

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

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**Australian
Human Rights
Commission**

**Aboriginal and Torres Strait Islander Social
Justice Commissioner**

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29 August 2022

Committee Secretary
Community Support and Services Committee
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Dear Secretary

Inquiry into the decriminalisation of certain public offences, and health and welfare responses

Dear Committee Secretary

The Australian Human Rights Commission (the Commission) welcomes the opportunity to provide comment to the Committee with respect to its inquiry into the decriminalisation of certain public offences, and health and welfare responses (the Inquiry).

Introduction

On 24 June 2022, the Queensland Legislative Assembly agreed to a motion that the Community Support and Services Committee (Committee) inquire into:

- (a) changes to legislation and operational policing responses to decriminalise the public intoxication and begging offences in the Summary Offences Act 2005
- (b) 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
- (c) the costs and benefits of responses to public intoxication and begging in other Australian jurisdictions

- (d) 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
- (e) the impacts of decriminalising public intoxication and begging in rural and remote communities
- (f) 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
- (g) 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
- (h) 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, and
- (i) the appropriateness of repealing the 'Urinating in a public place' offence under the Summary Offences Act 2005.

Consistent with the human rights concerns expressed by the Commission over several decades in relation to law in this area across Australia, the Commission supports the decriminalisation of 'public intoxication' and 'begging' offences and the repeal of the 'urinating in a public place' offence under the *Summary Offences Act 2005* (Qld).

Likewise, as we have long advised, the Commission supports the application of a human rights-based approach and the implementation of coordinated public health and wellbeing models nationally.

Our position aligns with the recommendations of numerous reports from civil society organisations and advisory bodies, including a recent contribution by Victoria's Public Drunkenness Expert Reference Group (ERG) in 2020.¹ The ERG recommended major reforms, including discontinuing the practice of deploying police as first responders to intoxicated people and instead sending in personnel better trained and resourced to meet their health and wellbeing needs. Approaches such as these are not only effective in upholding rights, they are a practical necessity if Australian jurisdictions are to address the root causes of these behaviours and the root causes of inadequate, harmful and counterproductive reactions by institutions and their individual representatives.

Recommendation 1-That Australian governments decriminalise public intoxication, begging, public urination and other related minor offences, shift their policy

responses away from punitive measures, and adopt and adequately resource public health approaches which are both culturally responsive and trauma-informed.

Disproportionate impact of criminalisation on First Nations people

The overincarceration of First Nations Australians is a major human rights issue and one for which Australia has received criticism from the United Nations (UN) Special Rapporteur on the Rights of Indigenous Peoples² and from other UN member states through the Universal Periodic Review (UPR) process.³

Throughout Australia, First Nations overincarceration sits on top of an even more disproportionate level of First Nations contact with policing and justice systems due to a combination of over-surveillance and discriminatory treatment by Police and courts, lack of appropriate alternatives in place, and societal and institutional inequalities. As Noel Pearson once said, 'we are not a criminal people'.⁴ The root cause of First Nations over-representation in prisons and jail cells is structural, not individual.

With respect to this Inquiry, key to the Commission's concerns is the marked and chronic over-representation of First Nations people among those charged with offences such as 'public intoxication', 'begging' and 'urinating in a public place'.

As stated by Sheena Watt, Aboriginal Labor MP in the Victorian Parliament, and Yorta Yorta woman, 'the data tells us that the criminalisation of public drunkenness discriminates against vulnerable people, especially Aboriginal and Torres Strait Islander peoples, Sudanese and South Sudanese communities, people experiencing homelessness and substance abuse, and people experiencing mental health issues'.⁵

The Commission is of the view that First Nations over-representation stems from a history of racial discrimination in this country spanning over two centuries which has created and entrenched deep structural inequalities, intergenerational harms, and societal prejudices. In consequence, cycles of poverty, trauma and institutionalisation have taken hold within Australia's First Nations population who are, as a result, the most incarcerated population per capita on the planet, and are ten times more likely to be imprisoned than the Australian population as a whole.

As Australian governments move forward to address this inequity, it is critical that they do so in a way that centres the voices of First Nations people and communities and acknowledges their human rights, including those articulated under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) chief among which are rights to:

- Self determination
- Participation in decision-making based on free, prior and informed consent
- Respect of and protection of culture
- Non-discrimination

Ending an ineffective practice

It is of note that all states and territories, except Victoria and Queensland, have now decriminalised public intoxication to some extent.⁶ However, whereas in Victoria legislation has been passed to decriminalise public intoxication and is now pending implementation, Queensland is yet to pass a Bill through its Parliament.

It is the Commission's hope that, following this inquiry, Queensland takes this important first step. The time has come to put an end to the ongoing criminalisation and incarceration of people for being poor, homeless and in need; and for substance misuse, addiction and for failing to access and utilise ablution facilities.

The Commission counsels Australian governments to acknowledge that the causes of social disadvantage are complex and require policies that take a multidimensional approach in collaboration with the people and communities affected. Investment in community-led solutions aimed at targeting root causes and enhancing cultural protective factors and social and emotional wellbeing have efficacy in reducing alcohol and other drug harms, in alleviating poverty, homelessness and of anti-social behaviours within particular populations, and in preventing or mitigating institutional discrimination against those populations.

Clearly there is a great need of investment into early intervention and prevention measures for communities and individuals who are at-risk, as well as diversionary measures and wrap-around supports for those who are already in the system. It is also key that such services are culturally responsive, trauma-informed and available through both mainstream and Aboriginal community-controlled organisations.

In 2018 the Commission provided a submission to the Council of Australian Governments' (CoAG) Consultation Draft of the National Alcohol Strategy 2018–26 in which we put forward our view on human rights-based

strategies to reduce alcohol harms. This is attached as Appendix A to this submission.

Recommendation 2—*Australian governments invest in the First Nations community-controlled sector to deliver holistic and culturally-appropriate prevention, early intervention, diversionary and treatment supports for people at at-risk people their communities.*

The 1991 Royal Commission into Aboriginal Deaths in Custody

Overincarceration is the key driver of First Nations deaths in custody. For decades now, losing loved ones in custody has been an all-too-common experience for First Nations people in this country.

