

Cannabis Inquiry

Sub 061

Received: 18/5/10



18 May 2010

Lindy Nelson-Carr MP
Member for Mundingburra
PO Box 1353
Aitkenvale
QLD
4814

Cairns Campus
PO Box 6811 Cairns Qld 4870 Australia
Telephone (07) 4042 1111
International +61 7 4042 1111
www.jcu.edu.au

Associate Professor Alan Clough
PHD
School of Public Health, Tropical
Medicine & Rehabilitation Sciences
Telephone (07) 4042 1604
International +61 7 4042 1604
Facsimile (07) 4042 1675
Email: alan.clough@jcu.edu.au

Dear Ms Nelson-Carr,

Re: **Social Development Committee: Inquiry into addressing cannabis-related harm in Queensland**

For your inquiry I would like to offer comments on cannabis issues in Aboriginal and Torres Strait Island communities in far north Queensland that are based on research that is currently being conducted in the region. These comments are attached to this letter in the form of a powerpoint presentation in pdf format.

A formal study is being conducted by me and my research team titled: "*Indigenous action to reduce harms associated with heavy cannabis use in Cape York*". The study is funded by the National Health and Medical Research Council of Australia (Project Grant#601002). The study will be conducted over three years 2010-2012 and has a budget of \$784,875. It commenced in January this year with the first research stages being conducted in Lotus Glen Corrections Centre. The synopsis summarising the study design and its objectives is attached.

The study has a focus on reducing demand for cannabis in Cape York communities. It is being conducted in parallel and in partnership with the Queensland Police Service 'Weed-it-Out' project, a supply control strategy which aims to reduce cannabis availability and to build greater crime prevention capacity across the Far North Region Police District which includes Cape York and Torres Strait. I have also been invited by the Torres Strait Island Regional Council to extend the demand reduction research to Torres Strait Island communities. I plan to do this at the end of 2010 once the Cape York component is fully under way and when appropriate resources become available.

Developing this research in far north Queensland communities has been **strongly** supported by the Queensland Police Service over the past four years. Without this lead Queensland Government agency setting a clear direction, it would have been impossible for me to establish the research project and to engage with other agencies and Indigenous community groups. These projects build on work I conducted in the Northern Territory, in eastern Arnhem Land Aboriginal communities, beginning in the late 1990s. A list of relevant publications from this work is attached as requested. Since the 1990s, I have been able to refine and improve the study designs. The collaborative partnership with the Queensland Police Service in these projects has brought together, for the first time in my experience, best-practice public health approaches to harm minimisation, namely: supply control, demand reduction and available treatments. The two projects also include all the best features of community capacity-building, consultation and community development and are informed by a rigorous evaluation framework.

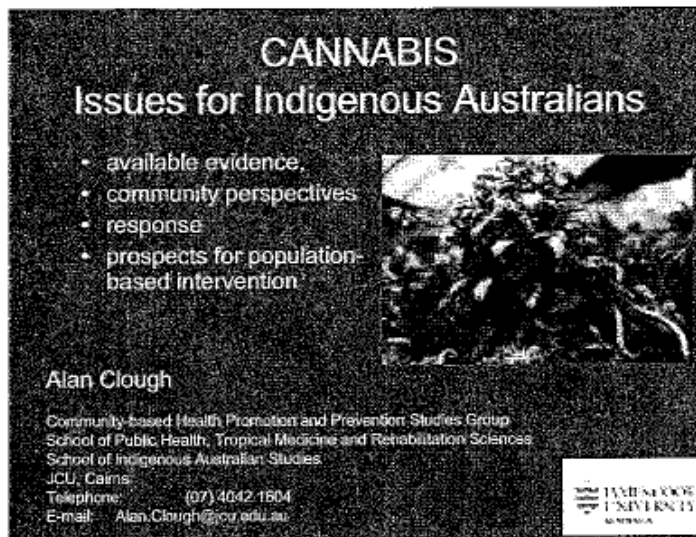
I hope you find these comments useful for your inquiry.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Alan Clough'.

Alan Clough

Community-based, Health Promotion and Prevention Studies Group
http://cms.jcu.edu.au/phtml/abc/JCUPRD_054960



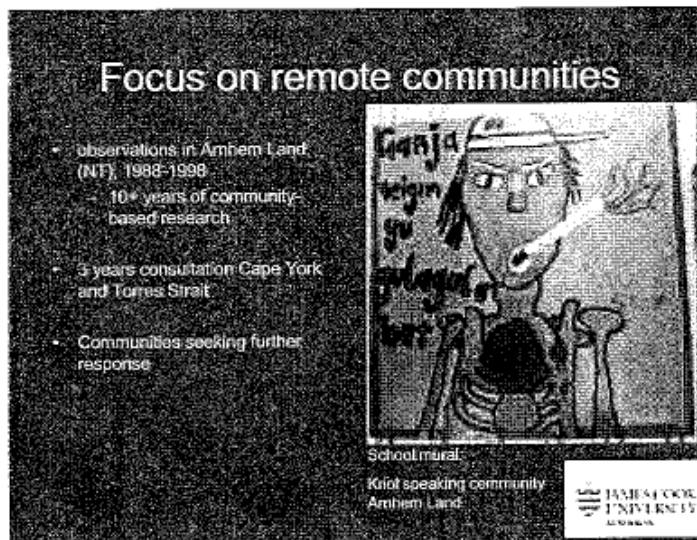
These notes attempt to summarise available evidence about specific impacts of cannabis in Indigenous Australians but with a focus on remote communities.

No remote community is named in this presentation.

A community perspective is provided as much as possible, to balance the published evidence.

Also described are some responses to cannabis issues

These notes also outline the prospects for population-based interventions.



Why the focus on remote communities?

I lived and worked in Arnhem Land communities for ten years from 1988 to 1998 working in community development and community management.

During this time, as part of my job, I grappled with substance misuse issues of various kinds.

Over the past ten years I've been involved in formal research conducting a number of community-based studies of substance use in the NT.


Since 2007 from my current position at JCU, I've conducted consultations in Cape York and Torres Strait Island communities about cannabis

Through these consultations it has become clear that these communities are seeking a response to address their local issues about substance use generally and cannabis in particular

Bringing this community perspective to light has been challenging, however.

Studies in Arnhem Land show very high rates of cannabis use

	Ages	Males	Females
2001 Clough et al (2004)	13-36	72%	23%
~1990s Clough et al (2002)	18+	31%	8%
~1980s Watson et al (1988)	18+	Not detected	Not detected

 JAMES COOK UNIVERSITY

Nationally, cannabis use (within the preceding 12 months) amongst Indigenous Australians is more than double that in the general population, 23% compared with around 9%.

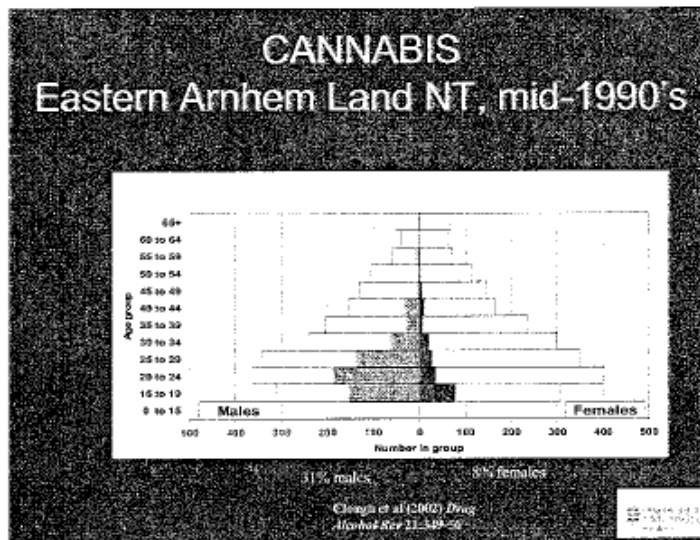
The limited available evidence suggests that rates of cannabis use vary considerably across different regions. Although there is little direct evidence, the decline in the national rate has occurred while cannabis use in Indigenous communities has surged recently and remained high. While cannabis use has declined in the general Australian population, for Indigenous Australians it has remained more-or-less steady since 1994.

From 2001, published studies in Arnhem Land have shown high rates of cannabis use in those aged 13-36, especially amongst males.

The majority of users interviewed in these studies were using cannabis on, at least, a weekly basis.

In the mid-late 1990s, in population surveys in eastern Arnhem Land around a third of men and just under 10% of the women were using it.

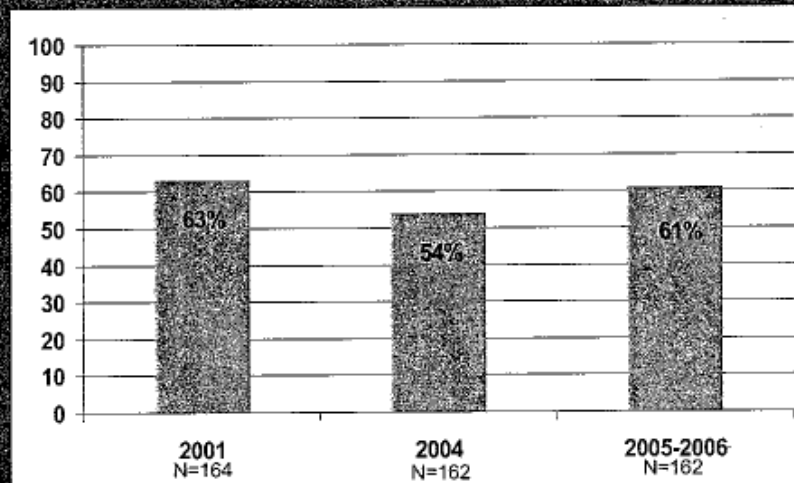
Earlier, in the 1980s, a community survey of drug and alcohol use across the NT's 'Top End' didn't detect cannabis use.



The data captured for the mid-1990's shows the picture just when cannabis was becoming more widely available in Arnhem Land.

At this stage, these users depicted in this population pyramid were irregular users who most often used cannabis when they were away from their home community, closer to a source of supply.

Tracking prevalence of cannabis use in one Arnhem Land community (ages 13-36)



Slide courtesy of Kylie Lee

In one group of Arnhem Land communities, we've been able to track the prevalence of cannabis use, since 2001, in samples aged 13-36

Rates of use appear to have remained steady in these age groups despite a modest reduction between 2001 and 2004.

