

Inquiry into the Decriminalisation of Certain Public Offences, and Health and Welfare Responses

Submission No: 37

Submitted by: Institute for Urban Indigenous Health (IUIH) and Caxton Legal Centre

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23 August 2022

Committee Secretary
Community Support and Services Committee
Email: cssc@parliament.qld.gov.au

Dear Committee

Submission to the Commission of Inquiry into decriminalisation of certain public offences

Thank you for the opportunity to make a submission in relation to decriminalising public intoxication, public urination and begging offences, and the accompanying health and social welfare-based responses.

This is a joint submission between Caxton Legal Centre (**Caxton**) and the Institute of Urban Indigenous Health (**IUIH**).

An essential reform for safety and cultural change

The Royal Commission into Aboriginal Deaths in Custody recommended decriminalising public drunkenness and other public order offences over 30 years ago¹. Since then, Aboriginal and Torres Strait Islander Peoples and members of the broader Australian community have continued to advocate for these changes. This is important reform, long overdue.

The decision to undertake the proposed amendments to the *Summary Offences Act 2005* (SOA) is affirmative of human rights. It recognises and seeks to break a pattern of historical injustice of over-policing of Aboriginal and Torres Strait Islander peoples. Maintaining that human rights focus throughout the reform process is essential. To support that, we encourage adopting a clear objective of **decreasing** rather than merely **improving** policing of Aboriginal and Torres Strait Islander Peoples and vulnerable people using public spaces.

At the outset we also note and support Elizabeth Shearer's letter, as the then President of the Queensland Law Society, to Shannon Fentiman MP, the Attorney-General and Minister for Justice, dated 22 December 2021, supporting this reform.

Caxton Legal Centre

Caxton Legal Centre (**Caxton**) is Queensland's oldest community legal centre. Caxton is an independent, non-profit community legal centre providing free legal advice, representation, social

¹ Royal Commission into Aboriginal Deaths in Custody (1991). Royal Commission into Aboriginal Deaths in Custody: National Report. Canberra: Australian Government Publishing Service

work services, information and referrals to low income and disadvantaged persons. Caxton's vision is for a just and inclusive Queensland.

Caxton provides legal advice, representation and social work support to clients who have matters under the SOA across a number of programs:

- Human Rights and Civil Law Practice advice and casework program.
- Men's Bail support program supporting men with complex needs to apply for bail and remain on bail in the community.
- Queensland Coronial Legal Service – legal advice and representation including at inquests into deaths in custody, for families.
- Social Work Service promoting self-determination and autonomy through short-term counselling, court support, and information and referral.

Community Legal Centres, including Caxton, are the main source of free legal assistance in public order criminal matters as these charges do not often attract a severity of sentence that would render a person eligible for Legal Aid. Like many CLCs working in this space, Caxton has had long-standing concerns about most of the offences that make up Part 2, Division 1 *Offences about quality of community use of public spaces* of the SOA and their impact on homeless people, Aboriginal and Torres Strait Islander people, young people, people from culturally and linguistically diverse backgrounds, and people with disabilities including psychosocial disabilities and addiction disorders.

In the 2021-2022 financial year, Caxton provided over 1600 criminal law advices and casework services. Limited criminal law resources were focused on matters involving public space and public order including for protestors, those charged with public nuisance, charges arising from dealings with police, and Aboriginal and Torres Strait Islander clients.

The Institute for Urban Indigenous Health

The Institute for Urban Indigenous Health Ltd (IUIH) is a not-for-profit Aboriginal and Torres Strait Islander Community Controlled Health Service (CCHS) which leads the planning, development and delivery of comprehensive primary health care and social support services for Aboriginal and Torres Strait Islander people in the Southeast Queensland (SEQ) region. IUIH was established in 2009 by its four founding Member Organisations. Since then, IUIH has established the Moreton Aboriginal and Torres Strait Islander Community Health Service and Goodna Clinic. Together these entities comprise the regional IUIH Network of SEQ. Each member CCHS retains its own governance, with IUIH acting as the regional lead or 'backbone' of the Network. Through regional and coordinated approach to service delivery, IUIH achieves transformational change in the delivery of health and social support services across the Network. For the purposes of this submission, the following programs are of particular relevance:

Comprehensive Primary Health Care

The IUIH Network comprises 19 primary healthcare clinics across SEQ (the largest and fastest-growing Indigenous population in Australia) delivering care to over 34,000 Indigenous people. Through these clinics, Indigenous people access fully integrated medical, allied health, dental, social health, aged care and social support services through a no wrong door approach to service provision. This means that a client entering the IUIH service system through any program or clinic can benefit from this range of services as their health needs are identified.

