



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

12th Assembly

'Ice' Select Committee

Public Forum Transcript

12.00 pm – 1.30 pm, Tuesday, 21 July 2015

Andy McNeil Room, Alice Springs Town Council

- Members:**
- Mr Nathan Barrett, MLA, Chair, Member for Blain
 - Ms Lauren Moss, MLA, Deputy Chair, Member for Casuarina
 - Mr Francis Kurrupuwu, MLA, Member for Arafura
 - Mr Gerry Wood, MLA, Member for Nelson
- Witnesses:**
- Commander Brent Warren: NT Police Service
 - Skye Mitchell: NT Corrections
 - Mandy Taylor: Community Member
 - Christine Donnellan: CAAPU
 - Merle Thomas: CAAPU
 - Ron Miliado: CAAPU
 - Delores Furber: CAAPU
 - Eileen Hoosan: CAAPU
 - Theodora Nelson: CAAPU
 - Christobel Swan: CAAPU
 - Paul Schluter: NT Corrections
 - Bridget Davey: NT Corrections
 - Mark Nixon: NT Corrections
 - Suzanne Wilks: NT Corrections
 - Dorinda Block: NT Corrections
 - Darren Nesbit: NT Corrections
 - Carole Taylor: Drug & Alcohol Services Association Inc.
 - Matt Garrick: Centralian Advocate
 - Robyn Lambley MLA: Member for Araluen
 - Mr Turner: Community Member
 - Blair McFarland: Central Australian Youth Link Up Service
 - Andrew Walder: Tangentyere Council
 - Jenny McFarland: Central Australian Youth Link Up Service

Mr CHAIR: My name is Nathan and I am chair of the committee looking at ice. We had a forum in Darwin and one in Katherine. I would love to hear what people in Alice Springs are thinking about this issue and some possible solutions around what is happening in the detox and withdrawal rehab space in prisons. It is an area where we see something could be done better. We honestly do not know what or how that works.

It is great to see somebody from the police here. The poor guy in Katherine copped a fair bit last time so I hope you are thick-skinned and ready to go.

Thanks everybody for being here. We will kick it off and I would like to start with the lady from CAAAPU who was talking about ice as an issue. I would like her to start off and talk about how the community is perceiving this issue.

This is a recording and we make a transcript of this. I know it is culturally insensitive, but could you speak really loud and remember to say your name before you speak. Say, 'I am from such and such'.

Ms SWAN: My name is Christobel Swan. I came here to listen about this ice business because actually I do not know what ice is. I have heard from a few people what ice can do to our people ...

Ms TAYLOR: From what I can gather ice is the purest form of methamphetamines. Crystal meth is ice and there are a whole lot of variations coming down the line. A lot of the guys in Alice Springs who say they are on ice are actually on the lessor form of meth, and low grade meth at that. I think there is a lot of confusion about what the drug is. There is no question it is a form of methamphetamine but ice is at its purest form.

Mr CHAIR: What does it do?

WITNESS: The biggest difference is cost, to be honest.

Ms TAYLOR: One of the ways to determine what they are on is to say to someone, 'How much did you pay for it?' and they say, '\$25'. Then its meth, which is made in someone's back yard sometimes, which is just as dangerous. Shake and bake labs have their own dangers and are not that different in the chemical compounds. The chemical makeup is the same in one as it is in the other. In the purer form it works a lot stronger and a lot faster.

Commander WARREN: I am Brent Warren from police. I am certainly not a scientist so I will not pretend to talk about the ins and outs of what it consists of, but I think your question was what is the stuff for someone who has never seen it before. It is a powder-based drug. It is a stimulant. As opposed to when people smoke ganja and it makes them relaxed, this drug that gets people more excited. One of the side effects can be that people stay awake for a long time. If you have seen people who have been awake for maybe 48 or 72 hours - they say they cannot sleep because they have been taking drugs.

This lady is absolutely correct. I really need to reiterate the point that a lot of people talk about ice as an alternative name for methamphetamine. Ice actually refers to the purest type of that drug and it looks like crystals or shards of ice; the really good stuff. That is because it is really pure.

What a lot of people are probably using on the street is less pure drugs that have been either cut down. So that is where they get the pure drug and they mix it with something else so it goes further, or things have been made in a less high-tech laboratory. We have had a couple of what we call shake-and-bake laboratories, which is slang for a Soda Stream bottle where you put the relevant chemicals in, you do the reaction inside the bottle. People like Soda Stream bottles because they are stronger than the standard Coke bottle. It allows them to release the pressure by turning the lid on the Soda Stream bottle whilst the reaction is occurring.