Amongst cannabis users interviewed in the 2005-2006 follow-up survey

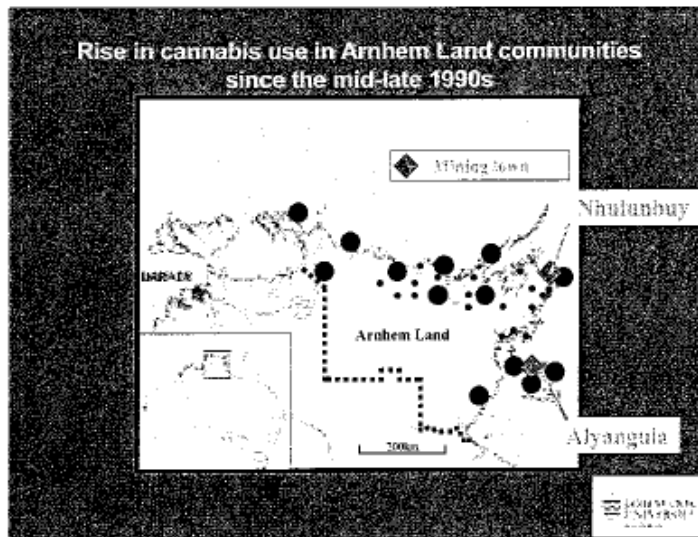
Cannabis users (n=60)	Ages	2005-2006 remote Indigenous	Australia
Daily use	13-42	87%	16% (aged 14+)
Quantity used	13-42	7.4 cones/day	3.2 cones/day (aged 14+)
Dependence symptoms	13-42	88%	21% (18+, 1997 data)

Lee et al (2009)
Drug Alcohol Rev

In the final follow-up study in this cohort conducted by Dr Kylie Lee, 60 cannabis users were interviewed.

1. Of these, the great majority reported that they used on a daily basis
2. at an average of around 7 cones/day - levels considerably higher than described in the rest of Australia.
3. It is very concerning that 88% of the users reported symptoms of cannabis dependence.

HOWEVER, I'M CURIOUS ABOUT THE NATURE OF DEPENDENCE IN THIS SETTING BECAUSE THE QUANTITIES TRAFFICKED IN ARNHEM LAND COMMUNITIES APPEAR TO BE VERY SMALL. PERHAPS CUE EXPOSURE AND PEER PRESSURE UNDERPINNED BY CULTURAL FACTORS REINFORCE DEPENDENCE SYMPTOMS IN SOME WAY THAT REQUIRE FURTHER ASSESSMENT.



Some background to all this is that, in Arnhem Land generally, from the mid-late 1990s, there was a rise in cannabis use and an expansion of supply links. This was just as our national decline was beginning, as the national data show.

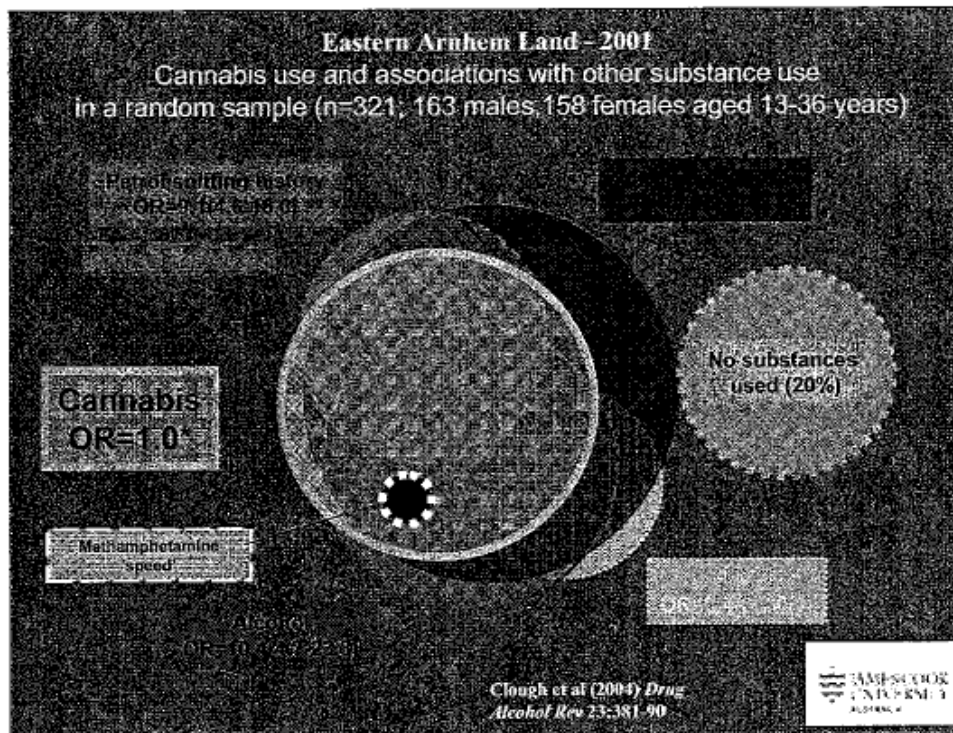
I'VE SINCE RECEIVED SIMILAR REPORTS OF A RAPID EXPANSION OF CANNABIS AVAILABILITY ACROSS A VERY WIDE AREA OF NORTHERN AUSTRALIA

THIS SUGGESTS TO ME THAT CANNABIS ISSUES ARE LINKED AS MUCH WITH ACCELERATED TRAFFICKING INTO COMMUNITIES AS WITH A SURGE OF INTEREST IN CANNABIS USE PER SE.

IT'S IMPORTANT TO NOTE:

THERE IS VIRTUALLY NO CULTIVATION IN ARNHEM LAND COMMUNITIES – CANNABIS COMES FROM THE DARWIN AREA AND SOUTHERN AND EASTERN STATES VIA THE LARGER REGIONAL CENTRES

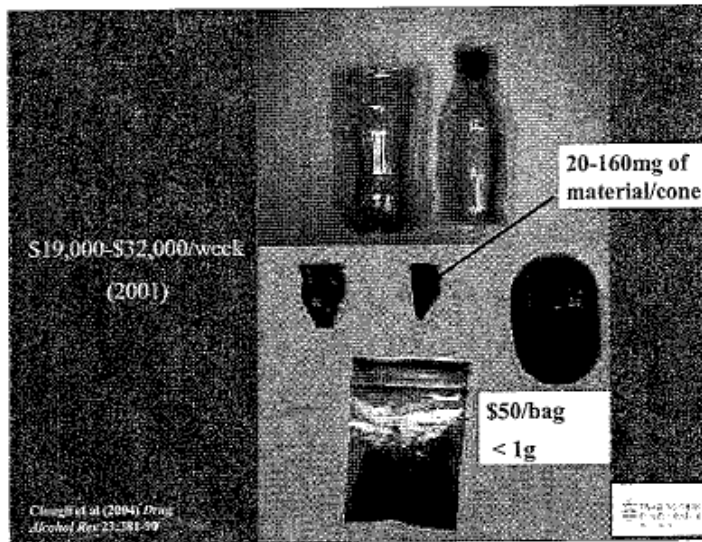
ALSO ALCOHOL IS RESTRICTED IN MUCH OF ARNHEM LAND OUTSIDE THE REGIONAL CENTRES



CANNABIS HAS COMPOUNDED PATTERNS OF OTHER SUBSTANCE USE

IN 2001 IN THE BASELINE SURVEY SOME PARTICIPANTS USED NO DRUGS OR ALCOHOL. THE NUMBERS OF CANNABIS USERS CAN BE REPRESENTED BY THE GREEN CIRCLE IN COMPARISON.

MOST CANNABIS USERS WERE ALSO VERY LIKELY TO SMOKE TOBACCO, USE ALCOHOL, PETROL, BUT LESS LIKELY TO BE KAVA USERS. ISOLATED EPISODES OF METHAMPHETAMINE MISUSE WERE DOCUMENTED IN SOME CANNABIS USERS.



In the literature, I've described the hand made bucket bong as the standard device for smoking cannabis.

With what seems to be a standard price of \$50 wherever you go for such very small quantities, dealers have enormous flexibility to charge what the local market will bear.

Price appears to be no object where substance users can access cash in ways that have no practical limit across family networks

In 2001, the community financial impact was substantial.

Harmful effects on community

1. Financial
16% of community cash resources
2. Violence, self-harm
3. Challenges for the local service system
 - acute psychoses
 - multiple admissions - evacuations



Clough et al (2004) *Drug Alcohol Rev* 23:384-9

UNIVERSITY OF
WATERLOO

Probably around one out of every six dollars available in the local cash pool was being directed into the local cannabis trade.


When cannabis users run out, they pressure family members for more cannabis or the cash to purchase it. Women and older people are usually the victims.

When denied, users can also threaten self-harm and sometimes carry out their threats.


This raises very serious challenges for the service system, especially the local health centre which include dealing with acute psychoses and multiple admissions often requiring evacuations from these remote localities.

Harmful effects on individual

1. Money
(30%-60%) of a users' weekly income
2. Self-harm
3. Psychotic episodes
4. Dependence + other effects
 - fragmented thinking
 - difficulties controlling use
 - memory
 - hallucinations
5. Depression FOUR times more likely in current heavy-regular users

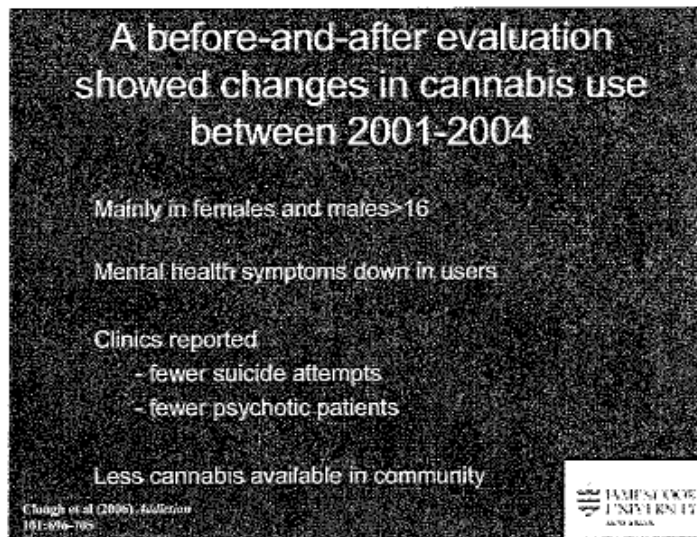


Chugh et al (2005) *Drug Alcohol Rev* 23:381-90
Lee et al (2008) *Med J Aust* 188:695-8



Harmful effects on the individual include

1. the financial effects, 30%-60% of a user's income
2. Possibility of self-harm
3. Psychotic episodes
4. Dependence and other less obvious mental health effects associated with increased levels and frequency of use
5. Four times greater risk for depressive symptoms in heavier and more regular users.

