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The Hon. Bob Debus MP
Chairman
House of Representatives Standing Committee on
Aboriginal and Torres Strait Islander Affairs
C/O PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Sir

I am writing on behalf of the Royal Australasian College of Physicians (RACP), to provide comment on the House of Representatives *Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system*.

The RACP trains, educates and advocates on behalf of more than 10,500 physicians and 4,600 trainees across Australia and New Zealand. It represents more than 25 medical specialties including paediatrics, general medicine, addiction medicine and public health medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the well-being of all Australians.

The enclosed submission provides comments on the Terms of Reference. The RACP would like to thank you for the opportunity to make a submission to this important inquiry. The RACP welcomes the Parliament's acknowledgement of the complex social factors that interplay to result in poor health and involvement in the criminal justice system.

Yours faithfully

Dr Yvonne Luxford
Manager, Policy and Advocacy
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The Royal Australasian
College of Physicians

Submission to:

House of Representatives -

Indigenous juveniles and young adults in the criminal justice system

on behalf of

The Royal Australasian College of Physicians

January 2010

Acknowledgements

Thanks are extended to the RACP Aboriginal and Torres Strait Islander Health Expert Advisory Group for their advice and expertise and the Paediatric and Child Health Division Working Group for their policy development on the *Health and Well-being of Incarcerated Adolescents*, the work of which has been drawn upon in this submission. The contribution of these groups is in addition to the submissions made by individual Fellows of the College and the work of the Policy and Advocacy Department.

THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

The Royal Australasian College of Physicians (RACP or 'the College') is a Fellowship of more than 10,500 specialist physicians and 4,600 trainees who practise in more than 25 medical specialties including paediatrics, cardiology, respiratory medicine, general medicine, neurology, oncology, public health medicine, occupational and environmental medicine, rehabilitation medicine, palliative medicine, sexual health medicine and addiction medicine. The College works to establish and achieve the highest standards of contemporary knowledge and skill in the practice of medicine and promote the health and well being of the community, and of its members. The College, in collaboration with affiliated Specialty Societies, is the provider of frameworks and standards of education for specialist physicians and trainees. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the well-being of patients.

BACKGROUND

The RACP is committed to improving the health and social outcomes of Aboriginal and Torres Strait Islander peoples in Australia. In 2008 the College signed the Close the Gap Indigenous Health Equality Summit Statement of Intent. The College is also a member of the Close the Gap National Steering Committee.

Indigenous youth are over represented in the criminal justice system, at a rate of up to ten-times that of other Australians.¹ A 2009 report found that despite only 6% of 10-17 year olds in the community identifying as Indigenous, Indigenous people accounted for 63.8% of all young people in detention.² The College welcomes acknowledgement by the Parliament of these facts and efforts to reduce the disparity between Indigenous and non-Indigenous Australians.

This submission addresses the terms of reference of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs' inquiry into *Indigenous juveniles and young adults in the criminal justice system*. The College focuses of health aspects in its response: the social determinants of health, health status and their causative effect on involvement in the justice system. This submission also focuses on the appropriateness of healthcare provided to Indigenous young people within the justice system.

RESPONSES TO THE TERMS OF REFERENCE:

How the development of social norms and behaviours for Indigenous juveniles and young adults can lead to positive social engagement

It is widely accepted, and reflected in the RACP's policy on the *Socio-Economic Determinants of Health* (1999), that people from disadvantaged groups have poorer health outcomes than those in advantaged groups. They are also the lowest users of preventive health services. Determinants such as income, employment, poverty, education and community connection impact upon health status.

Young Indigenous people face a number of factors that further influence their social outcomes. They are more likely to be victims of violent crime than others, be homeless,³ experience sexual abuse, or have a parent in custody.⁴ Many basic needs accepted as standard in the broader community - such as adequate housing, safe drinking water and sanitation and access to education - are yet to be delivered to many Indigenous communities.