Social Health Programs and Services

IUIH delivers a range of mental health and substance misuse services specifically tailored for Aboriginal and Torres Strait Islander people. These include culturally and clinically capable individual and group therapy services, psychosocial support, suicide postvention services, transitional support services (i.e., prison transition), youth wellbeing services, support services for homeless people, and social support services specifically targeted to Aboriginal and Torres Strait Islander people in SEQ. At IUIH, we refer to this collection of mental health and substance misuse services as Social Health Services.

Family Wellbeing Service

The Family Wellbeing Service provides intensive support to vulnerable families (including those in contact with the child protection system). The IUIH Connect program is specifically designed to coordinate healthcare and social support services for Indigenous Queenslanders, to prevent vulnerable families with chronic and/or complex health conditions and socio-economic circumstances from falling through the cracks of a fragmented system.

IUIH Legal Service

Accredited as a Community Legal Service in 2019, IUIH is the first Aboriginal Community Controlled Health Service (ACCHS) in Queensland to embed legal education and advocacy into its clinics. IUIH works with many individuals and families that have complex needs and high degrees of social risk and vulnerability. Access to timely advice and intervention can significantly impact the trajectory of the individual and family as a whole. However, early, intensive, and integrated legal education, prevention and support are not readily accessible to many Indigenous people, particularly to individuals and families experiencing social and financial hardship.

Responses to the Inquiry's Terms of Reference

1. Changes to legislation and operational policing responses to decriminalise the public intoxication and begging offences in the *Summary Offences Act 2005*

We support the repealing of sections 7, 8 and 10 of the SOA.

When decriminalising, it is also essential to look around the laws in question to ensure that the field is properly cleared. It is not necessary that all these further amendments occur prior to repeal of sections 7, 8 and 10. A broader reform agenda is, however, essential to achieve the objective of fewer problematic interactions between police and vulnerable individuals in public spaces.

Redrafting of operation provisions – the Operational Procedures Manual and the Police Powers and Responsibilities Act

The QPS Operational Procedure Manual (OPM) (which provides police with guidance and instructions) must also be amended to explicitly instruct police that being drunk, begging and urinating in public are no longer considered anti-social or nuisance behaviours for the purposes of Queensland law. They should no longer, on their own, justify an approach, recording or other interaction between a police officer and a member of the public.

Such an amendment will also assist individual officers who might otherwise feel compelled to intervene in some other way in the absence of these specific sections.

Section 378 and section 394 of the Police Powers and Responsibilities Act 2000 (PPRA) would also require amendment.

Further amendment – public nuisance

Section 6 of the SOA, *Public Nuisance*, which is not slated for removal at this time, is broadly drafted; it catches a wide range of behaviour, and is vulnerable to biased interpretation, whether consciously or unconsciously, because it uses culturally loaded and nebulous constructs including ‘disorderly’ and ‘offensive’, concepts which vary with time and place and may be affected by the circumstances in which the relevant conduct occurs. It requires individual police officers to navigate between legitimate and illegitimate forms of enjoyment of shared public space.

‘Disorderly’ in particular is a very low threshold for criminalisation, and is capable of covering a range of benign behaviours including arguably begging, drunkenness and urinating.

The elevation of the sensibilities of a hypothetical ‘member of the public’ as against the real person being charged is quite remote from the proper proportionality analysis human rights law prescribes.

The selective regulation of swearing as ‘offensive’ behaviour is particularly concerning in practice. Our services routinely assist people charged with public nuisance having only made heated comments or displayed distress/fear towards a police officer who initiated unwelcome contact on a trivial matter (eg, suspicion of drunkenness).

To properly support these reforms, sub-sections (2) (a) (i) and (2) (a) (ii) of section 6 should be repealed and 2 (b) narrowed and clarified. This modest amendment would allow continued regulation of more problematic public behaviours including street sexual harassment, vilification and other violent or threatening conduct whilst offering practical clarity and support to this decriminalisation process.

Further amendment – drinking in public

Currently section 173B of the Liquor Act prohibits consumption of alcohol in certain public places, the list of which is extensive. This provision, and the various local laws that support it, is also problematic and discriminatory in application. Drinking in public is common in Queensland, particularly at picnics, and rarely policed. The fine is so small as to be almost symbolic (1 penalty unit) but the existence of the offence gives police reason for an interaction when there is no other suspicion of wrongdoing. We cannot see any ongoing justification for retaining this offence.