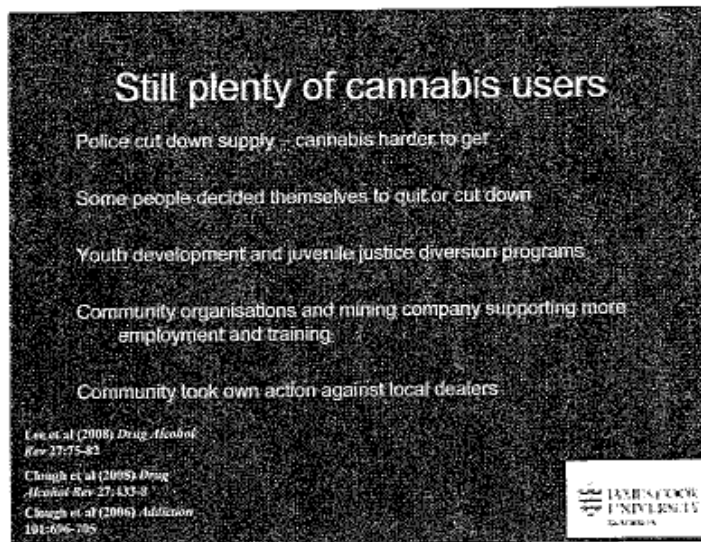


BETWEEN 2001 AND 2004 WE WERE ABLE TO DO SOME SIMPLE BEFORE-AND-AFTER EVALUATIONS OF A FEW STRATEGIES

After strategic NT police intervention from 2002, THE REMOTE COMMUNITY DRUG DESK, there was a modest reduction in cannabis use and a decrease in adverse symptoms of its use,

Clinicians also generally reported a reduced need to treat the more obvious consequences of cannabis abuse and a great reduction in cannabis-related presentations to the health centre.

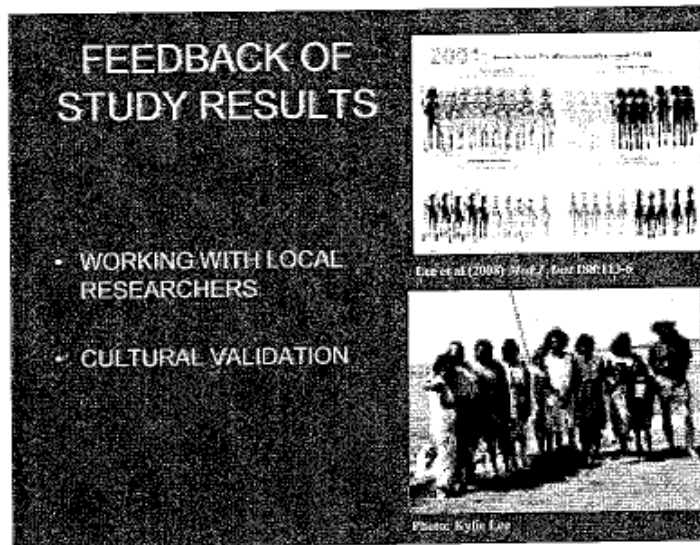
- There was a decline in suicide attempts.
- These changes were noted alongside a general community perception of reduced availability of cannabis.



In 2004, however, there remained plenty of willing cannabis users who reported they would use it if they could get it.

Policing efforts seemed to have made an impact. But, some people had made the decision to quit themselves for their own family and social reasons.

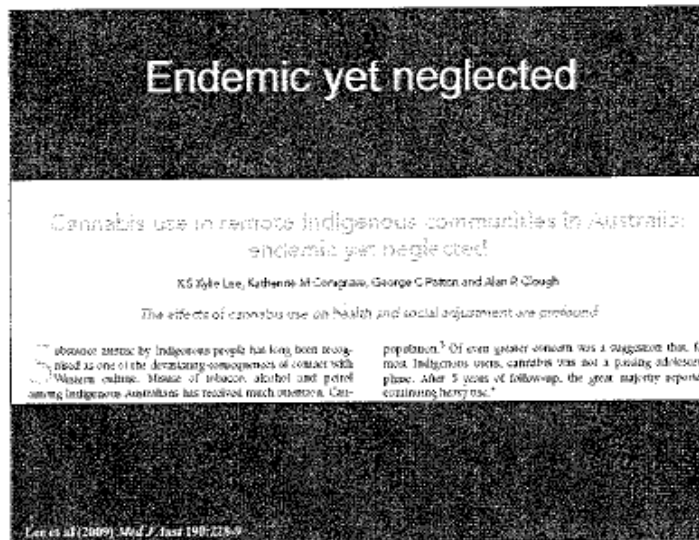
These were not co-ordinated efforts that could be evaluated with a rigorous trial of the strategies implemented. However, these strategies observed here provide clue as to the kinds of strategies that might help to bring about change in other environments such as in far north Queensland.



IN THIS WORK, IT'S BEEN VERY IMPORTANT TO FEEDBACK STUDY RESULTS, A STRATEGY CENTRAL TO ENGAGING WITH COMMUNITIES

WORKING WITH LOCAL RESEARCHERS IS CRUCIAL TO COLLECT THE INFORMATION IN THE FIRST PLACE AND TO PROVIDE CULTURALLY VALID INFORMATION BACK TO ALL COMMUNITY MEMBERS.

THE WORK OF DR KYLIE LEE WHO IMMERSSED HERSELF IN THE LOCAL CULTURE AND LANGUAGE, TAKING A MORE ETHNOGRAPHIC APPROACH TO DEEPEN UNDERSTANDINGS OF MENTAL HEALTH SYMPTOMOLOGY AND THE ROLE CANNABIS PLAYED AN IMPORTANT ROLE IN UNDERSTANDING THIS.

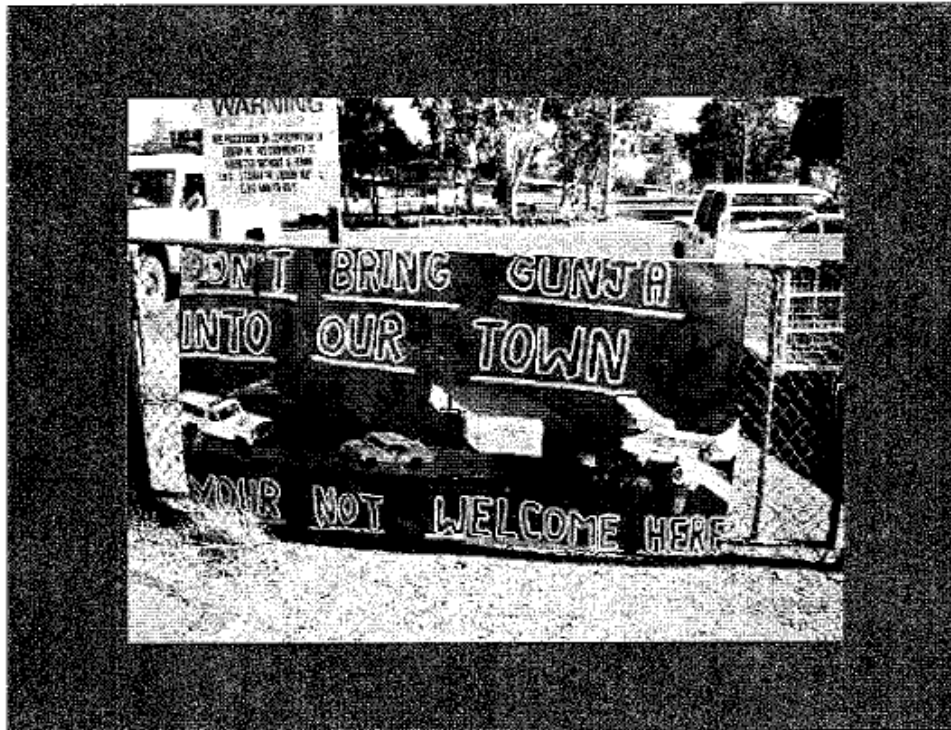


WE'VE SUMMED UP THIS EIGHT-YEAR RESEARCH PROGRAM ON CANNABIS AND ITS IMPACTS IN A RECENT EDITORIAL IN THE MJA

BASED ON THE ARHEM LAND EVIDENCE, IN JUST A VERY SHORT TIME, CANNABIS BECAME AN ENDEMIC FEATURE OF COMMUNITY LIFE IN REMOTE INDIGENOUS COMMUNITIES IN THE NORTHERN TERRITORY.

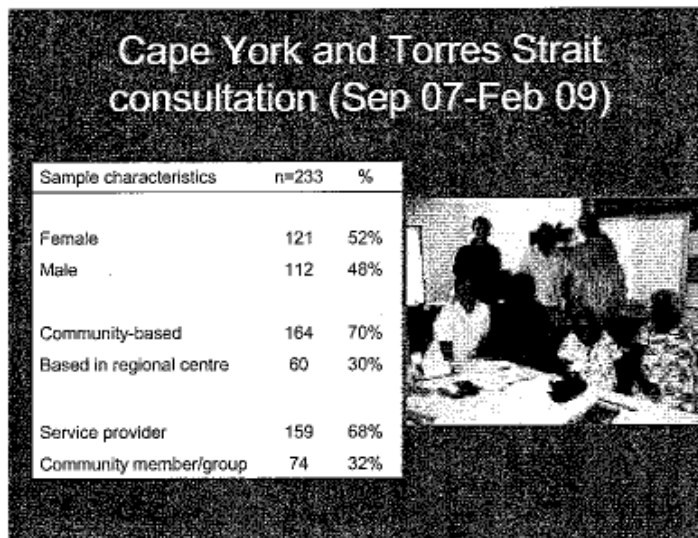
THE CANNABIS ISSUES IN THESE COMMUNITIES, A LONG WAY FROM THE MAINSTREAM, HAVE CLEARLY BEEN EITHER OVERLOOKED OR UNDERESTIMATED.