It is lamentable that so much of what was recommended by the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) Final Report 1991 is still yet to be implemented.

A 2015 report by law firm Clayton Utz commissioned by Amnesty International found that the majority of the Royal Commission's 339 recommendations remained unimplemented or only partially implemented. While a Deloitte review in 2018 presented a smaller deficit it still found that over a third of the recommendations from the RCIADIC were yet to be fully implemented.⁷ It is of note that the Centre for Aboriginal Economic Policy Research (CAEPER) expressed major concerns about the validity of the Deloitte findings in its 'Joint Response' paper that same year.⁸

It is also clear that recommendations from other key reports and mandatory coronial inquests into specific deaths in custody remain largely ignored.⁹

The Commission reiterates its call for all Australian governments to fully implement the recommendations of the RCIADIC Final Report which are now over 30 years old. The solutions are there, and they remain relevant today.

Recommendation 3—*That Australian governments implement all recommendations from the Royal Commission into Aboriginal Deaths in Custody, the Australian Law Reform Commission's Pathways to Justice Report, the Royal Commission into the Detention and Protection of Children in the Northern Territory, and coronial inquests into the deaths of Aboriginal and Torres Strait Islander women in custody.*

At the heart of these recommendations is a straightforward equation: to reduce Aboriginal deaths in custody, governments need to reduce the rates at which

Aboriginal people are taken into custody. Custody should only be used as a last resort.¹⁰

Of the 99 Aboriginal deaths in custody that were investigated by the RCAIDIC, 35% involved Aboriginal people who were detained in relation to public intoxication and that the RCAIDIC Final Report makes specific recommendations around the decriminalisation of public intoxication and other minor offences.¹¹

All thirteen recommendations (Recommendations 79-91) from the Final Report of the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1991 under the heading 'Diversion from Police Custody' are of keen relevance to the Inquiry. On account of their centrality to the matters under consideration by the Committee these recommendations have been included below.¹²

Final Report of the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1991

Recommendations 79-91

Diversion from Police Custody

79. That, in jurisdictions where drunkenness has not been decriminalised, governments should legislate to abolish the offence of public drunkenness. (3:28)
80. That the abolition of the offence of drunkenness should be accompanied by adequately funded programs to establish and maintain non-custodial facilities for the care and treatment of intoxicated persons. (3:28)
81. That legislation decriminalising drunkenness should place a statutory duty upon police to consider and utilise alternatives to the detention of intoxicated persons in police cells. Alternatives should include the options of taking the intoxicated person home or to a facility established for the care of intoxicated persons. (3:28)
82. That governments should closely monitor the effects of dry area declarations and other regulations or laws restricting the consumption of alcohol so as to determine their effect on the rates of custody in particular areas and other consequences. (3:28)
83. That:
 - a. The Northern Territory Government consider giving a public indication that it will review the two kilometre law at the end of a period of one year in the expectation that all relevant organisations, both Aboriginal and non- Aboriginal, will negotiate as to appropriate local agreements relating to the consumption of alcohol in public that will meet the reasonable expectations of both Aboriginal and non-Aboriginal people associated with particular localities; and
 - b. Other Governments give consideration to taking similar action in respect of laws operating within their jurisdictions designed to deal with the public consumption of alcohol. (3:28)
84. That issues related to public drinking should be the subject of negotiation between police, local government bodies and representative Aboriginal organisations, including Aboriginal Legal Services, with a view to producing a generally acceptable plan. (3:29)

85. That:

- a. Police Services should monitor the effect of legislation which decriminalises drunkenness with a view to ensuring that people detained by police officers are not being detained in police cells when they should more appropriately have been taken to alternative places of care;
- b. The effect of such legislation should be monitored to ensure that persons who would otherwise have been apprehended for drunkenness are not, instead, being arrested and charged with other minor offences. Such monitoring should also assess differences in police practices between urban and rural areas; and
- c. The results of such monitoring of the implementation of the decriminalisation of drunkenness should be made public. (3:29)

86. That:

- a. The use of offensive language in circumstances of interventions initiated by police should not normally be occasion for arrest or charge; and
- b. Police Services should examine and monitor the use of offensive language charges. (3:29)

87. That:

- a. All Police Services should adopt and apply the principle of arrest being the sanction of last resort in dealing with offenders;
- b. Police administrators should train and instruct police officers accordingly and should closely check that this principle is carried out in practice;
- c. Administrators of Police Services should take a more active role in ensuring police compliance with directives, guidelines and rules aimed at reducing unnecessary custodies and should review practices and procedures relevant to the use of arrest or process by summons and in particular should take account of the following matters:
 - i. all possible steps should be taken to ensure that allowances paid to police officers do not operate as an incentive to increase the number of arrests;
 - ii. a statistical data base should be established for monitoring the use of summons and arrest procedures on a Statewide basis noting the utilisation of such procedures, in particular divisions and stations;
 - iii. the role of supervisors should be examined and, where necessary, strengthened to provide for the overseeing of the appropriateness of arrest practices by police officers;
 - iv. efficiency and promotion criteria should be reviewed to ensure that advantage does not accrue to individuals or to police stations as a result of the frequency of making charges or arrests; and
 - v. procedures should be reviewed to ensure that work processes (particularly relating to paper work) are not encouraging arrest rather than the adoption of other options such as proceeding by summons or caution; and
- d. Governments, in conjunction with Police Services, should consider the question of whether procedures for formal caution should be established in respect of certain types of offences rather than proceeding by way of prosecution. (3:42)

88. That Police Services in their ongoing review of the allocation of resources should closely examine, in collaboration with Aboriginal organisations, whether there is a sufficient emphasis on community

policing. In the course of that process of review, they should, in negotiation with appropriate Aboriginal organisations and people, consider whether:

- a. There is over-policing or inappropriate policing of Aboriginal people in any city or regional centre or country town;
 - b. The policing provided to more remote communities is adequate and appropriate to meet the needs of those communities and, in particular, to meet the needs of women in those communities; and
 - c. There is sufficient emphasis on crime prevention and liaison work and training directed to such work. (3:43)
89. That, the operation of bail legislation should be closely monitored by each government to ensure that the entitlement to bail, as set out in the legislation, is being recognised in practice. Furthermore the Commission recommends that the factors highlighted in this report as relevant to the granting of bail be closely considered by police administrators. (3:54)
90. That in jurisdictions where this is not already the position:
- a. Where police bail is denied to an Aboriginal person or granted on terms the person cannot meet, the Aboriginal Legal Service, or a person nominated by the Service, be notified of that fact;
 - b. An officer of the Aboriginal Legal Service or such other person as is nominated by the Service, be granted access to a person held in custody without bail; and
 - c. There be a statutory requirement that the officer in charge of a station to whom an arrested person is taken give to that person, in writing, a notification of his/her right to apply for bail and to pursue a review of the decision if bail is refused and of how to exercise those rights. (3:54)
91. That governments, in conjunction with Aboriginal Legal Services and Police Services, give consideration to amending bail legislation:
- a. to enable the same or another police officer to review a refusal of bail by a police officer,
 - b. to revise any criteria which inappropriately restrict the granting of bail to Aboriginal people; and
 - c. to enable police officers to release a person on bail at or near the place of arrest without necessarily conveying the person to a police station. (3:55)

Preventing retrograde measures

It is critically important that decriminalisation of the offences in question is properly supported through the design, implementation and maintenance of coherent policy and practice frameworks.

We are able to identify from the experience of other Australian jurisdictions what some of the key risks might be that could work to undermine the positive impact of decriminalising the offences in question. These are:

- Police shifting reliance onto other existing offences with which to charge persons they would have previously charged with the decriminalised offenses, in doing so nullifying benefits, or—in the case of more serious charges being laid—exacerbating the problem.
- Blurring of function between short-term sobering up and longer-term accommodation for homeless people, reducing the capacity of sobering-up facilities to divert drunken people from police lock ups.
- Lawmakers:
 - Legislating new minor offences and/or increasing the tariffs for other minor offences such as breach of ‘move on’ orders.

For example, it has been argued that a recent reform in WA, the *Prohibited Behavioural Orders Act 2010*, may facilitate the erosion of health-oriented approaches in favour of a dominant punitive framework to manage alcohol-related public order issues.¹³

- putting in place provisions allowing for Police to take people into protective custody and to make ‘paperless arrests’.¹⁴
- creating mechanisms such as the Alcohol Protection Orders (APOs)¹⁵ introduced in the Northern Territory in October 2013 which criminalise drinking alcohol for those who are the subject of such orders and gave Police power to conduct breath tests on people thought to be under APOs.¹⁶

With respect to the latter measure, which effectively criminalised alcoholism (a known health condition), Priscilla Collins, CEO of the North Australia Aboriginal Justice Agency (NAAJA) in 2013, described the introduction of APOs as ‘a major step backwards’. Collins noted that ‘the Government [had] learnt nothing from the Royal Commission into Aboriginal Deaths in Custody that warned against criminalising drunkenness and emphasised diversion from police custody, [and that] the Government [was] doing exactly the opposite’.¹⁷

It is also important to acknowledge that putting in place a health-based approach requires upfront investment, hard work and that it can take time to implement (as has been demonstrated in Victoria).

As encapsulated by statements made by the Victoria Aboriginal Legal Service (VALS), ‘every extra day it takes to implement this reform is another day that Aboriginal and Torres Strait Islander people are being targeted and locked up

under the existing laws'.¹⁸ It is of note that while VALS is disappointed that decriminalisation is not yet in effect, they have been willing to support a strictly limited delayed timeframe 'so that it is done right'.¹⁹

Rural and Remote communities

The Commission notes the Committee's interest in views about the impacts of decriminalisation in rural and remote locations.

Many rural and remote locations have a higher proportion of First Nations people within their overall populations. These settings present particular challenges and opportunities for ensuring the human rights of these populations are upheld.

On the one hand, higher prevalence of poverty, lack of opportunity, inadequate access to services and reduced levels of infrastructure such as mobile networks street lighting, safe and viable transport options and accessible ablution and sobering-up facilities can increase risk factors and make it more difficult to promote safe environments for people who are at risk.

Compounding this, the imposition of short-term non-local Police personnel can make very difficult for Police and community to establish and maintain trust and to work together on designing and implementing effective solutions.

On the other hand, with the right approach, the size of rural and remote populations can allow for a level of interpersonal interaction and an increased flexibility around how to design solutions that meet community unique needs.

With this in mind, the Social Justice Report 2010's third chapter, 'From community crisis to community control in the Fitzroy Valley', may be of interest to the Committee.²⁰

Whether in urban, rural or remote settings, investing holistically in communities and resourcing community-based solutions is critical to meet community demands associated with poverty, homelessness and substance misuse, without reverting to top-down punitive responses which only work to deepen the problem.

Intersectionality

As a final section to this submission, it is important to note that within the First Nations population, there are particular groups—such as those with disability and women and girls—who experience compounding inequalities and discrimination.

First Nations women are the fastest growing prison population in Australia. stated in the *Wiyi Yani U Thangani* (Women's Voices) Report,²¹ Aboriginal and Torres Strait Islander women are also overwhelmingly more likely to be charged and convicted for minor, non-violent offences which are essentially 'crimes of poverty'.

In 1991, the RCIADIC also noted the apparent connection between police use of minor charges, such as offensive or obscene language, and a conflict of views over 'appropriate behaviour in women',²² exacerbating these effects for Aboriginal and Torres Strait Islander women and girls.

Recommendation—*That Australian Governments implement the findings and recommendations of the Wiyi Yani U Thangani (Women's Voices) Report in law and policymaking.*

Thank you once again for the opportunity to provide our views.