In addition, feelings of power and belonging affect social outcomes amongst Indigenous communities. There is evidence from other jurisdictions that improvements to social conditions coincide with Indigenous communities gaining rights and control of their own social systems.⁵ Indigenous culture in Australia is intrinsically linked with land and sea. Self determination in Australia may be inhibited through slow, limited or no access to land rights for some Indigenous people. Removal of income management (in the Northern Territory and Queensland as a result of the Northern Territory Emergency Response) is suggested to be a factor further limiting economic development and empowerment. These factors may be out of scope for this review, but nonetheless form part of the complex web of social factors linked in overcoming Indigenous disadvantage.

Other protective factors relevant to this review include the development of strong family relationships and cultural identity. Inter-generational, community wide and community led initiatives that improve the effectiveness of the education, health and justice systems and employment opportunities should form part of the plan to reduce young Indigenous people's involvement with the criminal justice system. The focus should be on prevention, early intervention and engagement.

The impact that alcohol use and other substance abuse has on the level of Indigenous juvenile and young adult involvement in the criminal justice system and how health and justice authorities can work together to address this

The RACP and the Royal Australian and New Zealand College of Psychiatrists have acknowledged the dangers of alcohol misuse across the lifespan.⁶ Risk of alcohol and illicit drug abuse increases in young people that have a childhood history of social and psychological adversity.^{7,8,9} Although alcohol and drug abuse contributes to negative involvement in the criminal justice system, the Australian Institute of Criminology has shown that adolescents' substance using patterns are not influenced by Indigenous status, at least amongst incarcerated young people.¹⁰

In NSW, a study found the average age detained youth began to use illicit substances for non-medical purposes was 11 years and the average age for commencement of illicit drugs was approximately two years later.¹¹ Curiosity, boredom and a desire to feel good were the three major reasons for use identified. Risky binge drinking (63%) and injecting drug use (24%) were particular concerns,¹² as was increasing use of amphetamines (56%) and opioids (50%).¹³ This signals the need for young people to have many positive and fulfilling social options, something that is absent in many communities, particularly those rural and remote.

Mental health

Numerous studies have documented the higher prevalence of mental health disorders and behavioural problems among young people in the justice system when compared with the general population, with up to 75% fulfilling the criteria for one or more diagnosable psychiatric disorders.^{14,15} Mental disorders due to psychoactive substance use are reportedly diagnosed in Indigenous Australians at a greater frequency than the general population. Indigenous Australians are also more likely to have higher hospital admissions for conditions classified as "mental and behaviours disorders" and have higher rates of suicide and deliberate self injury than non-Indigenous Australians (data not youth specific).

The significant co-morbidity between drug and alcohol misuse and mental health problems is now recognised at national and state levels.^{16,17,18} Acknowledging the limitations of separate service delivery for mental health and drug and alcohol treatment, the *National Drug Strategy*¹⁹ emphasises the need for closer ties between

substance use and mental health services and specifically identified the need for specialised services for people in the justice system.²⁰

Incorporating health care into the justice system

When young people come into contact with the justice system, there are likely to be social and health factors surrounding the episode. Given the interest in reducing adolescent crime and recidivism, the focus should be the development of innovative models for the assessment, management and treatment of these factors in young people with they present to justice authorities. Contact with the justice system is an ideal time to conduct health screening and assessments or direct youth to basic health care, but most importantly, its a time for opportunistic interventions for risky behaviours, particularly drug and alcohol use.