It is important in this whole conversation about ice to acknowledge that some people are using this very pure drug which can be quite addictive. A lot of people have already been using other amphetamines for a long time. Crystal methamphetamine has been an issue in America in the 1980s and 1990s, so this is not a new drug. But the methods of preparing and producing it have become more sophisticated so it is more accessible than it used to be in the pure form.

Mr CHAIR: It releases in the brain the chemicals to make you feel good, as well as keeping you awake, as the officer said. This is an attractive drug to people who feel low, feel down, feel depressed - there is some kind of human misery element that makes them feel sad about their life. The purest form of this is bloody

expensive. In Darwin we hear it is about \$300 a point. A point is one-sixteenth of an ounce. It is a gram? Is that right? Or an eighth, I cannot remember.

Commander WARREN: Point one gram, basically, what you are talking about.

Mr CHAIR: Point one is a very small amount. For \$300 it is a very small amount. That is the pure stuff. That makes people feel so fantastic the first time they take it, then the next time they take it, it does not have nearly the same effects, even if you take more and then more and more. Then instead of using it once on a weekend, and then have two weeks off and use it on a weekend, they start to think, 'I need it every weekend just to have fun', so they go to a party or take lots.

This is not just a drug that people who are sad, poor, destitute and lonely take to escape. This starts to become something that people are taking for fun. But because it takes hold, is very addictive, people start to take it every weekend, and then they cannot get through the week at work without it. Then they are taking it every day. Then they are stealing money to try to support their habit; they are changing and using it a lot.

It is very destructive in the effects that it has on them usually because it is so expensive and addictive, it starts to change behaviour. When people are really dependent on it - you see in other places not so much in the Northern Territory where you do not find it so much. If you go to some other places in Australia and the cities where people are really getting into ice they are completely different people. They will lie, cheat, steal, break in, whatever to get more and more of this drug. They see it as their only possible source of happiness. Because of that, it is such a destructive force.

The other thing about it is the ingredients are reasonably easy to get compared to opium or cocaine, so you cannot really set prerequisites. If you have enough Sudafed you can make it, and you can buy Sudafed at a chemist. The ingredients are legally in the country, so that again forms an issue that is really hard to stop because the ingredients for it are not hard to get compared to, say, poppies or some other thing that is very controlled.

That is basically what it does and why it is so dangerous, because it is so addictive and so powerful, yet on top of that, so expensive. Does that answer your question? I will start with that; it is a little powder that makes people feel awesome, and then everything goes downhill. Does that answer your question?

Ms SWAN: Yes, but, I am worried. I have heard people throughout the community, their lives have been ruined - all young kids.

Mr CHAIR: Yes.

Ms MOSS: One of the issues we have heard last week in Katherine was around people's comfort in being able to report when they know something is going on. We know there are issues around - they might be connected to families and things like that. I wanted to put out to the room whether you think there are obstacles to people reporting when they know things are happening in the community with amphetamines. How do we promote and support people to report those activities? In Katherine, and we had a lot of discussion there about how we can encourage this relationship with police but I would be keen on your views around this issue

Mr CHAIR: It came up earlier today that people did not feel comfortable reporting their family members if they know something is going on. I asked if this was coming back to the police. Is this being reported effectively? In Katherine we found there were people who worked for government agencies saying, 'No, I had better not tell the police because it will get really hard for me.' Without evidence we can't do a lot, we need to get into this reconnection back to the law enforcement and the community and where does the community step up and say, 'No, I will report it. Even if this person makes my life hard, it is the right thing to do', How do people feel about reporting drug use?

Commander WARREN: If no one else is jumping up I am happy to attack that first. I think it is really important to put the reporting issue in a broader context, especially in Central Australia. I imagine the people you spoke to in Katherine - it would be quite a similar scenario. The issues around reporting are not restricted to this category of drug; they are related to being in a small community. We find with domestic violence enforcement in a more remote community, say Papunya or Yuendumu, people feel if you say something about an issue, everyone in the community will know about it. It is not an issue restricted to drugs, but it is a very real issue in small communities in the Northern Territory.

We have methodologies for people to tell police about information they have and stay anonymous.

The third option is for people to ring the Crime Stoppers number, a free call number, and you can ask to stay anonymous. That information comes through to police in whichever community, but they do not know where that information came from. That is a way for people to feel a little safer telling information about offending that is happening.

Of course, the reality is if you are providing information about a family member and if you are quite specific about that information, that person could perhaps think backwards about who knows about what they are doing and could still potentially identify you as the person who provided the information. There is a risk there for people in a close-knit community or a small local group or a family. I agree with you, sometimes there is no easy, painless way to pass the information on. Police respect the right to stay anonymous and, in relation to drug information, we are legally bound to keep that information confidential. We do not share that information.