Yours sincerely,



June Oscar AO
**Aboriginal and Torres Strait Islander
Social Justice Commissioner**

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End Notes

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The Draft Consultation National Alcohol Strategy

**AUSTRALIAN HUMAN RIGHTS COMMISSION SUBMISSION
TO THE MINISTERIAL DRUG AND ALCOHOL FORUM**

[11 February 2018]

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Consultation Draft National Alcohol Strategy – February 2018

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1 Introduction

- 1 The Australian Human Rights Commission (Commission) makes this submission to the Council of Australian Governments' (CoAG) Ministerial Drug and Alcohol Forum (MDAF) to provide comment on the MDAFs Consultation Draft of the National Alcohol Strategy 2018–2026 (NAS).
- 2 The Commission commends the MDAF for producing a comprehensive Draft Consultation Strategy drawing on international evidence and frameworks to commence in 2018 and finish in 2026. Nine years is a significant and realistic period to ensure the full development, implementation, monitoring and evaluation of a range of approaches in reducing alcohol harms and the associated social and economic costs across the nation.
- 3 The Commission acknowledges that this is a national strategy targeting a range of at risk groups as well as the general population, including Aboriginal and Torres Strait Islander peoples. This submission makes recommendations specifically for strategies and actions which both affect and target Aboriginal and Torres Strait Islander peoples.
- 4 Alcohol and other Drug (AOD) related harms and how best to address them are some of the most confronting issues facing communities across Australia. These challenges are not limited to Aboriginal and Torres Strait Islander communities, but confront every demographic in society.
- 5 The evidence suggests that Aboriginal and Torres Strait Islander peoples are more likely to abstain from drinking than non-Aboriginal and Torres Strait Islander peoples. However, for those who do drink, a higher proportion do so at high risk levels posing harm and injury to themselves, families and communities. Aboriginal and Torres Strait Islander peoples also cut across the eight additional at-risk populations identified by the NAS. Due to this—and a range of causal factors—alcohol harms can have a disproportionate impact on Aboriginal and Torres Strait Islander individuals and communities.
- 6 This submission sets out a human right-based approach, and what has worked for Aboriginal and Torres Strait Islander peoples and communities in considering a range of responses in addressing alcohol related harms. This submission prioritises the involvement of Aboriginal and Torres Strait Islander people in developing and implementing strategies to address alcohol harms.
- 7 The Commission has previously commented on the results of alcohol harms, which remain just as prevalent and serious but are not covered in this submission.¹
- 8 This submission places Aboriginal and Torres Strait Islander alcohol use in a 'social and cultural determinants of health framework' to emphasise the need for holistic, multipronged and community-led strategies to address, prevent and overcome alcohol harm.

2 Recommendations

9 The Australian Human Rights Commission recommends that:

- a human right-based approach be adopted in developing national strategies and policies to reduce alcohol and other drug related harms to promote Aboriginal and Torres Strait Islander peoples' self-determination, choice, participation and control
- the NAS places priorities and responses to reducing alcohol harms in a social and cultural determinants of health framework to align with emerging advancement with the Close the Gap Refresh and the next iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, due for release in 2018. This is to ensure consideration of:
 - the multi-causal phenomena and driving factors that lead to alcohol harms, including the effects of intergenerational and contemporary trauma, and
 - the need to integrate trauma-informed and healing practices into approaches responding to a range of social harms including the harmful use of alcohol and other drugs.
- the meaningful participation of Aboriginal and Torres Strait Islander peoples is included in the governance of the NAS, in a manner consistent with Aboriginal and Torres Strait Islander people's right to self-determination and the principle of free, prior and informed consent, for example by:
 - ensuring representatives of Aboriginal and Torres Strait Islander peak health, and alcohol and other drug bodies, as well as Community Controlled Organisations are included in consultative mechanisms such as the Reference Group overseeing the governance of the NAS.²
- the NAS support Aboriginal and Torres Strait Islander community-led and holistic approaches which address whole of community health and wellbeing to reduce alcohol harms. This is achieved by:
 - the adequate resourcing of Aboriginal and Torres Strait Islander peak organisations and community-controlled organisations to implement new initiatives under the NAS and continue to deliver many successful alcohol programs initiated as a result of the current Drug Strategy.
- the NAS develop an implementation framework to clearly identify a timeframe to prioritise actions, and to identify government departments and jurisdictions who have primary responsibility for delivering on specific actions. The Implementation plan needs to incorporate:

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- strong monitoring, evaluation and accountability mechanisms for governments and stakeholders across jurisdictions to respond effectively to Aboriginal and Torres Strait Islander needs and initiatives in reducing alcohol harms.
- the National Alcohol Strategy commit to ensuring that all responses, prevention measures and any form of intervention aimed at reducing alcohol related harms among Aboriginal and Torres Strait Islander populations will be consistent with the Racial Discrimination Act 1975 (Cth)
- a new iteration of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019 (Drug Strategy) is developed to include a multipronged and holistic approach to addressing alcohol harms in Indigenous communities, and to happen in concert with the National Alcohol Strategy, to be implemented over the same timeframe and finish in 2026

3 A human rights-based approach

- 10 When developing strategic approaches to manage, reduce and prevent alcohol related harms for Aboriginal and Torres Strait Islander peoples and communities, it is important to adopt a human-rights based approach.
- 11 Features of a human rights-based approach will vary depending on the nature of the strategy concerned.³ Taking a human rights-based approach to reduce substance-related harms increases a strategy's effectiveness, efficiency and legitimacy and assists in delivering sustainable alcohol and other drug services which are respectful of the inherent dignity of individuals.⁴
- 12 Common principles to implementing a human rights-based approach have been identified through the following PANEL principles:
- **Participation:** everyone has the right to participate in decisions which affect their lives. Participation must be active, free and meaningful, and give attention to issues of accessibility, including access to information in a form and a language which can be understood.
 - **Accountability:** accountability requires effective monitoring of compliance with human rights standards and achievement of human rights goals, as well as effective remedies for human rights breaches. For accountability to be effective there must be appropriate laws, policies, institutions, administrative procedures and mechanisms of redress in order to secure human rights. This also requires the development and use of appropriate human rights indicators.
 - **Non-discrimination and equality:** a human rights-based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.