While some health programs exist within detention facilities, these are scant and inconsistent, despite the existence of international guidelines.^{21,22} A NSW study of detained youth reported that few drug programs exist for and were used by young offenders: 29% had made an attempt at drug rehabilitation – mostly counselling. Whilst only 8% had been admitted to residential drug rehabilitation programs, another 25% felt they needed such programs.¹¹ The NSW Young People on Community Orders Health Survey found that 58% of responders wanted to, or had tried to give up substance abuse during the past year. Compliance was low for those reported to receive treatment (18%), and despite 40% of the sample being in need of treatment (as indicated by their drug use pattern) only 10% reported thinking they needed or wanted treatment, indicating motivation for treatment was low.²³ While there are efforts to use alcohol and drug counsellors in some justice settings, there is room for further expansion. The justice system should engage health professionals and counsellors to assess and treat (where necessary) young Indigenous and non-Indigenous people as part of any alleged misdemeanour. This contact should be independent of justice authorities (i.e. confidentiality assured - disclosure should not lead to fear or real risk of prosecution) and the contact should be culturally appropriate. In the case of Indigenous young people, this may mean Independent services provided by Aboriginal Community Controlled Health Organizations.

There is evidence to suggest that mandatory rehabilitation programs work as well as voluntary treatment programs and that outcomes are better amongst adolescent

offenders compared to adult offenders.²⁴ Given the obvious economic, social and personal costs incurred with untreated drug and alcohol abuse and the nexus between this abuse and crime, it seems that there is much to gain – and little to lose – by improving the detection of problematic drug and alcohol use in young offenders and by strengthening access to suitably intensive substance abuse treatment programs.²³

Solutions for drug and alcohol risk need to be trans-generational as the cycle of disadvantage can compound from one generation to the next, e.g. problematic alcohol use in a mother may result in foetal alcohol syndrome in her baby. Aside from the physical and mental limitations a child with this condition may have, he or she is more likely to (due to the impairment of judgement²⁵) engage in alcohol and other drug use later in life or experience family discordance, educational and social disadvantage and eventually - criminality. Justice, health and community agencies must coordinate efforts to address the root cause of involvement in the justice system by focussing on all aspects of disadvantage.

The College notes the valuable work of the National Indigenous Drug and Alcohol Committee (NIDAC) in their *Bridges and barriers: addressing Indigenous incarceration and health* document and commends the report to the Parliament in considering recommendations.

Any initiatives which would improve the effectiveness of the education system in contributing to reducing the levels of involvement of Indigenous juveniles and young adults with the criminal justice system

Education is one of the most effective tools to alleviate disadvantage. Although the relationships are more complex than simple cause-effect, it is known low educational outcomes tend to present more amongst those who experience low employment, poor health and involvement in crime.²⁶ Seventy percent of juvenile offenders are found to have literacy problems.²⁷ It is also established that poor health status, such as high ear infections rates in Indigenous communities,²⁸ can negatively affect a child's ability to learn. Compounding the disadvantage of Indigenous students in accessing, participating and succeeding in education, are low socio-economic status²⁹ and rurality.³⁰

Although statistics are beginning to improve,³¹ Indigenous youth are underrepresented in educational settings. In the 15-19 year age group, 75% of non-Indigenous

Australians are engaged in some form of education, compared with just over half of Indigenous Australians.³² It follows that poorer employment status is seen amongst Indigenous youth; in the 15-19 year old bracket, 31% of Indigenous teenagers are employed compared to 44% of non-Indigenous teenagers. This continues into young adulthood, where 50% of 20-24 year old Indigenous people are employed compared with 69% of non-Indigenous young adults.³³ The employment of young Indigenous people is more likely to be part-time, low paid or insecure.³⁴

As with crime, drug use and other health issues, the cycle of educational disadvantage is important; educational outcomes are heavily influenced by family environment and education status.³⁵ In instances of intergenerational disadvantage, family support and early intervention are required.³⁶

The ability for Indigenous populations to engage in the education system is complicated by legacies of racism in education (and health) institutions, including the devaluing of Indigenous law, culture and language.³⁷ As discussed elsewhere, community control of solutions is necessary. In addition, 'mainstream' services must be underpinned by a culture of respect for Indigenous people and services must be culturally appropriate. Health and education providers can not apply a 'one size fits all model' to service provision. The College promotes cultural safety and competency as essential criterion for mainstream services.

