young offenders in the ACT Youth Justice System ranged from 11-19 with an average age of 16-17. A “data snapshot” [which the source also described as “a census”] on the 30th September 1999 revealed 24 male and 9 female Indigenous clients and 119 male and 43 female non-Indigenous clients. At this time then, around 17 per cent of young offenders in contact with the ACT Youth Justice System were Indigenous. According to information available at the time of our contact with this service (21.1.2000), there were currently 160 young offenders seen by the ACT Youth Justice System. Around 22 per cent were Indigenous (approximately 35 people). Our source reported that all of the Aboriginal people currently in contact with the ACT Youth Justice System, as well as those at the time of the 1999 “snapshot”, were there because of drug-related offences. Our source informed us that cannabis was previously the
major drug used by young offenders. More recently, however, the service had been seeing more Indigenous heroin users, some of whom were injecting the drug and others of whom were smoking it.

**Information from interviews**

We turn now to findings based from our interviews with 35 older Indigenous people who were interviewed from the end of November 1999 to the end of January 2000. The interviews were conducted by an Indigenous researcher (Ros Brown) and a non-Indigenous researcher (Phyll Dance). In addition to being asked questions related to their aged care needs, we asked two questions about illegal drug use in the Indigenous community. Although many of these people voiced concerns about drug use nationally, and about drug use in other cultures, we documented only comments relevant for Indigenous people in the ACT and Region. We asked respondents which drugs were being used and if they could offer an estimate of the number of people involved. The first question we asked was:

> Finally, while we are here, we would like to ask you if there is anyone living in the ACT or Region that you are concerned about who is using illegal drugs. We do not need the name of this person it is just that we need more of an understanding of the drug problem in the Indigenous community so that we can advise the Government about funding projects. Are any of the children you’ve reared, or any other family members using drugs?

Thirteen people (37.1%) gave us information about their experiences with illegal drug use in the family. Three (8.6%) had lost children due to a drug overdose. One of these parents also expressed concern about two of her grandchildren who were currently using heroin and claimed that one of her sons “uses marijuana, he could be hitting up [injecting], but I don’t know.”

Three people said they had biological children who were currently using marijuana. Another said her son was on the Methadone Program. Another five people said that children they had reared (grandchildren, nieces or nephews) were using illegal drugs including heroin and marijuana. Some of these children were also snifffing substances such as petrol. In addition, one uncle was concerned about three of his nephews who were using marijuana and another person expressed concern about an unspecified number of family members using marijuana and amphetamine.
One woman related a history of extensive drug use amongst her family. From her account, 31 family members living in the ACT were using heroin. This respondent had 4 sisters who were using heroin. She also said:

My mother has thirty three grandchildren, eight are not on drugs. [Of her] great grandchildren, two are on drugs [including heroin]. One of [our] daughters is an ex [heroin] user. Two of our sons are [current polydrug, including heroin] users.

These sons lived in New South Wales but because of the Indigenous kinship system, they are likely to travel back and forth between their current homes and their family home in the ACT.

We also asked respondents if they could “give an estimate of how many young Indigenous people in Canberra and Region use illegal drugs?” Of the 35 people interviewed, 31 indicated that there was a major drug problem within the Indigenous community in the ACT and Region. Most of the participants believed that the problem had reached a state of crisis and emphasised that many Aboriginal families in the ACT and Region had been affected by drug-related problems.

Some people estimated that up to 80 per cent of young Aboriginal people were using illegal drugs. This was reinforced by others who estimated that there were hundreds of young Indigenous people using illegal drugs in the ACT and Region. Most respondents believed that problematic drug use was on the increase in their community.

The illegal drugs of most concern were heroin, amphetamine and marijuana. Respondents were also worried about young people sniffing substances such as petrol. Some mentioned problems associated with overuse of prescription drugs. Following a review of both the overseas and Australian literature, Darke concluded that the use of benzodiazepines is widespread among IDUs (1994). Inferentially, then, the prescription drugs these respondents were referring to were likely to have been benzodiazepines (such as Valium).

Reports from ex-users
We had not planned to interview users or ex-users of illegal drugs but during the research we came into contact with two young ex-heroin users who wanted to give us information. One was the respondent’s daughter (reported above) who had succeeded in stopping her heroin use. She said: “There are two hundred [illegal drug users] that I know personally, there would be fifty I know by name, the rest by sight. [They are using] heroin, speed [amphetamine], coke [cocaine]
and tablets.” This young woman also said “I know thirty kids [around here] who are sniffing petrol.”

Several other respondents had mentioned the problem of petrol use amongst young Indigenous people in the ACT and Region. In Australia, the inhalation of petrol is unfortunately common among young people of ATSI origin. Previous reports have indicated that these young people are mostly living in isolated regions where it is difficult to access other drugs. Petrol sniffing in these communities has escalated over the past few decades leading to an increased mortality and morbidity among young Aboriginal people (Brady, 1991). It would now appear to also be an escalating problem amongst young people in urban areas.