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- **Empowerment:** everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities need to be able to understand their rights, and to participate fully in the development of policy and practices which affect their lives.
- **Legality:** a human rights-based approach requires that the law recognises human rights and freedoms as legally enforceable entitlements, and the law itself is consistent with human rights principles.⁵

13 In order to ensure consistency with Australia’s obligations under international human rights law, the NAS should be consistent with these PANEL principles. In particular the model should be non-discriminatory and promote the ability of Aboriginal and Torres Strait Islander peoples to exercise choice, participation and control in a manner consistent with the right to self-determination and the principle of free, prior and informed consent, as set out in the Declaration.⁶

14 Implementing a human rights–based approach also requires giving consideration to the specific context of Aboriginal and Torres Strait Islander peoples. The NAS should be consistent with the four guiding principles of the United Nations Declaration on the Rights of Indigenous Peoples (‘the Declaration).

- self-determination
- participation in decision making underpinned by free, prior and informed consent
- respect for and protection of culture
- non-discrimination and equality.⁷

15 Previous Social Justice Reports have stated that strategies developed in line with the principles of the Declaration are likely to align with the evidence base of what is known to be effective in addressing alcohol harms.⁸

3.1 *The Racial Discrimination Act*

16 The *Racial Discrimination Act 1975* (Cth) (RDA) is based on Australia’s international legal obligations under ICERD. There are three key questions to assess whether initiatives are consistent with the RDA:⁹

- Where the measure is established by legislation, does it guarantee equality before the law?¹⁰
- Is the measure implemented in such a way that avoids both direct and indirect discrimination?¹¹
- Is the measure exempt as a special measure?¹²

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17 The Commission considers that all responses to reducing alcohol related harms should be non-discriminatory and consistent with the RDA and Australia's international human rights obligations. The Commission has previously made recommendations to this effect in Social Justice Reports¹³ and in the submission to the Senate Community Affairs Legislation Committee in the Inquiry into the Stronger Futures in the Northern Territory Bill 2011.¹⁴

3.2 **Special Measures**

18 Special measures are positive actions taken to rectify disadvantage and ensure the 'full and equal enjoyment of human rights and fundamental freedoms' of a particular racial group. The RDA permits special measures that foster greater racial equality and the elimination of racial discrimination in the Australian community.¹⁵ The following characteristics must be satisfied in order for a measure to be considered a special measure:

- To have the sole purpose of securing adequate advancement of those experiencing disadvantage so they can equally enjoy their human rights and fundamental freedoms.
- The protection given by the special measure must be necessary for the target group to enjoy and exercise their human rights equally with others.
- The measure must be temporary in achieving its objective.
- It must be designed and implemented on the basis of need, and be implemented through prior consultation and active participation of the target group.
- The measures should not maintain unequal or separate rights for different racial groups after the objectives have been achieved.¹⁶

19 The Commission has previously expressed concern that the Government has sought to justify measures that are on their face discriminatory as constituting special measures under the RDA. Special measures are actions taken to promote equality not to restrict human rights.¹⁷

20 The Committee on the Elimination of Racial Discrimination (CERD) has recently expressed concern about the manner in which special measures provisions have been utilised in Indigenous policy in Australia in particular for mandatory income schemes such as the cashless debit card (CDC).¹⁸ The CDC has been implemented to reduce alcohol related harms, as well as illicit drug use and gambling.

21 The Concluding Observations of CERD recommend reconsidering the mandatory income management scheme, and 'maintain only an opt-in income management scheme, and remove discriminatory conditions in access to social security benefits by claimants living in remote areas, the vast majority of whom are indigenous'.¹⁹

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- 22 Actions presented in the NAS must be consistent with the RDA in meeting the objective of reducing alcohol related-harms while enabling Aboriginal and Torres Strait Islander people to have the full and equal enjoyment of their human rights contained in the Declaration. To achieve this without punitive or discriminatory interventions, increased support is needed to adequately resource Indigenous-led programmes which focus on a range of wrap-around social and economic supports with the objective of reducing alcohol and other drug-related harms.
- 23 This approach is consistent with Australia's human rights obligations. Importantly, Aboriginal and Torres Strait Islander designed programs are also better equipped to respond with cultural sensitivity and appropriateness to highly vulnerable populations who are coping with a range of unique and complex needs and some disabilities and long-term harms caused by alcohol use such as Fetal Alcohol Spectrum Disorders (FASD).²⁰

Recommendation 1: a human right-based approach be adopted in developing national strategies and policies to reduce alcohol and other drug related harms to promote Aboriginal and Torres Strait Islander peoples' self-determination, choice, participation and control.

4 Placing alcohol harms in context

- 24 A primary consideration in designing and implementing effective responses and interventions to reducing alcohol harms should be an understanding that the consumption of alcohol does not occur in historical and social isolation, and any associated harms are a health, social and economic issue.²¹ A 'determinants framework' is increasingly the favoured approach to understanding the underpinning historical and contemporary factors driving alcohol consumption and harms.²²
- 25 Past Aboriginal and Torres Strait Islander Social Justice Commissioners have placed determinants of Indigenous health inequality within a historical context of practices of dispossession, assimilation and colonisation of Aboriginal and Torres Strait Islander peoples, leading to cycles of intergenerational trauma. In this context, the harmful use of alcohol is a contemporary reflection of Aboriginal and Torres Strait Islander peoples' historical treatment.²³
- 26 For strategies and policies to effectively use the determinants framework, consideration must be given to the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander peoples.²⁴ It is well documented that for Indigenous peoples SEWB encompasses a range of cultural and spiritual components such as: familial and kinship relationships, connection to country and ongoing practice of ceremony, traditional law and language.²⁵ In general, SEWB is intrinsically interconnected with community cohesiveness, financial security and the standard of the built environment and infrastructure including housing, sanitation, access to transport and clean and safe public spaces.²⁶
- 27 The relationship between these factors, SEWB and alcohol is complex. They intersect in multiple ways and exacerbate one another, often entrenching