In 2008, the Australian Human Rights Commission highlighted the need for responses to focus on Indigenous empowerment and self determination.³⁸ Such responses should be early, focus on multiple risk factors and be sustained over the long term. Initiatives, targeted at parents and children that improve the effectiveness of the education system and improve employment opportunities may reduce young Indigenous people's involvement with the criminal justice system.

The effectiveness of arrangements for transitioning from education to work and how the effectiveness of the 'learn or earn' concept can be maximised;

The College has no comment on this item.

Best practice examples of programs that support diversion of Indigenous people from juvenile detention centres and crime, and provide support for those returning from such centres

Access to appropriate drug treatment and justice diversion programs are integral to reducing Indigenous representation in the criminal justice system. Young people that receive informal cautions are less likely to continue to have contact with the justice system than those who appear in court for offences of similar gravity.³⁹ Diversionary programs as alternatives to detention have been successful in parts of Australia⁴⁰ and have shown promise in parts of remote Indigenous Australia.⁴¹ In addition to the positive outcomes for offenders, an English study showed a three-fold reduction in demands on the criminal justice system for every funding unit directed at drug treatment.⁴²

A lack of access to such programs and supporting drug and alcohol services is a barrier for many Indigenous adolescents. For example, despite the high Indigenous population rate and drug and alcohol abuse statistics, there is no permanent addiction medicine physician in the Northern Territory. Incentives to attract drug and alcohol professionals to areas of need may be one mechanism to redress this.

The current criteria for diversion programs prohibit their use in cases involving offenders with prior convictions, multiple charges, and co-existing mental illness or health problems. NIDAC recommends a change in these criteria to improve low rates of Indigenous participation in diversion.⁴³ RACP also supports NIDAC recommendations to introduce Indigenous specific diversion programs, with links to Aboriginal Community Controlled Health Organizations.

Mandatory sentencing persists in Western Australia despite numerous reports outlining how these provisions positively discriminate against accused young Indigenous wrongdoers.⁴⁴ The Western Australian legislation restricts the judiciary's discretion to choose diversionary options when sentencing youth, in contrast to adult sentencing.⁴⁵ Mandatory sentencing focuses on incapacitating offenders rather than rehabilitating them and contravenes international covenants and Australian human rights obligations, such as the *International Covenant on Civil and Political Rights (ICCPR)* and the *International Convention on the Elimination of all Forms of Racial Discrimination (CERD)*, as well as the *Convention on the Rights of the Child (CROC)*. The continuation

of this legislation should be examined by the Commonwealth in light of its legality and social consequences.

In Queensland, 17 year old adolescents are detained in adult prisons. Queensland Corrective Services⁴⁶ reported that at 30 June 2008, there were 32 young people in Queensland adult prisons. This is contrary to the *United Nations Universal Declaration of Human Rights* which proclaims that children are entitled to special care and assistance, and the *United Nations Convention on the Rights of the Child* which declares that a child is every human being below the age of 18 years. Incarcerated adolescents and adults should not be housed in the same facilities. Instead children under the age of 18 years should be in programs specific to adolescents, so that their needs can be targeted and there is alignment across the country.

There is evidence that in all States and Territories, Aboriginal and Torres Strait Islanders young offenders are subject to harsher or more formal penalties than non-Indigenous youth.^{47,48} The accrual of a criminal history at a young age increases the likelihood of imprisonment and associated long term disadvantage for Indigenous offenders. Racial discrimination in the criminal justice system only worsens Indigenous disadvantage and signifies a need for systemic cultural reform in the criminal justice system.

Young Indigenous people must be supported to meet any obligations imposed on them by justice authorities. This is especially the case where mental and other health problems or drug and alcohol use effect the way juveniles might navigate the justice system. For example, certain health problems and education levels may impact memory and judgement. Offenders in these situations may fail to attend important probationary obligations or to lack capacity to manage fines. Without assistance, these offenders are more likely to enter of pattern of falling foul of the justice system. Case officers should support the coordination of health interventions and justice obligations in this way.