IN LIGHT OF THIS RESEARCH EVIDENCE, IN 2007, THE QUEENSLAND POLICE SERVICE RECOGNISED THAT IT PROBABLY "... underestimated its impacts and potential to fuel other drug markets", AND DECIDED TO TAKE ACTION ALSO INDIGENOUS LEADERS RECOGNISED THAT CANNABIS HAD; "*slipped under the radar*" AND SUPPORTED THIS ACTION.



THE NORTHERN TERRITORY EXPERIENCE CLEARLY DEMONSTRATES THAT UNDER A BURDEN OF MENTAL HEALTH AND SOCIAL PROBLEMS FROM THE ABUSE OF A SUBSTANCE LIKE CANNABIS, SELF-ESTEEM, MASTERY AND CONTROL (KEY COMPONENTS OF THE SOCIAL DETERMINANTS OF HEALTH) ARE UNDERMINED. IN TURN, THE HEALTH OF THE GENERAL PSYCHO-SOCIAL ENVIRONMENT IN COMMUNITIES ALSO BECOMES UNDERMINED.

HOWEVER, THERE ARE POSITIVE LESSONS. THIS PHOTOGRAPH TAKEN AT THE AIRPORT GATES IN ONE OF THE LARGER REMOTE COMMUNITIES IN THE NT'S 'TOP END' INDICATES THAT THERE IS POTENTIAL FOR COMMUNITY ACTION TO ADDRESS THE ISSUE IF IT CAN BE APPROPRIATELY SUPPORTED.



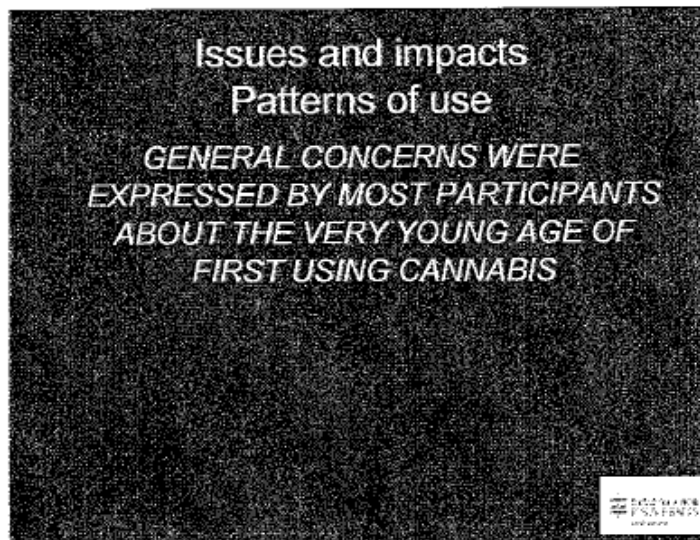
TURNING NOW TO CAPE YORK AND TORRES STRAIT

At the end of 2007, we were invited by Queensland Police Service, and the peak bodies of community councils in Cape York and the Torres Strait regions to conduct consultations.

233 key community people and service providers were either interviewed or participated in focus groups across 16 of the larger communities in these regions.

The majority of participants (62%) were Indigenous.

There was a balance of males and females in those we interviewed and there was an appropriate bias in the sample towards community-based service providers who were usually also community members or long-term residents.



THE FOLLOWING SUMMARISES THE RESULTS OF THESE CONSULTATIONS

- THE MAIN ISSUES AND IMPACTS
- OPPORTUNITIES TO ADDRESS THESE
- CHALLENGES TO BE MINDFUL OF
- KEY NEEDS EXPRESSED

THE PARTICIPANT'S OWN WORDS HAVE BEEN REMOVED FROM THE PRESENTATION AT THIS POINT TO MAINTAIN CONFIDENTIALITY AND TO AVOID A FOCUS ON ANY ONE COMMUNITY.

FIRSTLY THE MAJOR ISSUE OF CONCERN FOUND IN MOST COMMUNITIES WAS ABOUT THE YOUNG AND DECLINING AGE OF FIRST USE.

BOTH SERVICE PROVIDERS AND COMMUNITY MEMBERS RECOGNISED THIS AS A PROBLEM, ONE WHICH HAD INCREASED IN RECENT TIMES IN THEIR VIEW.

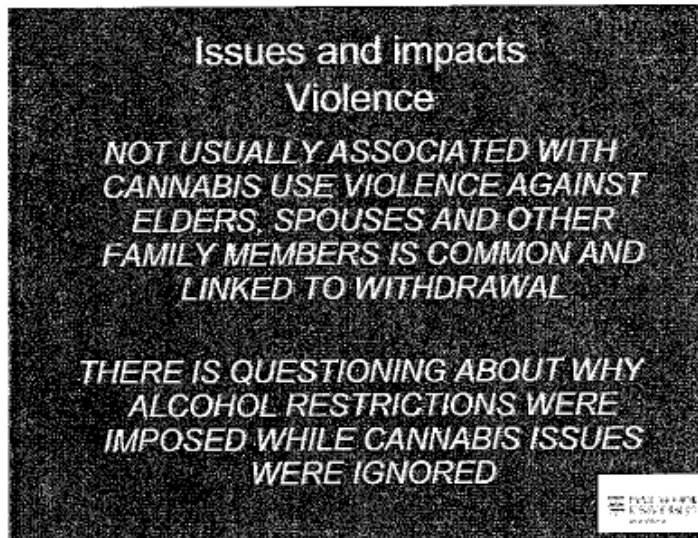
Issues and impacts Mental health

CLINICIANS WORKING IN THE COMMUNITIES FOR MANY YEARS REPORTED THAT PEOPLE'S MENTAL HEALTH HAS DECLINED OVER THE PAST TWO DECADES WITH STRESS AND VULNERABILITY CLEARLY LINKED WITH THE EARLIER ONSET OF SUBSTANCE ABUSE, PARTICULARLY CANNABIS.

DEPRESSION, SUICIDALITY, EARLY STAGES OF PSYCHOSIS THAT IS OFTEN UNDIAGNOSED UNTIL MENTAL HEALTH DETERIORATED

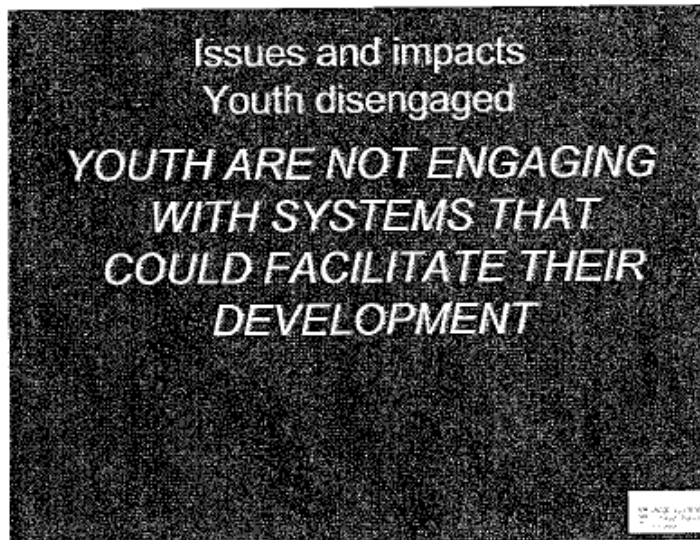
1000
1000
1000

There are serious mental health concerns with a progressive decline observed by senior clinicians in people's mental health

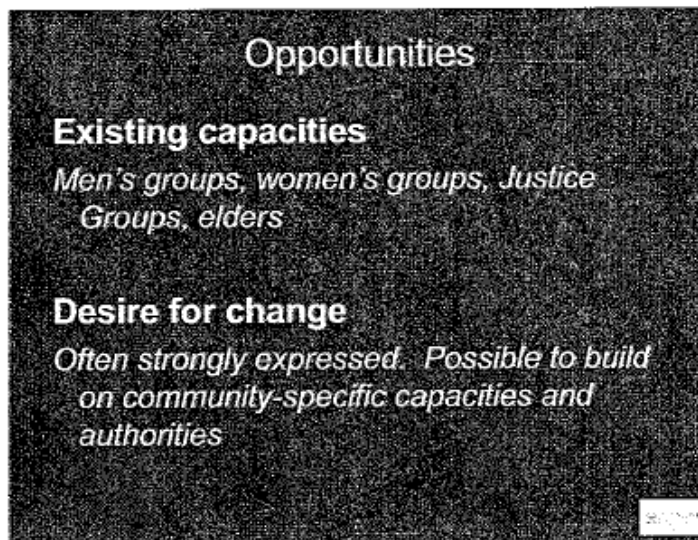


JUST AS IN THE NT STUDIES, VIOLENCE WAS LINKED TO WITHDRAWAL AND ALSO TO THE URGE TO ACCESS CASH TO PURCHASE MORE CANNABIS.

THERE WAS A STRONG VIEW OFTEN EXPRESSED THAT ALCOHOL RESTRICTIONS WERE IMPOSED FROM OUTSIDE AND NOT ADEQUATELY NEGOTIATED IN THE COMMUNITY WHILE THE LOCAL CANNABIS ISSUES WERE IGNORED.

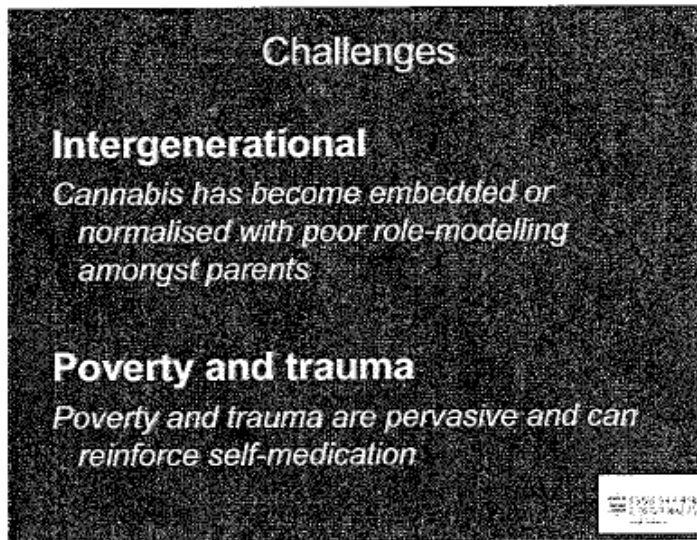


WITH COHORTS OF 13-17 YEAR OLDS HAVING NO LINKS TO THE SCHOOL THERE ARE CLEAR LIMITS TO SCHOOL-BASED STRATEGIES FOR THESE AGE GROUPS.