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cycles of harm. Changes made to any of these determinants can have a substantial negative or positive impact on health,²⁷ SEWB and other social and economic outcomes, such as family breakdown and violence, child neglect and removal, loss of employment and increasing rates of incarceration.²⁸

- 28 The Close the Gap Refresh and the next iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 have recently placed emphasis on developing strategies which include a cultural determinants of health perspective.²⁹ Culture is understood to play an integral role as a protector and enabler of Aboriginal and Torres Strait Islander health and wellbeing as well as addressing the many damaging social and economic issues outlined above.³⁰
- 29 The Commission urges that the MDAF reflect in the NAS the social and cultural determinants of health, and intergenerational trauma to clearly explain historical and contemporary causal factors in contributing to harmful levels of alcohol consumption in some Aboriginal and Torres Strait Islander communities.
- 30 Further, a determinants framework of health places cultural and SEWB protective factors at the centre of policy and program design. In utilising a determinants framework, the NAS can identify holistic prevention responses to reducing alcohol harms specific to place, while improving the overall SEWB, economic and health indicators of individuals, families and communities.³¹

Recommendation 2: the NAS places priorities and responses to reducing alcohol harms in a social and cultural determinants of health framework to align with emerging advancement with the Close the Gap Refresh and the next iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, due for release in 2018.

5 Community-led best practice approaches to reducing alcohol harms

- 31 The Commission supports the NAS overarching framework of harm minimisation, and suggests that reference should be made to the Drug Strategy which outlines harm minimisation in accordance with the views of Aboriginal and Torres Strait Islander peoples.³²
- 32 In the Commission's view, one of the major barriers to implementing successful programs to reduce alcohol harms in Aboriginal and Torres Strait Islander communities, across the three pillars of harm minimization, is a lack of meaningful community engagement and participation in the governance, design and delivery of programs and services.
- 33 There is significant evidence to show that a commitment to strategies led by Aboriginal and Torres Strait Islander peoples ensures cultural appropriateness, safety and sensitivity and the use of local knowledge in service design and delivery leading to better outcomes.³³ Community-led

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services, which utilise local initiatives and solutions, can improve access to care and treatment, and the provision of more holistic approaches in responding to people from diverse linguistic and cultural backgrounds and with complex needs.³⁴

- 34 In summary, research indicates that successful community-led approaches incorporate the following principles:
- supported, owned and controlled by affected communities
 - designed and tailored to the specific needs of particular communities and subgroups within them
 - culturally sensitive and appropriate
 - adequately resourced and supported, including to cater to those with complex needs
 - provide a mix of broad-based and substance specific services
 - planned and integrated as a suite of interventions.³⁵

Recommendation 3: the meaningful participation of Aboriginal and Torres Strait Islander peoples is included in the governance of the NAS, in a manner consistent with Aboriginal and Torres Strait Islander people’s right to self-determination and the principle of free, prior and informed consent.

5.1 *Holistic Approaches*

- 35 Long-term holistic approaches taken within the community controlled sector are successful because they acknowledge and address the reasons people turn to alcohol and other drugs.³⁶ Holistic approaches intersect with the social and cultural determinants of health framework, as explored above, to address both driving factors and root causes of substance use problems, as well as responding to the symptoms.³⁷
- 36 In this holistic approach, trauma-informed and healing practices are increasingly being used to improve social and emotional wellbeing in responding to a range of interrelated harms.³⁸
- 37 Trauma-informed and healing practices are inherently community-led as they draw on cultural and community strengths as protective factors to enhance dignity, self-esteem, and respect for Aboriginal and Torres Strait Islander peoples in confronting and recovering from the impacts of trauma, consequently addressing a myriad of social issues, including a reduction in alcohol use and harm.³⁹

5.2 *Responding to the evidence*

- 38 The Healing Foundation has amassed significant evidence to present the legitimacy and effectiveness of these approaches. An example of their holistic programming is, ‘Our Men Our Healing’,⁴⁰ focusing on three men’s

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healing projects in the remote Northern Territory communities of Maningrida, Ngukurr and Wurrumiyanga. The projects are initiated and led by the men. They comprise activities such as fishing trips, counselling sessions and a youth diversion program on country. The combined initiatives are aimed at increasing their empowerment, strength and self-esteem to address intersecting issues of harm including alcohol and other drug misuse.

- 39 In addition, The Lowitja Institute⁴¹ and the Menzies School of Health⁴² have active research projects focusing on community-informed initiatives and the importance of cultural revitalisation and connectedness to culture as the most effective means in addressing health and social issues such as alcohol harms. Research also indicates strategies which support community activities that promote pride in culture, country, language and identity can significantly reduce stress, social isolation and exclusion resulting in a positive impact on alcohol consumption and harms.⁴³
- 40 The Department of Health's, Tackling Indigenous Smoking initiative⁴⁴ provides significant evidence highlighting successful models of health intervention in Aboriginal communities as being underpinned by community-led decision making, design and control.⁴⁵ The Initiative is a strong example of how innovation is achieved by awarding grants to Aboriginal and Torres Strait Islander organisations to design place-based projects. The grants are flexible, target multi-level approaches and responsive to needs and local solutions, with minimal requirements for project design and implementation dictated by externally imposed government agendas.

Recommendation 4: The NAS support Aboriginal and Torres Strait Islander community-led and holistic approaches which address whole of community health and wellbeing to reduce alcohol harms.

5.3 *Implementation*

- 41 To develop successful community-led strategies it is vital to consider the components of implementation necessary to ensuring initiatives adequately reach their objectives, in this case a reduction in alcohol harms. A summary of evidence highlights the following best-practice phases of implementation:
- **Root cause and needs analysis** — mapping the historical and contemporary context, and current needs of the community.
 - **Co-design process** — community members and stakeholders to work with funders and partners to design the project, strategy and implementation plan.
 - **Adequate resourcing** — secure essential resources including financial for the operations and staffing of the initiatives.
 - **Monitoring and evaluation frameworks** — develop local performance indicators to meet benchmarks targets and guide overall program evaluation.