The second young ex-heroine user we interviewed said “I know a lot of [young-Indigenous] people using ... about twenty people in Woden, ten in Queanbeyan and fifteen in Civic. They’re mainly using heroin.” The ages of these people known to this young woman ranged from 16 to 30 and she knew an even mixture of “boys and girls.” Suggesting that heroin was a higher priority than marijuana she went on to say:

*It’s mainly heroin, if they can get the money to get yandi [marijuana], they will. They get the money by thieving clothes and selling them. And if you’ve got kids, they miss out on everything. Someone will say ‘Do you want a spot [of heroin on foil to dragon]?’ [See footnote 3, page 12.] The younger ones want to fit in, so they use. They start by smoking it, then [because it’s more value for money] they’ll start injecting. They start recreational then after a week they’ve got a habit. A lot want to stop, but they get sick. They don’t tell you how bad it is. They tell you how good it is. My friend did that to me. What type of friend is that?*

This young woman also talked about using heroin with people from other cultures: “When you’re using, your colour isn’t important. If I needed help to score or a lift to score, I’d ask them [white or Asian users].”

**Limitations of the findings**

Obtaining an accurate total estimation of illegal drug users is not possible. Here we discuss the particular problems associated with the estimations provided in this document. It is more than likely that young Indigenous drug users access more than one service provider. There may, therefore, be some overlap with the estimations given to us. Some people were able to give us a precise number of clients and a precise number for their client base. Others provided us with estimations. In addition, the composition of the people in the client bases was very varied.
Whilst the majority of timeframes were either current at the time of contact (January or February 2000), or were derived from mid or late 1999, some went back to 1998. This leads to the other problem with the timeframes: they often covered different periods. From the information available to them, some agencies were unable to distinguish clients who had used alcohol or prescription drugs from those who used illegal drugs. Nor was it always possible for us to obtain client ages. The proportions of Indigenous clients accessing these agencies were, however, usually quite small.

Though most of the Indigenous people we interviewed gave consistent stories about the extent of heroin use in the community, the sample was not random. We only interviewed two ex-heroine users and in order to gain a fuller understanding of the extent of illegal drug use among young Indigenous people, future research with current and ex-illegal drug users may be appropriate.

**Conclusion**

Given the limitations outlined above it is impossible to give a precise estimation of the number of young Indigenous illegal drug users in the ACT and Region. But drawing from published accounts, our discussions with service providers and discussions with people in the Indigenous community, we believe that the most parsimonious estimation is that there are one hundred or more young Indigenous people using illegal drugs in the ACT and Region. Four experienced service providers (Paul Brandy and Jim Jeffery from the ACT Aboriginal Legal Service, Maureen Cane from ADDInc and Tarquin McPartlan from CIN), believed that the figure could be as high as 200. According to one source (Julie Tongs from Winnunga Nimmityjah Aboriginal Health Service) who has a great deal of contact with the problem, there may be as many as 500 Indigenous heroin users across all ages in the ACT. From the evidence documented in this report, it is apparent that the majority of these young people are polydrug users. For most of them this polydrug use includes heroin. Whilst these young people may commence heroin use by smoking it, there is usually a transition to injecting. There were also reports of the use of marijuana, amphetamine and tranquillisers. In addition, there was evidence to suggest that inhalation of substances such as petrol is a growing problem amongst young Indigenous people in the ACT and Region. Our findings indicate that the problem of illegal drug use amongst young Indigenous people is rapidly increasing and that many people start their use during their early or mid-teenage years.

Although there may have been some overlap between clients currently seen by the Aboriginal Legal Service in January to February (estimated to be between 60 and 200) and those currently
in contact with the ACT Youth Justice System: 35 in January, our results indicate that quite large numbers of young Indigenous people had experienced legal problems as a consequence of their drug use. This is in keeping with studies which have found that Indigenous people have a higher proportion of contact with Legal Services and the Criminal Justice System than their non-Indigenous counterparts (Mukherjee et al, 1994; Australian Bureau of Statistics, 1995). They also demonstrate that, by comparison, only small numbers of people were accessing agencies which provide services such as drug detoxification, drug rehabilitation or methadone. Indigenous organisations reported increasing contact with quite large numbers of people. Some mainstream organisations also reported a quite extensive, as well as an increasing, contact with young Indigenous people. These organisations were generally those which provided services such as needle exchange, client advocacy or some form of education or skills enhancement.

This research has indicated a need for further drug preventative programs for Indigenous young people, as well as increased access to, and adequate resources for, appropriate treatment. In addition, our findings suggest a need for support services for parents, grandparents and other family members of Indigenous drug users.

Our investigations have demonstrated that fears among the Indigenous Community and service providers about the escalating problem of illegal drug use amongst Aboriginal young people in the ACT and Region are justified.
## Appendix 1: Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ACT</td>
<td>Australian Capital Territory</td>
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<td>ACTCC</td>
<td>ACT Community Care</td>
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<td>ADDInc</td>
<td>Assisting Drug Dependents Inc</td>
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<td>ADFACT</td>
<td>Alcohol and Drug Foundation, ACT Inc</td>
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<td>ADP</td>
<td>Alcohol and Drug Program</td>
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<tr>
<td>ANU</td>
<td>Australian National University</td>
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<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islanders</td>
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<tr>
<td>ATSIC</td>
<td>Aboriginal and Torres Strait Islander Commission</td>
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<tr>
<td>CIN</td>
<td>Canberra Injectors Network</td>
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<tr>
<td>DRIC</td>
<td>Drug Referral and Information Centre</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDUs</td>
<td>Injecting Drug Users</td>
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<td>IDRS</td>
<td>Illicit Drug Reporting System</td>
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