Sometimes we get information about criminal behaviour, and because we know that if we act on it at that time we will give up the person who told us the information, we might tend to just hold that information until we can verify it in a different way. It is important to protect sources of information. It is a big issue but we have some strategies in place. I think Crime Stoppers is the best way to stay anonymous and remote from police and still share information.

Mr CHAIR: How is the reporting of information across the Territory?

Commander WARREN: Most of our intelligence is collected by police not by members of the public, to be honest. Particularly for amphetamine or ice issues, most of our intelligence is collected by police. We are developing relationships with people who move in these criminal circles and have - for example, in Central Australia we have a fairly strong network of people we get information from, particularly about Alice Springs, and also any of the remote communities. There is definitely a trend in seeing more of our intelligence reports being about ice rather than other types of amphetamine, but our own analysis suggests that is partly because everyone calls it ice now even though they are talking about amphetamine-type substances.

The general public reporting is always a little sporadic. You get peaks and troughs, but it is not the most significant part of our information collection. Unprompted calls is what you are talking about. We are much better at the moment at collecting information from people we know are already in the circle or positioned to know information about drug dealing and drug use.

Mr WOOD: I have just come back from the north of Canada, where I put on my CV that I am on an ice committee. They wondered why I would be worried about ice ...

Commander WARREN: That is certainly very strange.

Mr WOOD: You mentioned the method of staying anonymous by using Crime Stoppers. How well is that known? I know you put it on TV but I had a lady ring me up after our Katherine meeting. She picked the wrong day to go to the meeting. She had a son or a daughter or someone - who was a dealer. She was scared to do him in. She was asking me to do that. I have to go back with the information to where I got the information. If people are not doing it, is it because they do not know there is a methodology in it to protect them? Are the police getting that message out that we want their help and this is the way to do it without them being under threat of retribution?

Commander WARREN: I agree with you. We could probably do more around advertising the anonymous aspect of Crime Stoppers. My personal practice is every single time I am on a radio or doing a media release we reinforce the fact that Crime Stoppers is an anonymous option. As I mentioned, domestic violence is another sector where people do not want to be identified with passing on information.

We have done work on that, but in the whole-of-Territory approach, we could probably raise the profile of being anonymous and tell police.

The other thing that works in some communities is to have people who identify themselves as a cut-out. This lady identified you as a member of her community who could speak on their behalf and find another place to pass information on. We still value that kind of referral. If you came to us and said, 'I have information that has been passed on by someone I cannot identify', we would categorise that in our database as information that it is not as valuable as knowing the source, but it still forms a picture. So it is still useful to us.

The other thing we have tried to push in smaller communities in the past is encouraging people to go to someone they respect or feel safe with, as a third party referrer. Maybe we could do more work around advertising that as an alternative.

Mr GARRICK: If the police are going that route, is there a way of protecting those people who have put forward the information? Obviously, that must be imperative to give the guy support.

Commander WARREN: Are you saying as, protect peoples anonymity?

Mr GARRICK: Not necessarily their anonymity. As I said before, if there is a person, once this information is known would the person who is responsible (inaudible) is going to say, 'Oh it must have been this person who leaked that information'. How can you protect those people?

Commander WARREN: As I said, if we assess that there is an undue risk of someone being identified as having provided information, we may make the choice to not take any action straightaway until we can confirm that information in a different way. It is always our preference, our priority, to try to find an independent way of confirming intelligence. That way we can refute the assertion that someone has told us that story.

Sometimes there is no way around it. If it is information from a tiny group of people, they are going to start pointing the finger at each other inside that group. It is a risk versus reward issue: how serious is the crime being alleged versus how much risk is there to the person who told us, if we can do something about it? So it is a balancing act, a risk management issue.

Mr CHAIR: Sorry what is your name?

Mr GARRICK: Matt Garrick.

Mr CHAIR: The question was from ...

Mr GARRICK: I am Matt Garrick from *Centralian Advocate*.

Ms MOSS: I had another question for – sorry, did you want to ...

Ms HOOSAN: Yes. In developing our submission to the ice committee we did a lot of research because not all of us understood what ice was. Patricia said, 'What are they talking about; the ice in the fridge?' We said no, it is a drug. We do have a better understanding of what the drug ice looks like, and we know what happens to people if they get hooked on ice. Our fear is that we are already dealing with families with domestic violence. Can you imagine having someone in your family who wants to have that ice and will not share it – they want that ice (inaudible) to get that ice.