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- **Capacity building** — deliver relevant training in supporting the community to continue successful delivery and ownership of initiatives.⁴⁶

42 The Commission encourages the MDAF to include in the NAS provisions for the development of community-led holistic practices, and implementation approaches to empower Aboriginal and Torres Strait Islander communities to make decisions about how to manage alcohol within their own community.⁴⁷ Many of these initiatives have taken shape, and have begun to be implemented under the governance of National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019.

43 Ongoing support for these initiatives and increased participation and involvement in the design and implementation of programs addressing alcohol harms will improve the likelihood of success and will protect the human rights of Aboriginal and Torres Strait Islander people as outlined in the Declaration.⁴⁸

44 In this regard, The Drug Strategy identifies a priority area to addressing and reducing alcohol related harms, as follows:

Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.⁴⁹

45 The Commission urges the MDAF to consider the specific rights and needs of Aboriginal and Torres Strait Islander peoples when implementing Priority Area 3 of the NAS.⁵⁰ This is to ensure the full participation of Aboriginal and Torres Strait Islander People in developing community-led and controlled approaches as outlined above and to make accessible and effective in the short and long-term all forms of AOD treatment, rehabilitative and support services.⁵¹

Recommendation 5: The NAS develop an implementation framework to clearly identify a timeframe to prioritise actions, and to identify government departments and jurisdictions who have primary responsibility for delivering on specific actions.

6 Interventions and targeted approaches

46 In general, the Commission supports the evidence that population-based measures to restrict the supply of alcohol, through limiting accessibility, increasing taxation and pricing of alcohol and bans on advertising⁵² are most effective in reducing alcohol harms across the entire population as well as at-risk populations, including Aboriginal and Torres Strait Islander peoples.⁵³

47 As outlined in the draft NAS, whole of population approaches at times can be supplemented by targeted responses which recognise disproportionate risks and harms experienced across different populations.⁵⁴ Targeted responses are effective when they are designed to enhance the equal enjoyment of

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human rights and fundamental freedoms for Aboriginal and Torres Strait Islander communities.

- 48 There is a broad range of evidence highlighting successful interventions designed to significantly reduce alcohol harms in situations where the supply and consumption of alcohol in vulnerable communities poses a serious immediate and ongoing threat to life.⁵⁵ These interventions are characterised as circuit breaker to a crisis, to create a breathing space in which need can be assessed to ensure culturally appropriate and place-based responses to alcohol treatment and recovery are implemented successfully.
- 49 The Australian Law Reform Commission's (ALRC) Discussion Paper on Incarceration Rates of Aboriginal and Torres Strait Islander Peoples outlines a number of these interventions.⁵⁶ These include: the declaration of dry communities; liquor accords when enforced, such as the Norseman example; community controls and patrols; and community initiated restrictions on the supply and sale of full strength alcohol, such as the Fitzroy Crossing and Halls Creek example.⁵⁷

6.1 Interventions and human rights concerns

- 50 Targeted responses have raised human rights concerns particularly regarding mandatory income management approaches. More recently these concerns have been raised in response to the Cashless Debit Card (CDC) trials, and the compatibility with human rights standards, including the CDC's impact on: equality and non-discrimination; social security; and privacy.⁵⁸
- 51 Most recently, concerns have been raised regarding the validity and quality of the evaluation report on the trial sites that was conducted by Orima Research in 2017.⁵⁹ This calls into question the claims made that the CDC approach is able to effectively reduce harms related to AOD use.⁶⁰ Credible evidence is needed to show the CDC can effectively meet the objective of reducing alcohol harms to justify the significant funds required to implement the CDC.⁶¹
- 52 Ultimately, interventions alone seldom develop the skills for an individual to manage finances, regulate their own alcohol consumption, and manage a range of other social and economic factors in their life. As outlined in this submission, investment in community-led solutions aimed at targeting root causes and enhancing cultural protective factors and social and emotional wellbeing have more efficacy and evidenced success in reducing alcohol harms, as well as addressing a range of social and economic issues.
- 53 The Commission considers that if intervention measures are applied, the approach must be underpinned by participation in decision making, based on free, prior and informed consent and good faith.
- 54 However, should a community choose to introduce income management measures, the Commission confirms in line with previous statements that its preferred features of an income management measure with an objective to reduce alcohol harms are an approach that:

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- enables participants to voluntarily opt-in
- utilises income management as a ‘last resort’ for targeted risk areas such as child protection (that is supported by case management and support services)
- applied for a defined period and in a manner proportionate to the context,⁶² and
- is supported by a range of other services and treatment options to support participants.⁶³

55 A human rights approach requires that any measures be non-discriminatory, effective, subject to monitoring and review and genuinely tailored to the needs and wishes of the local community, and must be justifiable in accordance with Australia’s international human rights obligations.

Recommendation 6: the National Alcohol Strategy commit to ensuring that all responses, prevention measures and any form of intervention aimed at reducing alcohol related harms among Aboriginal and Torres Strait Islander populations will be consistent with the Racial Discrimination Act 1975 (Cth).

7 A multipronged strategic approach

56 Strategies and associated actions to address alcohol harms should be understood within a holistic frame. Alcohol harms are not an isolated issue but are a part of a complex range of factors.⁶⁴ For Aboriginal and Torres Strait Islander peoples and communities there is no ‘one size fits all’ approach, or a single intervention that can act as a panacea in addressing alcohol harms.⁶⁵

57 Interventions should be considered as part of a multipronged approach. When interventions to address an immediate crisis are considered necessary, they must happen simultaneously with holistic community-led approaches. These approaches must have a clearly articulated and agreed implementation strategy which enhances the capacity of community-controlled organisations, through the provision of adequate financial resourcing and support to improve service delivery at the local level to be able to effectively and appropriately address and prevent alcohol harms in both the short and long-term.⁶⁶