Solutions also need to also examine the context that surrounds why Indigenous people may become embroiled with the justice system. For example, unlicensed driving has been found to be normative in many Aboriginal communities⁴⁹ and this contributes to incarceration in some instances. Reasons behind failure to secure a license include the increasing cost of doing so and the additional requirements, such as logged supervised

driving hours. RACP supports measures that produce safer drives and reduce road trauma, however, it must be recognised that a side-effect of increasing the barrier to licensed driving is the potential for more unlicensed driving, which has the direct effect of lowering road safety and indirect effect of increasing incarceration. A few jurisdictions have implemented varying degrees of language appropriate outreach programs to increase Indigenous driving license rates. A 2005 review of the 'On the road' program in Lismore by the George Institute revealed improved self-esteem and employment outcomes amongst participants.⁵⁰ Alternative pathways for Indigenous licensing have been recommended to increase opportunities for positive social engagement, access to essential services, employment and recreation.⁵¹ Reductions in road crashes and contact with the criminal justice system as a result are less clear in the evidence but not unlikely to flow from such determining factors. For this example, logical responses by governments are to expand drivers' licensing assistance programs and to make significant investment in quality public transport systems.

The scope for the clearer responsibilities within and between government jurisdictions to achieve better co-ordinated and targeted service provision for Indigenous juveniles and young adults in the justice system

Australia is in many ways beleaguered by its federated system of government. The negative consequences are perhaps most acute in essential services like health, education and justice where complexities of state and federal responsibility and funding make coordination and efficiency seemingly unattainable at times.

Many programs, particularly drug and alcohol programs, show promise but are limited by short project funding cycles or change in political will over electoral cycles. Programs that show evidence of positive improvements need to be sustained over the long term. Despite being recognised as best practice models,⁵² many Indigenous drug and alcohol services are currently unsure of the availability of short or long term funding. The College believes that where drug and alcohol indicators are substantially met, there should be an assumption of recurrent funding. When health care providers spend inordinate amounts of time applying for funding, services suffer. Workers in the area need the assurance and security of stable funding if workers are to have the tenure needed to develop proper relationships in communities and to train the next generation of health workers.

Drug treatment and justice diversion programmes should be: strongly community embedded, Indigenous managed or co-managed, culturally sensitive, adequately resourced with realistic performance indicators and should have a framework which allows increasing Indigenous ownership and responsibility for the development of such programs.

The College repeatedly promotes local responsibility for service delivery. At the same time there must be some level of regional and national coordination for dispersed programmes in health (including drug and alcohol treatment) for Indigenous young people. This coordination should allow mapping that identifies success and problem areas, where to target funding and capacity building and, importantly, data collection.

Outsourced services must also adhere to the social improvement agenda. It has been argued that the commercialisation of the prison sector in Australia is not likely to assist in driving improvements to the healthcare of inmates or innovations to the justice system.⁵³ Whilst a state system must, by social and economic necessity, focus on reducing incarceration and its negative consequences; a private enterprise arguably needs to increase the former to sustain business and is disinterested in the latter.

The extent to which current preventative programs across government jurisdictions are aligned against common goals to improve the health and emotional well-being of Indigenous adolescents, any gaps or duplication in effort, and recommendations for their modification or enhancement.

Notwithstanding our long standing knowledge that Indigenous health outcomes are poorer, the burden of disease, disability and disease being higher, Commonwealth spending on Indigenous health has for a long time been lower than that for the general population.⁵⁴ Health services require a significant increase in resources and coordination to address the lack of access and poor health outcomes.

In the submission to the National Preventative Taskforce, the College highlighted that State and Territory government agencies need to be coordinated, engaged and active in prevention strategy. In addition, this cross-sector commitment of State and Territory government agencies needs to acknowledge that primary prevention goes far beyond health departments. Health measures must be accompanied by investment in education, housing and increased rates of employment in order to achieve sustained

health improvement. In due course, improvement in these determinants will reduce involvement of young Indigenous people in the justice system.