WHEN WE ASKED PARTICIPANTS FOR THEIR VIEWS ABOUT OPPORTUNITIES TO ADDRESS CANNABIS ISSUES IT WAS STRESSED THAT THERE WERE

- EXISTING COMMUNITY CAPACITIES IN GROUPS THAT COMMAND CULTURAL RESPECT
 - SUCH AS ELDERS, ETC
- THERE WAS ALSO EXPRESSED A STRONG DESIRE FOR CHANGE
 - COULD BE ACHIEVED USING COMMUNITY-SPECIFIC CAPACITIES INCLUDING RE-ESTABLISHING CEREMONIAL PRACTICES AS PROPOSED BY ONE COMMUNITY MEMBER AND
 - AS SUGGESTED BY A SERVICE PROVIDER, BY COUNCIL WORKPLACE POLICIES AND PRACTICES HAVING FLOW-ON EFFECTS TO THE COMMUNITY



SIGNIFICANT CHALLENGES WERE IDENTIFIED BY PARTICIPANTS RELATING MAINLY TO

- INTERGENERATIONAL EFFECTS SINCE CANNABIS HAS BECOME EMBEDDED OR NORMALISED WITH POOR ROLE-MODELLING AMONGST PARENTS
- AND
- RELATED TO POVERTY AND TRAUMA

Challenges

Lack of leadership

Some key community role models are seen to be compromised by their alleged links with trafficking

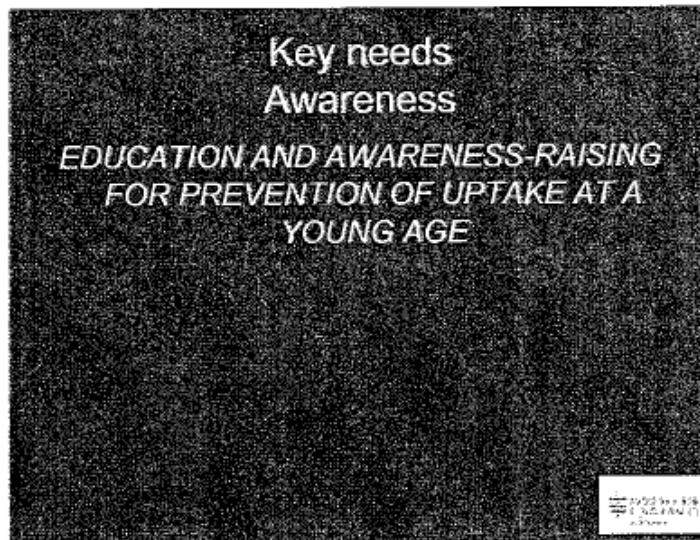
Controlling trafficking

People keen to rid the communities of dealers. Police knowing a lot about the networks but lacking the resources for enforcement and detection across very large distances.



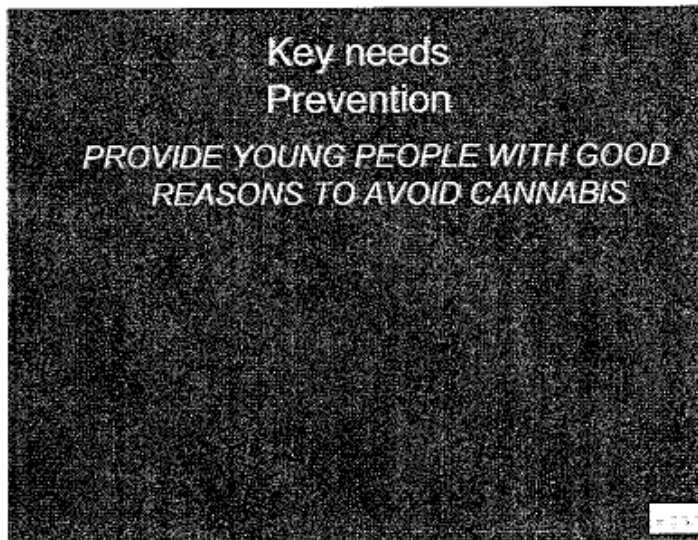
SIGNIFICANT CHALLENGES LIE IN THAT

- SOME OF THE COMMUNITY ROLE MODELS ARE COMPROMISED BY THEIR ALLEGED LINKS WITH TRAFFICKING
- CONTROLLING LOCAL TRAFFICKING IN THESE REMOTE COMMUNITIES IS VERY DIFFICULT WITH POLICE KNOWING A LOT ABOUT THE NETWORKS BUT LACKING THE RESOURCES TO GET RID OF THE DEALERS WHICH MANY COMMUNITY MEMBERS SAID THEY WOULD LIKE TO SEE



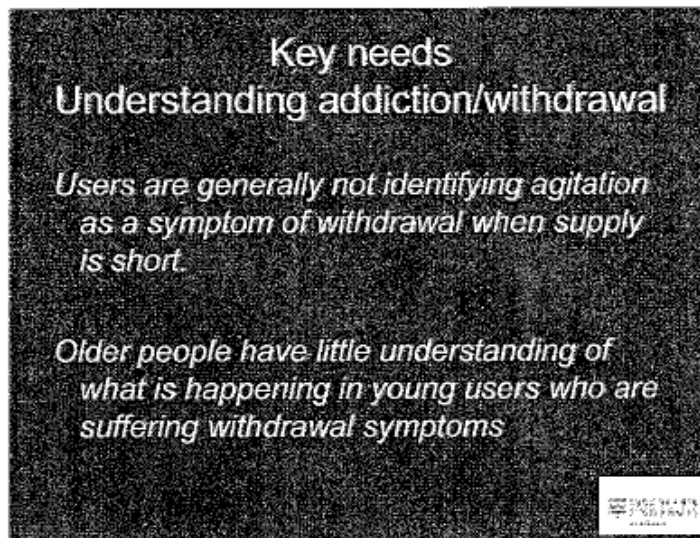
KEY NEEDS EXPRESSED FEATURED

AWARENESS RAISING, EDUCATION AND PREVENTION



PROVIDING YOUNG PEOPLE WITH REASONS TO AVOID CANNABIS WAS ANOTHER KEY NEED IDENTIFIED

- BOTH COMMUNITY-WIDE EDUCATION IS NEEDED AS WELL AS TARGETED PROGRAMS IN SCHOOLS
- CLEARLY THERE WAS A STRONG DESIRE EXPRESSED EXPRESSED FOR INFORMATION AND EDUCATION
- PEOPLE ARE 'CRAVING KNOWLEDGE AND UNDERSTANDING', AS ONE COMMUNITY MEMBER PUT IT



THE NEED FOR IMPROVED UNDERSTANDING OF ADDICTION AND WITHDRAWAL IN PARTICULAR WAS IDENTIFIED AS A KEY

BOTH FOR USERS THEMSELVES AND THEIR FAMILIES AROUND THEM

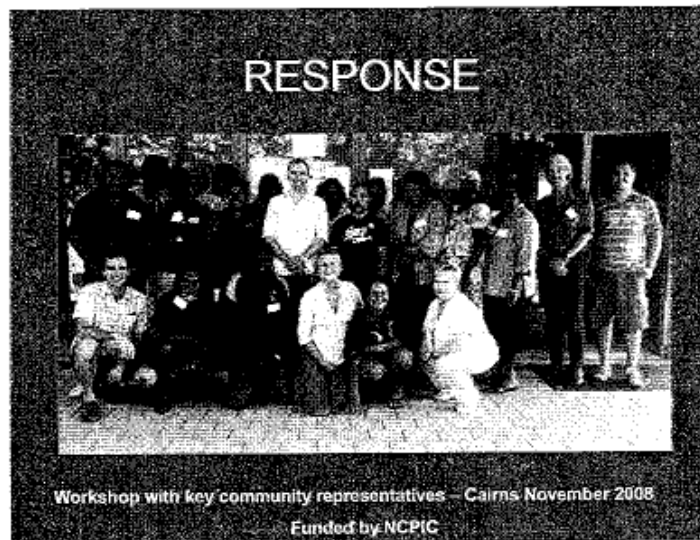
THIS EMPHASISES THAT CANNABIS ISSUES ARE MANIFESTED IN FAMILY CONTEXTS IN THESE COMMUNITIES – USERS DON'T SUFFER ALONE.

Key needs
Safety

Families managing addiction and withdrawal must be kept safe, to be aware of and understand behaviour changes while a user is withdrawing

HEALTH
SOLUTIONS

FREQUENTLY IDENTIFIED WAS THE NEED FOR SAFETY OF USERS AND THEIR FAMILIES IN THE SITUATION WHERE USERS ARE SUFFERING WITHDRAWAL

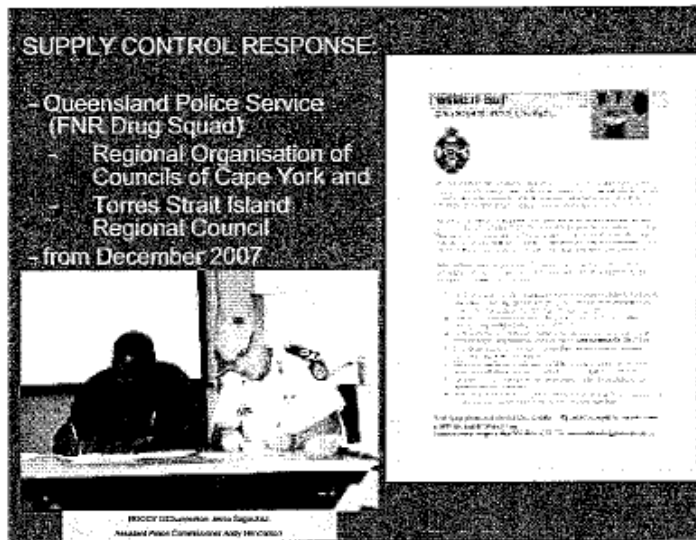


MOST OF THESE PERCEIVED IMPACTS, CONCERNS, CHALLENGES AND OPPORTUNITIES RESONATED STRONGLY WITH THE ALREADY PUBLISHED EVIDENCE FROM THE NT.