Concerns around use of banning notices

Under Part 6AB of the Liquor Act, safe night precincts have been established in 15 locations around Queensland. In those areas a separate legislative regime with higher penalties is used to manage the night-time entertainment economy. Some of the safe night precincts are inner city locations including Fortitude Valley. Within the suite of tools used to manage safe night precincts is an option to ‘ban’ a person. If a person is issued with a police banning notice, and contravenes that notice, under section 602Q of the PPRA the maximum penalty is 60 penalty units.

Whilst we recognise that the localised nature of the safe night precinct structure is better than sweeping over-regulation, our services have seen instances of police using these notices against homeless people who seek shelter in areas classified as “relevant public places” under 602A PPRA or deemed to be a “reasonable distance” from them. This is directly contrary to the stated purposes of

the safe night precinct and functions to effectively criminalise homelessness in locations where many services for homeless people are also clustered. Particularly in the inner-city safe night precincts there is a risk police might expand use of banning notices to deal with homeless and vulnerable people who they previously dealt with under the SOA.

Training to support cultural change

Queensland Police Service must fully embrace their obligations under the Human Rights Act and work to reframe the decision-making of all police officers using a rights-based framework. It is essential that officers are given adequate historical and contextual education to understand the drivers of conflict between QPS and Aboriginal and Torres Strait Islander Peoples, and the history of ongoing contests over public space in Queensland. QPS officers must be better trained to engage with people who have addiction struggles, poor mental health and disabilities. They must be sufficiently trained to deliver health and welfare outcomes and be highly skilled in de-escalation.

2. The compatibility of proposed legislative amendments, and health and social welfare-based service delivery responses to public intoxication and begging, with rights protected under the *Human Rights Act 2019*.

Under the current legislation, there is significant potential for human rights limitations, due to the disproportionate impact on First Nations Peoples and people with other intersecting challenges and the risk of imprisonment for minor offences. The proposed reforms should directly improve human rights protections in Queensland by removing legislative provisions with known discriminatory impact, and which are not reasonably justified and proportionate.

Recognition and equality before the law (s15). Aboriginal and Torres Strait Islander peoples are overrepresented in charges under the laws in question because of over-policing and bias towards Aboriginal and Torres Strait Islander people using public spaces, particularly if in groups (eg a picnic/gathering in a park). This reform will improve equality. In this regard it also responds positively to the *International Convention on the Elimination of All Forms of Racial Discrimination* and the *Racial Discrimination Act 1975 (Cth)*, and in particular section 10 of that legislation.

Right of life (s16). Fundamentally, these reforms respond to a shameful history of deaths in police custody of Aboriginal and Torres Strait Islander people arrested for minor matters. Further, when people beg, they are trying to get their basic necessities of life met. Preventing begging interferes with the right to life.

Freedom of movement (s19). People are currently being detained for minor offences that impact public sensibility. Where the intent of the law is to provide a safe mechanism to protect the community and to support individuals, this can be achieved through less restrictive means (i.e. referrals to adequately funded support services).

Freedom of expression (s21). People begging is the ultimate public expression of the need for housing, food, health services – an activity of last resort and much more of a communication about social inequality than any political speech on the topic. Arguably the right to freedom of expression includes a right to beg.

Peaceful assembly (s22). Every person has the right of peaceful assembly. Criminalising actions such as public intoxication, can directly impact this.

Privacy and Reputation (s25). The human right to privacy encompasses individual and social integrity, autonomy, self-expression and the fundamental dignity of the human person. In policing it has been used to challenge arbitrary public interactions for which there has been no threshold suspicion of any offence having been committed. Reducing the reasons for which a police officer might engage with members of the public who are not directly suspected of wrongdoing recognises and supports the right to privacy. In this respect, the right to privacy is an underpinning right, on which other rights such as cultural rights, freedom from arbitrary incarceration and the right to life all rely. It reminds us that, unless there is a proper purpose to intervene, people have a right to be left alone, to make their own decisions, to manage their own health and to reach out for help when they choose. The human right to privacy persists even in public places.

Cultural rights – Aboriginal and Torres Strait Islander peoples (s28). Aboriginal and Torres Strait Island people hold distinct cultural rights, and must not be denied these rights.