SUMMARY OF KEY RECOMENDATIONS

1. Indigenous communities should be engaged in the development of responses to involvement by young Aboriginal and Torres Strait Islanders in the criminal justice system.
2. Health screening, facilitated referral, management and treatment should be provided to youth coming into contact with the criminal justice system. This treatment should be independent of justice authorities and community controlled.
3. Diversionary programs should be expanded for all offenders, particularly in drug and alcohol related crime or where drug and alcohol use is evidenced. Criteria that exclude many offenders from existing diversionary programs should be amended and Indigenous specific programs developed.
4. Responses should extend beyond the individual to the community. Communities should be empowered to ensure they are supportive environments in which young people can prosper. Indigenous communities should be supported to develop and control prevention and early intervention programs across health, education and justice.
5. Indigenous case workers should be appointed to assist young offenders to navigate the justice system, appropriate health care and interaction with the community.
6. Incentives should be devised for attracting drug and alcohol professionals to work in areas with rates of high drug and alcohol misuse.
7. Drug and alcohol programs should be adequately resourced over the long-term, community controlled (Indigenous managed or co-managed) and nationally coordinated.
8. System-wide cultural competency programs should be introduced across the health, education and justice systems to eliminate inequities, enhance understanding and combat institutional racism.
9. Reasons for disproportionate sentencing between Indigenous and non-Indigenous people should be examined and eliminated.
10. Children in detention should not be held in adult detention facilities.