PART OF THE RESPONSE TO THE KEY NEEDS IDENTIFIED WAS TO CONDUCT A WORKSHOP, FUNDED AND SUPPORTED BY NCPIC, IN CAIRNS IN NOVEMBER, 2008. THERE WERE PARTICIPANTS FROM MOST OF THE MAJOR CAPE YORK AND TORRES STRAIT ISLAND COMMUNITIES.

ONE CAUTION THAT CAME THROUGH STRONGLY FROM COMMUNITY CONSULTATIONS AND IN THIS WORKSHOP IS BASED ON THE FEAR OF A TOP DOWN, NON-NEGOTIABLE NORTHERN TERRITORY STYLE OF EMERGENCY RESPONSE TO ADDRESS DRUG ISSUES.

CLEARLY - INCLUSIVE, NEGOTIATED RESPONSES THAT ENGAGE WITH COMMUNITY STAKEHOLDERS AT EVERY LEVEL ARE REQUIRED.



AS HAPPENED IN THE NT, QUEENSLAND POLICE HAVE EXPANDED ENFORCEMENT ACTIVITIES IN A SUPPLY CONTROL RESPONSE.

INTERESTINGLY IT HAS BEEN POLICE IN BOTH JURISDICTIONS THAT HAVE RESPONDED PROMPTLY TO CANNABIS ISSUES IN REMOTE COMMUNITIES.

THE QPS APPROACH FEATURES THEIR '*WEED IT OUT*' project

- This started in May 08 after being formally agreed to in Dec 07 between QPS and the ROCCY and TSIRC. – AN HISTORICALLY SIGNIFICANT EVENT IN POLICE-COMMUNITY RELATIONS IN FAR NORTH QUEENSLAND

- It involves strategic policing, of course, to reduce quantities available

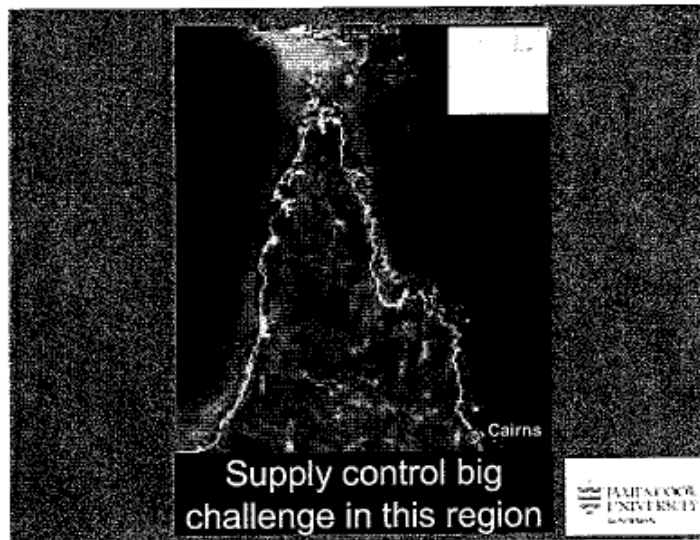
- It also involves Police working with local community groups to

- build local crime prevention capacity generally.

- The fine print in their agreement includes the aim of reducing harms to the community including

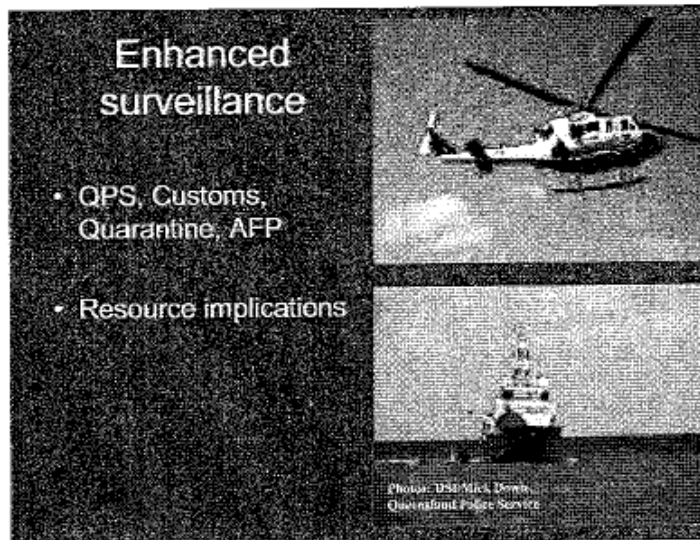
...“mental illness, self harm, domestic violence and child abuse. The money used to buy illicit drugs is often money needed to feed and clothe families...”

THIS INITIATIVE IS UNUSUAL BECAUSE IT HAS INCLUDED STRONG PUBLIC HEALTH COMPONENTS.



Supply control alone is enormously challenging in such a large and diverse region with

- several locations from where cannabis has been grown and distributed over a number of years,
- most of the region is suitable for cropping and
- there is a very porous border between PNG and Australia where impoverished people are prepared to take big risks.

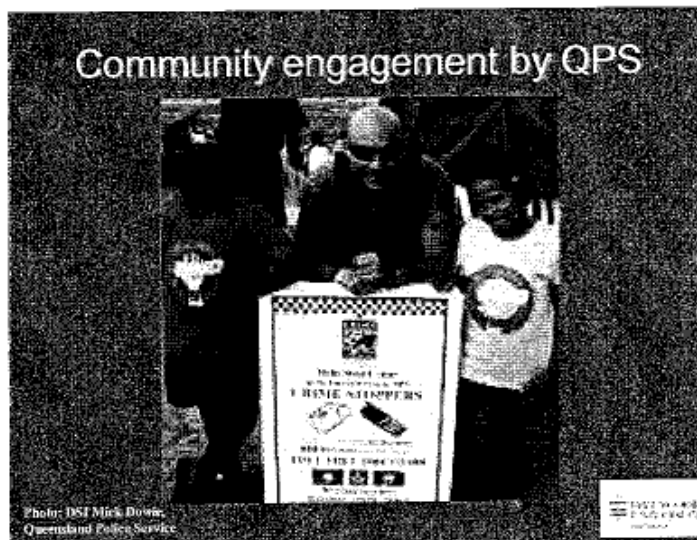


Border surveillance in the Torres Strait now features collaborations between QPS, Australian Customs, Quarantine Services and the AFP.

ENFORCEMENT IS MAKING DECISIONS ABOUT re-ALLOCATING SCARCE RESOURCES TO THE REGION FOR WHAT IS, COMPARATIVELY, A MINOR CONCERN IN CONTRAST WITH ILLICIT DRUGS IMPORTATION INTO SOUTHERN CITIES.

SO IT'S AN OPEN QUESTION AS TO HOW SUSTAINABLE SUPPLY CONTROL EFFORTS CAN BE.

FOR EXAMPLE, SURVEILLANCE IN THE TORRES STRAIT IS UP AGAINST SMALL DINGHIES WHICH CAN SPEED ACROSS SHALLOW REEFS AT NIGHT STEERED BY LOCALS WHO KNOW THE REEFS INTIMATELY. THERE ARE AROUND 50,000 MOVEMENTS OF PEOPLE A YEAR ACROSS THE BORDER WITH PNG IN THE TORRES STRAIT TREATY ZONE.

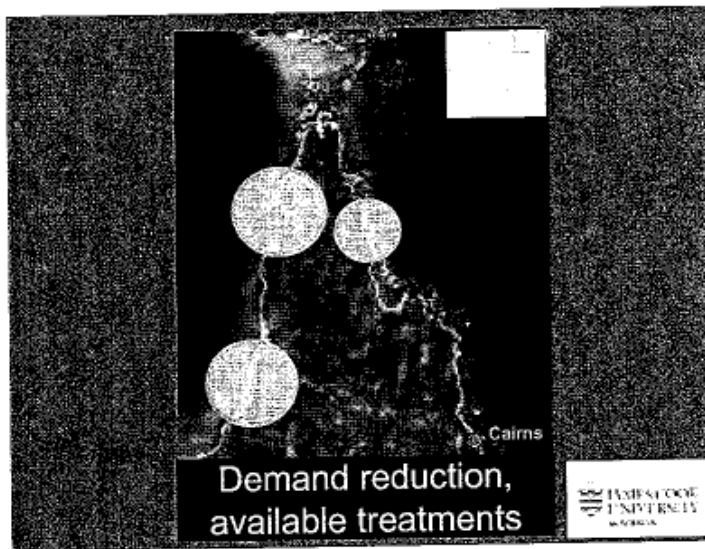


Closer community engagement by Queensland Police and building crime prevention capacity generally is likely to be more sustainable in the longer term.

Funding from the Commonwealth Department of Health and Ageing for the next three years has assisted QPS with this.

These efforts have already shown dividends in that more information is becoming available to Police from local community members themselves. There's been recent successful prosecutions of traffickers long known to Police, including most notably a PNG national trading out of Daru that QPS had been targeting for many years.

At the policy level, Queensland's Crime and Misconduct Commission has reviewed Queensland's approach to cannabis in remote Indigenous communities.




To accompany these supply control strategies we have been invited by QPS and Cape York community councils to develop strategies similar to those we fostered in the NT.

Resources are required to rigorously evaluate initiatives and to engage more systematically with the service system at all levels across the region.

CANNABIS
Cape York and Torres Strait,
proposed demand reduction and harm
reduction measures

- Awareness-raising, cannabis/mental health
- Build mental health literacy – first aid
- Treatments
- Encourage local policies to change perceptions that cannabis use is normal and accepted
- Support diversion programs and activities
- Enhance prevention programs



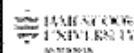
Based on the published and community evidence, the measures that a program should make available should include, but not be limited to these

We won't be implementing these ourselves, generally, but rather using the research platform to encourage and mobilise the service system and local community capacities.

A research and evaluation approach will act as a catalyst for changing behaviours as we're finding in our NT work.