Right to liberty and security of person (s29). Every person has the right to liberty and must not be arbitrarily detained. The legislation as it stands allows for discretion to be applied as to when to detain or charge a person. Removing the charges in their entirety upholds a right to liberty.

Right to health service (s37). Every person has a right to life saving health services without discrimination. Punitive responses to health matters impede such access. Reconfiguring the response with a health and welfare focus supports the right to health services.

3. The costs and benefits of responses to public intoxication and begging in other Australian jurisdictions.

Risk of harm to the person

Insofar as there is potential harm to an individual who is drunk in public or begging, the harms are either health related arising from acute or long-term alcohol consumption, or social arising from homelessness, hunger etc. In both instances, a social or public health response is the most effective and sustainable means of addressing that potential harm. Criminalising conduct related to health or social problems only adds further burden and makes it harder rather than easier to address underlying social or medical issues.

In Queensland, highly effective community-based preventative and responsive programs and policies already exist and could be more widely implemented. The structures and systems are already in place to support a therapeutic rather than a police-led response. There would be cost savings to police resources and longer term, more sustainable positive outcomes for people through the linking to support services. American studies show that every dollar spent on treatment saves \$4 in health care costs and \$7 in criminal justice costs.²

Risk of harm to others

There are many reasonable concerns about alcohol related harm to others. We were, however, unable to find evidence that connects public drinking or drunkenness to any particular increased risk over private consumption. In Queensland we are currently undergoing an historical resetting of our

² Ettner SL, Huang D, Evans E, Ash DR, Hardy M, Jourabchi M, Hser YI. Benefit-cost in the California treatment outcome project: Does substance abuse treatment “pay for itself” Health Services Research. 2006;41(1):192–213

expectations around harm caused in private settings, particularly to women and girls.³ It is timely to also remove the distracting public/private distinction when considering alcohol related harm.

The best way to deal with alcohol related violence is through community-based prevention policies and programmes, including those aimed at target groups (men, young people, sports fans etc).

4. The health and social welfare-based responses to public intoxication and begging necessary to support legislative amendments, having regard to existing responses, such as diversion services

Public drunkenness

Current police responses to public intoxication and begging do not provide any beneficial health or social services. Police responses are well established to be, in fact, directly detrimental leading to an escalation of police engagement, and have a disproportionate impact on Aboriginal and Torres Strait Islander people. Reducing police involvement should be expected to remove rather than create a barrier to accessing services and support.

Immediate responses to intoxication, such as hospitalisation or access to a safe place to sober up, will only be required where a person's level of intoxication requires some intervention to ensure their safety. There are currently a number of diversion services throughout Queensland that provide a safe place for intoxicated people who are considered at risk of harm to themselves or others. Such services can be used by police as alternatives to custody. Criteria to access these services varies among individual providers, but commonly occurs via police or support agency referral.⁴

It is not clear the extent to which, if any, the number of people requiring a diversion service would increase following decriminalisation of public intoxication, however the pathway to access the service would be expected to change from predominantly police referrals to predominantly health and welfare/support service referrals. Some additional resourcing may be required to meet additional need for diversion services, along with short term resourcing to establish, and increase awareness of, new referral pathways.

Currently a range of public health and community organisations provide longer term responses under a coordinated service delivery framework⁵ to address harmful alcohol use and its underlying causes⁶. For example, IUIH delivers drug and alcohol services for Aboriginal and Torres Strait Islander people in Southeast Queensland through a number of programs and referral networks. It is difficult to predict whether or how much the demand for health and welfare services would increase following these reforms, but this should not delay implementation any further. Rather, impacts on demand should be closely monitored following implementation to ensure that resources are targeted to appropriately respond to need. A review of referral pathways and integration of government and non-government services may also be required.

Begging

³ Women's Safety and Justice Taskforce, *Hear Her Voice* (2022) <https://www.womenstaskforce.qld.gov.au/>

⁴ For example Murri Watch in Brisbane and Lyons Street Diversionary Service in Cairns.

⁵ <https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-service-delivery-framework/>

⁶ See <https://qnada.org.au/member-services/>

There is ample evidence that begging is *“intimately linked to poverty, homelessness and illness.”*⁷ Income support benefits are well below the poverty line and are insufficient to meet needs.⁸ There is an affordable housing crisis.⁹ The proper response to a behavioural manifestation of poverty is to seek to alleviate the conditions of distress; to ensure that income support and social housing are adequate and accessible.