- ¹ Auditor General. *Performance Report: The Juvenile Justice System: Dealing with Young People under the Young Offenders Act 1994*. Western Australia; 1998.
- ² Commission for Children and Young People and Child Guardian. *Snapshot 2009: Children and young people in Queensland*. Queensland; 2009.
- ³ ABS, 2006; Boese M, Scutella R. *The Brotherhood's Social Barometer: Challenges Facing Australia's Youth*. Brotherhood of St Laurence. Fitzroy; 2006.
- ⁴ Department of Juvenile Justice. *NSW Young People in Custody Health Survey: Key Findings Report*. New South Wales; 2003.
- ⁵ Watson N. *Implications of land rights reform for Indigenous health*. MJA2007;186(10):534-536
- ⁶ The Royal Australasian College of Physicians, The Royal Australian and New Zealand College of Psychiatrists. *Alcohol Policy: Using evidence for better outcomes*. Sydney; 2005.
- ⁷ National Drug and Alcohol Research Centre. *The Treatment of Alcohol Problems: A Review of the Evidence*. National Alcohol Strategy. Canberra: Department of Health and Ageing; 2003.
- ⁸ Simpson TL, Miller WR. *Concomitance between childhood sexual and physical abuse and substance use problems: a review*. Clinical Psychology Reviews 2002;22(1):27-77.
- ⁹ Widom CS, Hiller-Sturmhofel S. *Alcohol abuse as a risk factor for and consequence of child abuse*. Alcohol Research and Health 2001 25(1):52-57.
- ¹⁰ Prichard J, Payne J. *Alcohol, drugs and crime: A study of juveniles in detention*. Research and Public Policy Series no. 67. Canberra: Australian Institute of Criminology.
- ¹¹ Howard J, Zibert E. *Curious, bored and waiting to feel good: the drug use of detained young offenders*. Drug and Alcohol Review 1990;9:225-231.
- ¹² Hando J, Howard J, Zibert E. *Risky drug practices and treatment needs of youth detained in New South Wales Juvenile Justice Centres*. Drug and Alcohol Review 1997;16:137-145.
- ¹³ Copeland J, Howard J, Keogh T, Seidler K. *Patterns and correlates of substance use among juvenile detainees in New South Wales 1989-99*. Drug and Alcohol Review 2002;22:15-20.
- ¹⁴ Teplin LA, Abram KM, McClelland GM, Dulcan MK, Mericle A. *Psychiatric Disorders in Youth in Juvenile Detention*. Archives of General Psychiatry 2002;59:1133-1143.
- ¹⁵ Kosky RJ, Sawyer MG. *The mental health status of adolescents released from custody: a preliminary study*. Australian and New Zealand Journal of Psychiatry 1996;30:326-331.
- ¹⁶ Commonwealth Department of Health and Ageing. *National Co-morbidity Project: Current Practice in management of clients with co-morbid mental health and substance use disorders in tertiary care settings*. National Drug Strategy and National Mental Health Strategy. Canberra: Commonwealth of Australia; 2003.
- ¹⁷ Ministerial Council on Drug Strategy. *The National Drug Strategy - Australia's Integrated Framework 2004-2009*. Canberra: Ministerial Council on Drug Strategy; 2004.
- ¹⁸ Queensland Government. *Queensland Health Dual Diagnosis Strategic Plan Mental Health and Alcohol and Other Drug Problems*. Queensland Government: Brisbane, 2003.
- ¹⁹ Australian Government National Drug Strategy. [Online]. 2004 [cited 2009 Dec 11]. Available from: URL: <http://www.nationaldrugstrategy.gov.au/> [Accessed December 2009].
- ²⁰ Stathis SL, Letters P, Doolan I, Whittingham D. *Developing an integrated substance abuse and mental health service in the specialised setting of a youth detention centre*. Drug and Alcohol Review 2006;25:149-155.
- ²¹ *Health Care for incarcerated Youth*: Position Paper of the Society for Adolescent Medicine. Journal of Adolescent Health, 2000;27:73-75.
- ²² World Health Organisation. *Promoting the Health of Young People in Custody*. WHO Consensus statement; 2003.
- ²³ Lennings CJ, Kenny DP, Nelson P. *Substance use and treatment seeking in young offenders on community orders*. Journal of Substance Abuse Treatment 2006;31:425-432.
- ²⁴ Day A, Howells K, Rickwood D. *Current trends in the rehabilitation of juvenile offenders - Trends & issues in crime and criminal justice 284*. Australian Institute of Criminology, 2004
- ²⁵ Spohr H. *Fetal alcohol spectrum disorders in young adulthood*. *Pediatrics*. 150(2):175-9.
- ²⁶ Johnston V, Lea T, Carapetis J. *Joining the dots: The links between education and health and implications for Indigenous children*. Journal of Paediatrics and Child Health [online]. 2009. [cited 2009 December 11]. Available from: URL: <http://www3.interscience.wiley.com/cgi-bin/fulltext/122662983/PDFSTART>.