CANNABIS
Cape York and Torres Strait,
proposed evaluation study

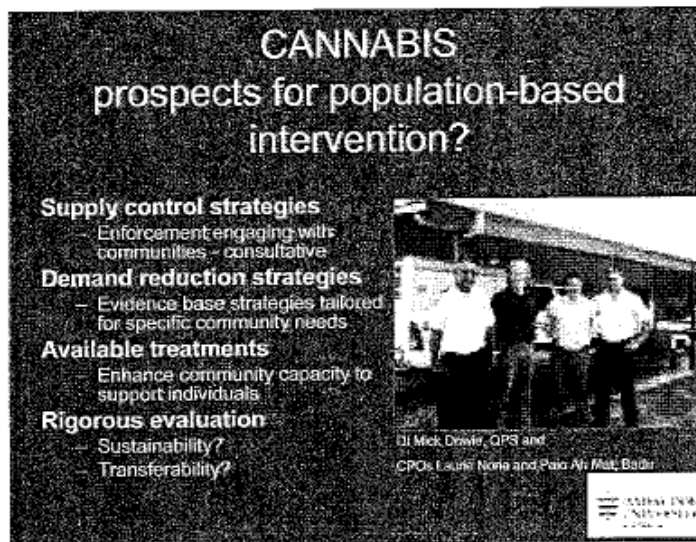
- Baseline interviews (16-34 yrs) then follow-up
 - reduction in cannabis users and
 - a reduction in dependent users
- Process evaluation
 - Were the intervention strategies implemented as planned with the intended outputs?



An outcome evaluation will target 16-34 year olds with the aim of reducing the number of cannabis users we interview between baseline and follow-up.

Ideally, we'll also see a drop in symptoms of dependence in continuing users.

A process evaluation will examine how the program is implemented and how initiatives are taken up or not.

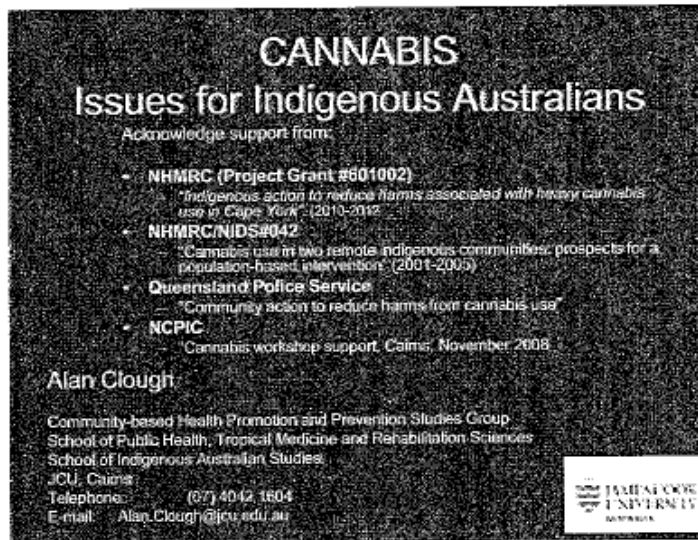


SUMMING UP:

THE PROSPECTS FOR SUCCESSFUL POPULATION-BASED INTERVENTIONS TO ADDRESS CANNABIS IN THESE KINDS OF COMMUNITIES ARE VERY GOOD IN QUEENSLAND

It's an ideal opportunity with supply control supported by demand reduction and the available treatments and interventions being brought to bare on the issue at the same time and in a co-ordinated manner.

Accompanying research results should provide evidence for communities across Queensland and in other parts of remote Australia that things can change and evidence for policy and program designers to consider sustainability and transferability.



ACKNOWLEDGEMENTS

These organisations providing funding to enable this research to be conducted. Their input is gratefully acknowledged.

1. AIMS

The study aims to: i) implement a multiple-component, community-action intervention to reduce cannabis use in selected Cape York Indigenous communities and ii) evaluate its effectiveness. This will incorporate evidence-based approaches to address the lack of culturally-valid information about effects of cannabis and reasons to avoid using it with culturally appropriate research methods. It is hypothesised that the intervention will reduce the number of cannabis users, and the number of heavy and dependent users in those aged 16-34 years. Using process evaluation we will monitor changes in cannabis availability in study communities and across the region and assess: i) actions taken to implement the intervention, ii) the extent to which the planned demand reduction outputs are achieved and iii) interactions between the wider policy context and intervention components.

2. BACKGROUND

While cannabis use in Australia is declining, rates of cannabis use in some remote Indigenous communities remain very high. In Arnhem Land (NT), in 2005-2006, 61% of males and 58% of females (aged 13-36 years) were using cannabis weekly and almost all users reported symptoms of cannabis dependence. Nationally just 5% of males and 2% of females of similar age report using cannabis in the previous week and just 20% of adult users experience dependence symptoms. In these vulnerable Indigenous populations, cannabis trafficking brings heavy financial burdens and adverse mental health effects, e.g. depression and acute psychotic episodes. Violence can occur when users are withdrawing from prolonged heavy use.

In 2008, Cape York Indigenous communities implemented strategies to reduce cannabis availability in a partnership with Queensland Police Service. Pilot data from interviews in Cape York (in 2008) with key community leaders and service providers suggest that rates of cannabis use may be as high as those found in Arnhem Land, that cannabis has become endemic in many places and that efforts to address cannabis problems are overdue. They are concerned that the age of first using cannabis is decreasing in their communities, that they have limited influence over local trafficking and its financial impacts, while attributing barriers to employment and skills development, intimidation, mental health problems, violence and suicide to cannabis misuse.

3. RESEARCH PLAN

Three communities will participate. Their populations range from ~400 to 1000, a total of 2214 people with 688 in the targeted age group of 16-34 years. These are discrete, culturally-distinct populations located in isolated corners of the area with minimal social interaction between them. Thereby, tailored strategies in study communities will not distort research results in others while allowing any beneficial impacts to spread to communities in adjacent areas.

A controlled before-and-after (multiple baseline) study design will be used to evaluate intervention outcomes. In this design, baseline data collection begins in each study community before the intervention but with the intervention's onset staggered so that each community acts as its own control. Intervention components will include: public meetings or discussions; training in assessment and treatment options for clinicians to address cannabis dependence, community-based workshops for progressive feedback of study results; support for households and families, development and dissemination of culturally-valid information about cannabis' mental health effects, its legal status and financial impacts. Cannabis use and dependence amongst users will be measured in participants aged 16-34 years at baseline and followed up at the end of an intervention phase. Process evaluation will be conducted using interviews with study participants, key community leaders and service providers, observations and analysis of documentation.

4. OUTCOMES AND SIGNIFICANCE

Endemic cannabis use in these already-disadvantaged populations has been overlooked for too long. Reducing cannabis use, dependence, its adverse effects among users and the impacts of trafficking will provide substantial health and social gains. This study will be a model demonstrating how to work collaboratively with local communities and service providers to link prevention and treatment initiatives with supply-control programs based on local cultural frameworks.

Associate Professor Alan R Clough: Publications

REFEREED JOURNALS

1. Lee KSK, Conigrave KM, **Clough AR**, Dobbins TA, Jaragba MJ, Patton GC. Five year longitudinal study of cannabis users in three remote Aboriginal communities in Arnhem Land, Northern Territory, Australia. *Drug and Alcohol Review* 2009; 28(6):623-630. Available at: <http://www3.interscience.wiley.com.elibrary.jcu.edu.au/cgi-bin/fulltext/122296117/PDFSTART> **LF.= 1.926**
2. Lee KSK, Conigrave KM, Patton GC, **Clough AR**. Cannabis: endemic yet neglected in remote Indigenous Australia. *Medical Journal of Australia* 2009; 190(5): 228-229 **LF.= 3.320**
3. Margolis SA, Ypinazar VA, **Clough AR**, Hunter E. Absence of alcohol withdrawal syndrome in a remote Indigenous community [letter] *Medical Journal of Australia* 2008; 189(10):596 **LF.= 3.320**
4. **Clough AR**, Lee KSK, Conigrave KM. Promising performance of a juvenile justice diversion program in remote Aboriginal communities, Northern Territory, Australia. *Drug and Alcohol Review* 2008;27(4):433-438 **LF.=1.926**
5. Lee KSK, **Clough AR**, Jaragba MJ, Conigrave KM, Patton GC. Heavy cannabis use and depressive symptoms in three Aboriginal communities in Arnhem Land, Northern Territory, Australia. *Medical Journal of Australia* 2008;188(10):605-608 **LF.= 3.320**
6. Lee KSK, Jaragba MJ, **Clough AR**, Conigrave KM. Wa! Ningeningma arakba akina da!: 'Oh! Now I know, that's it!' Providing feedback to communities about studies of cannabis use, Arnhem Land, Northern Territory. *Medical Journal of Australia* 2008; 188(2):113-116 **LF.= 3.320**
7. **Clough AR**, Conigrave KM. Managing confidentiality in illicit drugs research: ethical and legal lessons from studies in remote Aboriginal communities *Internal Medicine Journal* 2008;38(1):60-63 **LF.=2.027**
8. Lee KSK, Conigrave KM, **Clough AR**, Wallace C, Silins E, Rawles J. Addressing substance misuse with a community-driven preventive youth initiative in Arnhem Land, Northern Territory, Australia *Drug and Alcohol Review* 2008;27(1):75-82 **LF.= 1.926**
9. Lee KSK, **Clough AR**, Conigrave KM. High levels of cannabis use persist in Aboriginal communities in Arnhem Land, Northern Territory. [letter] *Medical Journal of Australia* 2007;187(10):594-595 **LF.= 3.320**
10. **Clough AR**. Some costs and challenges of conducting follow-up studies of substance use in remote Aboriginal communities: an example from the Northern Territory *Drug and Alcohol Review* 2006;25(5):455-458 **LF.= 1.926**
11. **Clough AR**, Lee KSK, Cairney S, Maruff P, O'Reilly B, d'Abbs P, Conigrave KM. Changes in cannabis use and its consequences over three years in a remote Indigenous population in northern Australia. *Addiction* 2006;101:696-705. **LF.= 4.244**
12. **Clough AR**, d'Abbs P, Cairney S, Gray D, Maruff P, Parker R, O'Reilly B. Adverse mental health effects of cannabis use in two Indigenous communities in Arnhem Land, Northern Territory (Australia): an exploratory study. *Australian and New Zealand Journal of Psychiatry* 2005; 39(7):612-620. **LF.=2.573**
13. **Clough AR**. Associations between tobacco and cannabis use in remote Indigenous populations in northern Australia *Addiction* 2005; 100:346-353. **LF.= 4.244**
14. **Clough AR**, d'Abbs P, Cairney S, Gray D, Maruff P, Parker R, O'Reilly B. Emerging patterns of cannabis and other substance use in Aboriginal communities in Arnhem Land, Northern Territory: a study of two communities. *Drug and Alcohol Review* 2004; 23(4):381-390 **LF.= 1.926**
15. **Clough AR**, Cairney S, Parker R, O'Reilly B, d'Abbs P, Maruff, P, Gray D. Measuring exposure to cannabis use and other substance use in remote Indigenous populations in northern Australia: a 'community epidemiology' approach using proxy respondents. *Addiction Research and Theory* 2004; 12(3):261-274. **LF.= 0.815**
16. **Clough AR**, Wang Z, Bailie RS, Burns CB, Currie BJ. Case-control study of the association between kava use and pneumonia in Aboriginal communities in eastern Arnhem Land (Northern Territory), Australia *Epidemiology and Infection* 2003; 13:627-635. **LF.=2.360**
17. **Clough AR**, Cairney S, Maruff P, Parker R. Rising cannabis use in indigenous communities [letter] *Medical Journal of Australia* 2002; 177:395-396. **LF.= 3.320**
18. **Clough AR**, Burns CB, Guyula T, Yunupingu M. Diversity of substance use in eastern Arnhem Land (Australia): patterns and recent changes. *Drug and Alcohol Review* 2002; 21:349-356. **LF.= 1.926**
19. Burns CB, Ivers RG, Lindorff K, **Clough A**. Cannabis: a Trojan Horse for nicotine? [letter] *Australian and New Zealand Journal of Public Health* 2000; 24(6):637. **LF.= 1.556**