Given that the Aboriginal and Torres Strait Islander homelessness rate is 10 times that of non-Indigenous people¹⁰ and the inconsistent use of police discretion, it is not surprising that 64% of those charged for begging in 2020-21 were Aboriginal and Torres Strait Islander people. Responses to Aboriginal and Torres Strait Islander homelessness must be culturally safe and are best delivered by, or in partnership with, community-controlled organisations. The organisations working on the ground must be adequately resourced to ensure they are able to meet the needs of the communities they serve, including growing demand for affordable housing.

5. The impacts of decriminalising public intoxication and begging in rural and remote communities

While Caxton does provide some services state-wide, criminal law assistance is generally provided by the geographically closest community legal centre. UIIH also provides some services state-wide but would generally support community controlled local services in remote and regional communities to understand and respond to the health and social needs of their community. We are therefore not addressing this term of reference other than to direct the Committee to the Queensland Productivity Commission’s recommendation of support to self-determination models of service provision¹¹.

6. The design of health and social welfare-based responses that are culturally safe and appropriate and informed by First Nations people, including Aboriginal and Torres Strait Islander health and legal services and also representative bodies for seniors and people with a disability

The most culturally competent system is one of self-determination, where Aboriginal and Torres Strait Islander peoples are involved at every level of the system¹². The community controlled sector is built on the principle of self-determination by those previous generations who mobilised protect Aboriginal and Torres Strait Islander peoples and communities.

There are currently 31 Aboriginal Community Controlled Health Organisations (ACCHOs) in Queensland¹³. The National Agreement on Closing the Gap (July 2020) acknowledges that ACCHOs are better for Indigenous people, achieve better results, and employ more Indigenous people over mainstream services. This is why ACCHOs, such as UIIH, are critical to ensuring that First Nations

⁷ Walsh, T. *Defending Begging Offenders*, Vol 4, No 1, QUT Law and Justice Journal (2004) at 59

⁸ The Australia Institute based on Melbourne Institute of Applied Economic and Social Research, Poverty Lines: Australia (various issues), and Australian Government (2014) *Guide to Social Security Law*

⁹ [Rental Affordability Snapshot - Anglicare Australia](#)

¹⁰ Tually, S., Tedmanson, D., Habibis, D., McKinley, K., Akbar, S., Chong, A., Deuter, K. and Goodwin-Smith, I. (2022) *Urban Indigenous homelessness: much more than housing*, AHURI Final Report No. 383, Australian Housing and Urban Research Institute Limited, at 1. <https://www.ahuri.edu.au/research/final-reports/383>, doi: 10.18408/ahuri3222701.

¹¹ *Inquiry into Imprisonment and Recidivism Final Report*, Queensland Productivity Commission (2019) at 417

¹² Ibid.

¹³ <https://www.qaihc.com.au/about/our-members>

people have equitable access to health and social welfare services that are embedded within a fully integrated model of primary healthcare.

IUIH delivers adult Alcohol and other Drugs (AOD) services in clinics and through outreach programs such as the Inner-City Referral Service, which provides AOD and mental health support to approximately 150 (mainly homeless) Indigenous people. IUIH's Youth Drug and Alcohol Treatment Workers provide counselling, education, peer support and mentoring for young women (through the Deadly Sistas program) and young men (through the MomenTIM Program) up to 25 years of age.

IUIH's Social Health Teams comprise Social Health Care Coordinators; counsellors including specialised AOD providers; child, adult and family specialised psychologists; Indigenous outreach workers; youth workers; and visiting Psychiatry and Addiction Medicine specialists. Typically, SHT clients are Indigenous people living with significant disadvantage, trauma, family disruption and moderate to severe mental and/or substance use disorders. The teams focus on the individual within the context of their family, community and the broader environment, ensuring that non-health related issues that may impact the client's wellbeing (for example, housing, income security, contact with the justice and/or child safety systems) are addressed as part of the holistic approach to treatment and recovery.

In addition, through the IUIH Connect program, IUIH has established partnerships with 64 referring organisations (including all major hospitals in the region and the Queensland Police Service), and 76 organisations with which IUIH connects clients. These 'connecting organisations' cover the following sectors: primary healthcare, community and specialist mental health, housing, family and parenting, broad-based community services, aged care, medical detox and AOD rehabilitation, and domestic and family violence.

These programs and services are successful because they are designed and delivered by community, for community, in response to local need.