- ²⁷ Cant R, Downie R, Mulholland, T. *Cohort Analysis of the Custodial Population for the Ministry of Justice*. Western Australia; 2000.
- ²⁸ Trewin, D. *National Aboriginal and Torres Strait Islander Health Survey Australi 2004-2005*. Canberra: Australian Bureau of Statistics; 2006.
- ²⁹ Boese M, Scutella R. *The Brotherhood's Social Barometer: Challenges Facing Australia's Youth*. Brotherhood of St Laurence. Fitzroy; 2006.
- ³⁰ Australian Bureau of Statistics. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples (No. 4704.0)*. Canberra: Australian Bureau of Statistics; 2008.
- ³¹ Long M, North S. A report about the learning and work situation of young Indigenous Australians. Sydney and Canberra: Dusseldorp Skills Forum and Reconciliation Australia; 2009.
- ³² Dusseldorp Skills Forum, *Keeping Up: Strengthening Transitions from Education into Work for Indigenous Young People*, Dusseldorp Skills Forum and Reconciliation Australia; 2009.
- ³³ Muir K, Powell A, Flaxman S, Thompson D, Griffiths M. *State of Australia's Young People: A Report on the social, economic, health and family lives of young people*. Canberra: Department of Education Employment and Workplace Relations; 2009.
- ³⁴ Muir K, Powell A, Flaxman S, Thompson D, Griffiths M. *State of Australia's Young People: A Report on the social, economic, health and family lives of young people*. Canberra: Department of Education Employment and Workplace Relations; 2009.
- ³⁵ Zubrick SR, Silburn SR, De Maio JA. *The Western Australian Aboriginal Child Health Survey: Improving the Educational Experiences of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2006.
- ³⁶ National Crime Prevention. *Pathways to Prevention: Developmental and early intervention approaches to crime in Australia*. Canberra: Attorney-General's Department; 1999.
- ³⁷ Johnston V, Lea T, Carapetis J. *Joining the dots: The links between education and health and implications for Indigenous children*, Journal of Paediatrics and Child Health [online]. 2009. [cited 2009 December 11]. Available from: URL: <http://www3.interscience.wiley.com/cgi-bin/fulltext/122662983/PDFSTART>.
- ³⁸ Calma T. *Preventing Crime and Promoting Rights for Indigenous Young People with Cognitive Disabilities and Mental Health Issues*. Australian Human Rights Commission; 2008.
- ³⁹ Dennison S, Stewart A, Hurren E. *Police cautioning in Queensland: the impact on juvenile offending pathways*. Australian Institute of Criminology. Canberra; 2006.
- ⁴⁰ Campbell, C. *A Balanced Approach to Juvenile Justice in Victoria*, Victorian Government; 2000.
- ⁴¹ Clough I, Kim San Lee K, Conigrave K. *Promising performance of a juvenile justice diversion programme in remote aboriginal communities, Northern Territory*. Drug and Alcohol Review 2008;27:433-8.
- ⁴² Gossop M, Marsden J, Stewart D. *The National Treatment Outcome Research Study: Changes in substance use, health and criminal behaviour during the five years after intake*. Task Force to Review Services for Drug Misusers; 2001.
- ⁴³ National Indigenous Drug and Alcohol Committee. *Bridges and Barriers: Addressing Indigenous Incarceration and Health*. Australian National Council on Drugs; 2009.
- ⁴⁴ Hughes G. *The Mandatory Sentencing Debate*. Law Council of New South Wales; 2001.
- ⁴⁵ *Criminal Code 1913 (WA) and Young Offenders Act 1994 (WA)*.
- ⁴⁶ Queensland Corrective Services. *Queensland Corrective Services Annual Report 2007-2008*. Brisbane; 2008.
- ⁴⁷ National Indigenous Drug and Alcohol Committee. *Bridges and Barriers: Addressing Indigenous Incarceration and Health*. Australian National Council on Drugs; 2009 p 7.
- ⁴⁸ Dennison S, Stewart A, Hurren E. *Police cautioning in Queensland: the impact on juvenile offending pathways*. Australian Institute of Criminology. Canberra; 2006.
- ⁴⁹ Roads and Traffic Authority of New South Wales. *An Investigation of Aboriginal Driver Licensing Issues [online]*. . 2008. [cited 18 January 2010]. Available from: URL: http://www.rta.nsw.gov.au/publicationsstatisticsforms/downloads/aboriginal_licensing_report171208.pdf.
- ⁵⁰ Clapham K, Ivers R, Stevenson M. *Evaluation of the Lismore Driver Education Program 'On the Road'*. The George Institute; 2005.
- ⁵¹ Kickbusch I. *Healthy Societies: Addressing 21st Century Health Challenges*. South Australian Department of Premier and Cabinet. Adelaide; 2008.

⁵² Gray D, Stearne A. *Makin Tracks: Final Evaluation Report*. National Drug Research Institute. Perth: Curtin University of Technology; 2004.

⁵¹ Heath I. *Dirty work: The outsourcing of the detention of children takes the obsession with privatisation to new depths*. BMJ 2009;339:b3149.

⁵⁴ Ring I and Brown N, *Indigenous health: chronically inadequate responses to damning statistics*. MJA 2002;177:629-31.