58 Past Social Justice Reports have stated that strategies which do not include improvements to health infrastructure, employment opportunities and social, cultural and emotional health and wellbeing, will struggle to achieve a range of social justice targets. This includes reduction in alcohol harms and, concomitantly, a reduction in incarceration rates, increased employment, better housing conditions and other interrelated outcomes, designed to improve a range of life outcomes over the long-term.⁶⁷

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- 59 It is important that the NAS indicates how community controlled organisations, place-based treatment services, and wrap-around support services, such as parenting support programs, early childhood centres and maternal health programs, will receive adequate financial resourcing to ensure continuation of care beyond institutional settings. Resourcing long-term place-based approaches to addressing alcohol harms is important as crisis intervention and short-term rehabilitation approaches alone show varying levels of success in reducing alcohol related harms.⁶⁸
- 60 Importantly, addressing alcohol harms cuts across sectors and includes focus on welfare reforms. In designing interventions and reforms coordination across sectors is essential to implement successful strategies which respond to the evidence of how approaches may have a positive or negative impact on the use of alcohol and other drugs.
- 61 The Commission suggests that the NAS consider increased investments into holistic, trauma-informed and healing evidence based initiatives for Aboriginal and Torres Strait Islander communities experiencing a disproportionate impact of alcohol-related harms. Investment in these approaches should be commensurate with need and the health, social and economic concerns and issues of the community in question.⁶⁹ Resource allocation to developing community-led approaches in addressing alcohol harms must be needs based and appreciate the changing circumstances and priorities of Aboriginal and Torres Strait Islander communities.⁷⁰

Recommendation 7: a new iteration of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019 (Drug Strategy) is developed to include a multipronged and holistic approach to addressing alcohol harms in Indigenous communities, and to happen in concert with the National Alcohol Strategy, to be implemented over the same timeframe and finish in 2026.

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- ¹ Australian Human Rights Commission, Submission no 31 to the house of representatives standing committee on indigenous affairs, Parliament of Australia, *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities 2015*, April 2014.
- ² Department of Health, Commonwealth of Australia, The Draft Consultation National Alcohol Strategy, 2017 pp 4. At <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-drugs-alcohol-index.htm> (viewed 16 January 2018).
- ³ Australian Human Rights Commission, *Social Justice and Native Title Report 2015* (2015), p.51. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-nati-1> (viewed 24 January 2016).
- ⁴ The Victorian Equal Opportunity and Human Rights Commission presents a guide to implementing a human rights based approach in response to the Victorian *Charter of Human Rights and Responsibilities Act 2006* (vic) which came into full effect in January 2008. See: From Principle to Practice: *Implementing the Human Rights Based Approach In Community Organisations 2008*. At <http://www.humanrightscommission.vic.gov.au/our-resources-and-publications/toolkits/item/303-from-principle-to-practice-implementing-the-human-rights-based-approach-in-community-organisations-sept-2008> (viewed 31 January 2018).
- ⁵ This approach is sourced from the Social Justice and Native Title Report 2015 where the former Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda, set out a human rights-based approach to welfare reforms in the context of the introduction of the Work for the Dole scheme in remote communities. See: Australian Human Rights Commission, *Social Justice and Native Title Report 2015*, 51. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-nati-1> (viewed 22 January 2018).
- ⁶ United Nations General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples*: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295. At http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf (viewed 22 January 2018).
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- ⁸ See M Gooda, *Social Justice Report 2013*, Australian Human Rights Commission (2013), pp 17. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-native> (viewed 22 January 2018).
- ⁹ For a more detailed explanation of the relationship between the RDA and welfare initiatives, please refer to the Social Justice and Native Title Report 2015. See: Australian Human Rights Commission, *Social Justice and Native Title Report 2015*, 51. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-nati-1> (viewed 22 January 2018).
- ¹⁰ *Racial Discrimination Act 1975* (Cth) s 10.
- ¹¹ *Racial Discrimination Act 1975* (Cth) s 9.
- ¹² *Racial Discrimination Act 1975* (Cth) s 8.
- ¹³ See M Gooda, *Social Justice Report 2012*, Australian Human Rights Commission (2012), pp 44 - 57 At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-report-11> (viewed 22 January 2018); M Gooda, *Social Justice and Native Title Report 2010*, Australian Human Rights Commission (2010), pp 33 -47. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-report-1> (viewed 22 January 2018).
- ¹⁴ Australian Human Rights Commission, Submission No. 351 to Senate Community Affairs legislation Committee, Parliament of Australia, Review of the Stronger Futures in the Northern Territory Bill 2011 and two related Bills 2011, 6 February 2012, pp 6
- ¹⁵ See M Gooda, *Social Justice Report 2015*, Australian Human Rights Commission (2015), pp 53. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-nati-1> (viewed 22 January 2018).
- ¹⁶ See M Gooda, *Social Justice Report 2013*, Australian Human Rights Commission (2013), p. 127. At <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-native> (viewed 22 January 2018). For a more detailed understanding of what constitutes a special measure and the relationship between special measures and the Racial Discrimination Act please refer to UN Committee on the Elimination of Racial Discrimination (CERD), *General Recommendation no. 32, The meaning and scope of special measures in the International Convention on the Elimination of All Forms [of] Racial Discrimination*, 24 September 2009. At <http://www.refworld.org/docid/4adc30382.html> (Viewed 31 January 2018).

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- ²⁰ Elizabeth Elliot, Fetal alcohol spectrum disorders in Australia – the future is prevention, (2015) 25 *Public Health Res Pract.* 252, pp 1516.
- ²¹ Gray D, Cartwright K, Stearne A, Saggors S, Wilkes E, Wilson M (2017) Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people. Australian Indigenous HealthInfoNet. Pp 15 At <http://www.aodknowledgecentre.net.au/aodkc/alcohol/reviews/alcohol-review> (viewed 15 January 2018).
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- ²³ Darren Dick on behalf of Mr Tom Calma, Social Determinants and the health of Indigenous people in Australia – a human rights based approach (Presentation delivered at the International Symposium on the Social Determinants of Indigenous Health, 29 – 30 April 2007). At <https://www.humanrights.gov.au/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based> (viewed 22 January 2018).
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