7. The appropriateness of other police powers and offences to ensure community safety and public order arising from public intoxication and begging, particularly in the context of events where there may be significant alcohol consumption

We have addressed the various other powers available to police above, and generally recommend that those be amended or also repealed to ensure that there is not, in fact, a residual regime for continuing to criminalise public drunkenness, begging, etc. Having regard to that, we also recognise that events have a different risk profile compared with the conduct for which most of our clients are criminalised.

Above we discuss the misapplication of safe night precinct banning provisions to target homelessness. We reiterate our concerns in that regard, but also consider that the localised and targeted nature of those regulations hold some promise in terms of the proper regulation of entertainment events. Such regulation must always be proportionate and justified and represent the least restrictive option. It should be drafted to specifically avoid scooping up homeless or vulnerable people who share spaces with partygoers but whose needs are wholly distinct.

Regulating other recreational drugs according to the real risk of harm

As we move towards responding proportionately to the identifiable harms arising from alcohol use rather than criminalising consumption itself, it would be worthwhile considering whether the move from criminal to health response would also work appropriately for other recreational drugs.

Having decriminalised marijuana in 2020, the ACT is now set to decriminalise the possession of small amounts of other drugs. Significant criminalisation and police resources would be saved by taking a similar approach in Queensland.

8. How existing public messaging on the harm of alcohol and other drugs, including alcohol-related violence, can continue to be reinforced following the decriminalisation of public intoxication

One must guard against conflating the criminal status of public intoxication with the rates of alcohol consumption. A charge of public drunkenness is highly unlikely to lead to behaviour change in the absence of an internal readiness or desire for change and adequate supports. Conversely, removing the charge of public drunkenness is highly unlikely to open the floodgates on alcohol fuelled violence. We are not aware of any evidence that the offence has any deterrent or therapeutic value. In fact, punitive measures may increase stigma and deter people from seeking help or engaging with harm reduction services. Whilst we encourage any government effort to support individuals to make better health and relationship decisions, it is unnecessary to link public messaging about these issues with the criminal status of public intoxication but rather to focus on the right public messaging from a health and prevention of violence perspectives.

The National Tobacco Campaign and Tackling Indigenous Smoking Programs are examples of public health campaigns that have been successful in reducing the harm associated with smoking¹⁴. Likewise, the Deadly Choices program is a highly successful preventative health program operating across Queensland and nationally. Deadly Choices uses a strengths-based approach to empower Aboriginal and Torres Strait Islander people to make healthy choices and was recently awarded a World No Tobacco Day award from the World Health Organisation (WHO)¹⁵. We would submit that concerns about harmful drug and alcohol use should be similarly addressed as public health issues without the need for a criminal law response.

9. The appropriateness of repealing the 'Urinating in a public place' offence under the *Summary Offences Act 2005*.

We support the repeal of this section. Generally, people do not urinate in public when other options exist. We note that QPS statistics indicate that of the 97 public urination occurrences, 94% were detected by police.¹⁶ This equates to just six reports by members of the public over the period, suggestive of a very high level of public tolerance, indeed probably sympathy, for those who need to urinate in public.

Whilst Council facilities have improved in recent years, many public amenities are locked between 10pm and 4am. Continued investment in accessible, safe toilet facilities open all hours is essential, particularly in places where people gather at night and in areas frequented by homeless people.

¹⁴ <https://www.health.gov.au/resources/publications/tackling-indigenous-smoking-program-final-evaluation-report-july-2018>; . National Tobacco Campaign Research and Evaluation Committee. Australia's National Tobacco Campaign: evaluation report vol. 1-3. Canberra, ACT: Ministerial Council on Drug Strategy, 1999. Available from: <http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/national-tobacco-campaign-lp>.

¹⁵ <https://www.iuih.org.au/deadly-choices/>

¹⁶ Questions taken on notice at the briefing and response, QPS.

This submission was prepared by Keryn Ruska for IUIH, and Faye Austen-Brown and Bridget Burton for Caxton. The authors thank the Committee for the opportunity, and offer our sincere encouragement for this important reform.

Please do not hesitate to contact Cybele Koning by telephone on [REDACTED] or by email to [REDACTED] or Adrian Carson by telephone on [REDACTED] or by email to [REDACTED] if you have any questions regarding this submission or if we can be of any further assistance.

Yours faithfully,
Institute of Urban Indigenous Health

A black ink signature, appearing to be 'AC', written in a cursive style.

Adrian Carson
Chief Executive Officer

Caxton Legal Centre

A blue ink signature, appearing to be 'CK', written in a cursive style.

Cybele Koning
Chief Executive Officer