OTHER CONTRIBUTIONS

20. Lee KSK, **Clough AR**, Jaragba M, Conigrave KM. Cannabis in the 'Top End' *Of Substance* 2006; 4(3):18-19.

CANNABIS: A CLOUD

A unique partnership between Queensland Police, James Cook University and peak bodies of remote Indigenous communities, including elected local government members, was recently formed to reduce cannabis-related harms in Cape York and Torres Strait in Far North Queensland.

To ensure proposed strategies are community owned and supported, an intensive six-month police-funded community and key stakeholder consultation phase was recently completed.

The first seizures of commercial quantities of amphetamine-type stimulants (ATS) destined for Cape York and Torres Strait communities took place in early 2007. Although those charged were non-Indigenous, the seizures raised serious concerns that these drugs were being used by Indigenous community members.

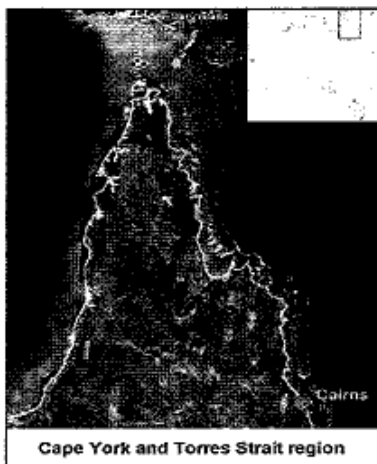
Previously, cannabis producers/importers have focused their dealings on regional centres. Now, they are making considerable profits from selling cannabis at inflated prices into remote Indigenous communities. There are concerns that this expansion of the cannabis trade to these communities provides a potential vehicle for trafficking in ATS (Delahunty & Putt 2006).

Learning from the NT

In Arnhem Land in the Northern Territory (NT), community development strategies were implemented along with stepped-up supply reduction strategies by police to address high rates of cannabis use.

A follow-up study (from 2001 to 2004) demonstrated a modest reduction in cannabis-related harms, particularly the more acute mental health symptoms including suicidal ideation and psychosis (Clough et al. 2006). While the abuse of ATS was documented in just a few isolated cases in 2001, there was no evidence for ATS use at follow-up in 2004.

Follow-up studies in the NT communities are continuing with an important component being the provision of direct feedback of research findings on cannabis use to the study communities and the involvement of local Indigenous researchers. Cannabis-use prevalence estimates in community populations and associated harms were presented back to the Arnhem Land communities



utilising pictorial representations, local language and concepts of life stages, numbers and quantities. The response of: 'Wal Ningeningma arakba akina da!' (Oh! Now I know, that's it!) typified the reaction people tended to give when they first saw the data presented, suggesting a sudden realisation of the significance of cannabis issues locally (Lee et al. 2008).

Based on the above model of ongoing community engagement, Detective Senior Sergeant Mick Dowie and James Cook University's (JCU) Associate Professor Alan Clough developed the 'Weed It Out' project. This project proposes the provision of community-based interventions featuring demand-reduction initiatives, over a four-year period, alongside targeted policing efforts to reduce cannabis availability and use in Cape York and Torres Strait communities.

Proposed strategies include:

- raising awareness of the widespread use of cannabis and its mental health effects
- providing ongoing feedback about research findings to each community

- providing information about the legal aspects of cannabis use and trafficking.

Community consultations

It was envisaged that a wide-reaching community consultation process would enable the project team to gauge individual community perceptions and level of concern regarding cannabis and other drug-related issues. It would also allow the team to obtain a sense of each community's readiness and capacity for change and to gain formal support from community leaders.

The JCU research team and Queensland police officers visited 16 communities across Cape York and the Torres Strait region. Both planned and opportunistic discussions and meetings were held with community members (including elders, young people, Justice Group members), local government authorities and key service providers.

Consultation feedback

In 2005-06 in eastern Arnhem Land (NT) communities 61% of males and 58% of females (aged 13-36 years) were using cannabis weekly and most users (88%) reported symptoms of cannabis dependency (Lee et al. 2007). According to Cape York and Torres Strait people, rates of cannabis use in their communities 'will be the same or higher here'.

The consultations identified a number of themes (see Table 1). Many residents were worried about the early uptake of cannabis and adverse mental health effects including dependence and psychosis. There were concerns that other drugs were being used or tried in some of the communities. The NT strategies were enthusiastically endorsed, particularly provision of direct ongoing feedback to the com-



OVER OUR COMMUNITY

JAN ROBERTSON & ROBYN DOWIE*

Table 1. Themes which emerged from community consultations

Concerns re prevalence of drug use, ATSS and related harms	Concerns for future	Concerns for children
<ul style="list-style-type: none"> • More overt use, kids starting to use earlier. <i>'There is a cloud hanging over our community.'</i> • Women worried about children making bucket bongos from discarded drink bottles. • <i>'It would be good to see people with normal eyes (not red eyes).'</i> • <i>'I see my countrymen in withdrawal and have episodes of psychosis.'</i> • Cannabis-dependent youth refusing opportunities to travel outside communities: <i>'don't want to leave the dope.'</i> 	<ul style="list-style-type: none"> • Concerns for youth regarding <ul style="list-style-type: none"> – the threat of incurring ATS – using stronger cannabis – effects on their career pathways – health impacts particularly mental health. • Possible drug substitution due to proposed tightening of alcohol restrictions in the region. • Management of cannabis dependency and withdrawal. 	<ul style="list-style-type: none"> • People in the community are <i>'missing good information about the harms associated with drugs ... to be aware of the misconception of soft and hard drugs'</i>. • Need for improved understanding of drug-related mental health issues. • Need for proactive rather than reactive strategies to deal with substance misuse issues: <i>'We need to draw the line; say: these are the factors, these are the causes, these are the consequence. We need to make informed choices.'</i>
Community suggestions for action	Lamenting lack of power	Future directions
<ul style="list-style-type: none"> • The whole community needs to have a voice in the project. • Recruitment of <i>'trustworthy'</i> local research assistants. • Formation of local reference groups to assist the researchers and police <i>'to filter culturally sensitive issues'</i>. • Target parents: <i>'What happens to your child if they smoke cannabis?'</i> 	<ul style="list-style-type: none"> • <i>'It is the big dealers who are ruining our community.'</i> • Identity of local dealers known but they are <i>'seen as entrepreneurs and use their power to strip (punish) informants'</i>. • We are all parents and fathers and I get frustrated ... <i>'We are thinking "How am I to stop them?"'</i> • People are not attributing any responsibility for drug-related dysfunction in the community to the dealers. 	<ul style="list-style-type: none"> • <i>'The role of the communities is to take ownership of the problem.'</i> • <i>'Dealers need to be named and shamed.'</i> • <i>'We as a community have to start working with the police and we have to be honest with the police for the future.'</i>

munity, locally developed resources and employment and training of local researchers.

The public nature of most of the consultations enhanced community confidence to raise the level of discussion about cannabis and other drug use. Community members were provided a neutral forum from which to challenge the normalisation of cannabis consumption, the acceptance of selling cannabis to raise revenue and the silence over the activities of the handful of dealers who are sometimes in positions of responsibility and power.

In December 2007 and January 2008, the 28 major communities comprising the Indigenous populations of the Cape York and Torres Strait regions formally agreed to implement strategies to reduce cannabis availability. The Regional Organisation of Councils of Cape York (ROCCY) and the Island Coordination Council signed partnership agreements with the Queensland Police Service.

Other drugs use

There are concerns that when there is a reduction in availability of one drug there may be a corresponding increase in use of another drug. In Far North Queensland, there has been a recent history of alcohol restrictions in remote Aboriginal communities to reduce alcohol-related harms. Current expansion of existing alcohol restrictions raises concerns about an increased consumption in cannabis, meaning that 'Weed It Out' is timely because there is a concurrent focus on reducing the supply of a number of drugs into these remote communities.

Future directions

Further discussions regarding 'Weed It Out' will be held following changes brought about by recent Queensland local government elections. Currently the Queensland Police Service and James Cook University are assembling the resources required to implement the various project components.

* Jan Robertson and Robyn Dowie write from the School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University.

References

- Clough, AR, Lee, KSK, Cairney, S, Maruff, P, O'Reilly, B, d'Abbs, P & Conigrave, KM 2006. Changes in cannabis use and its consequences over three years in a remote indigenous population in northern Australia, *Addiction*, vol. 101, no. 5, pp. 696-705.
- Delahunty, B & Putt, J 2006. The policing implications of cannabis, amphetamines & other illicit drug use in Aboriginal & Torres Strait Islander communities. Canberra: National Drug Law Enforcement Research Fund.
- Lee, KSL, Clough, A & Conigrave K 2007. High levels of cannabis use persist in Aboriginal communities in Arnhem Land, Northern Territory. *Medical Journal of Australia*, vol 187, no. 10, p. 594.
- Lee, KSK, Jaragba, MJ, Clough, AR, Conigrave, KM 2008. Wal Ngingeningma arakba akina dal (Oh! Now I know, that's it!), *Medical Journal of Australia*, vol. 188, no. 2, pp. 113-16.