We can stand up strong, CAAAPU, and say no to ice. We met with Tangentyere Council. There were about 60 people at that meeting, including all of us from CAAAPU, and they gave us a letter of support which I have not brought today but I want to lodge it with our presentation. We are prepared to stand up and say no to ice, but there is no awareness. We want to have a place to say no to ice and have a number you can ring because we are not – as a town member of Alice Springs I would not like to see ice in our communities. We are prepared to report families, talk to families first, have our outreach talk to people and say, 'If this is a really big issue we will help you do something about it'. Doing something about it also means you have to move forward (inaudible) treatment and rehabilitation for people suffering from ice.

Ms MOSS: Thank you.

Ms HOOSAN: That is our strong position, we say no to ice.

Ms MOSS: That leads very nicely to the question I was going to ask this morning when you were giving us evidence. You said CAAAPU is very strong about there being no place for ice in the community and with our families. In what ways can we keep families strong around these issues? How do we support families to connect to help, because obviously, not all people who use methamphetamines will come into contact with police? We need to make sure people are getting the appropriate care and help they need, and that includes families. How do we support families? What ways do you think we can promote what is available to families?

Ms HOOSAN: One of the reasons why we said ice is in Alice Springs is because people have said there was ice. They gave us some of the samples. They mostly use ice mixed with marijuana. They call it sticky smoke and that can give you a big buzz they said. There are other – Tangentyere told us other stories about how they use ice, so it is here. I think surveillance by police has helped stop ice coming in, and I think that as a community we also have to stop it coming in.

Ms MOSS: How do we promote that there are some services available (inaudible) here today, and how do we promote those services to the community because we are seeing is there is already a disconnect around what these services are in the first place. How do we know? How will government know?

Ms TAYLOR: I cannot answer that question, but can I take you back to your original question ...

Ms MOSS: Yes, please.

Ms TAYLOR: ... which is the question around reporting. I think there has to be an understanding that one of the impediments to reporting is people seeking care and support. It is a real problem for families who are seeking help for family members or their themselves children. I could cite examples of where you have people coming in, their parents bringing them in and saying 'She's on' – they very rarely say ice or at this stage divulge their drug of choice you know, 'This person is on a hard drug. Can we get them in? Can I get them assessed and can we do it quickly?' in terms of assistance there is a real concern that if people come in and go 'My son's on ice', that we may do something to breach their confidentiality. There is a real fear, and we know that they are on ice or something similar, but there is still this fear about not telling anybody until they feel safe and they talk about privacy issues. Prior to going in to rehab I do not need an answer. It is (important that people are inside the safe area. That way, we can get an answer. But this is helping them and they are feeling safe, then they will go to detail about what they are on. That is what I mean.

Mr CHAIR: One of the things that drives me nuts about this drug and makes me really angry, is there is a group of people this big that are presenting, 'I have a problem, and I need to do rehab', soaking up truckloads of money, and there is a group of people this big who take it every other weekend. If you could find all of these people and punch them in the head, and say, 'Stop it!', you would kill the Australian market, and there would be not market. These other people who are vulnerable to it because of other circumstances would not get it - could not get it.

Ms TAYLOR: The user/dealer or non-user/dealer. There are two groups. In my work with those in residential care I believe there are two groups. I believe there is a group of people who are hooked on drugs, make their backyard stuff in order to sell it and to continue to take the drug. The non-user/dealer is the group that I feel is very dangerous. That is a totally different group of people with entirely different motives.

Mr CHAIR: The problem is that you could actually address this community problem ...

A Witness interjecting.

Mr CHAIR: ... are self-appointed. And it is not until the community changes its mind about a drug, like smoking. Fifty years ago, everyone was smoking at school. Now it is like, 'Smoking? Smoking is crap!' You get this whole societal shift in the way society perceives the thing. In my mind, going to the model as Moira is asking, how do we get the community to turn around - not the government, not the police, not the rehab services? How do we get the whole community to turn around and go, 'You know what? No!'

Ms TAYLOR: Same thing you did with smoking. Scare the living daylights out of them!

Mr CHAIR: There is evidence that we would have to (inaudible) scare the people to want to change it. The kids might. I do not know.

Mr WOOD: The issue has come up in the Top End and here about what treatment is available for drug use in prisons. We were told in Darwin at Banyan they get people from prison. They say they are not necessarily complaining about that, but they are also being asked sometimes to do work in prison. Is there detox and rehabilitation programs in Central Australian prisons for drugs in general, and maybe, specifically ice if you have come across that? How do you handle that in the prison system?

Mr NIXON: My name is Mark Nixon. I am currently the Deputy Superintendent of the prison. We have probably tried to jump on the front foot with this. Paul Schluter is with our dog squad. Paul has done a lot

of reading around and chasing up other goals to see what they do around the country. That was a few months ago. With that, it came out that there is not a lot getting done in other places other than talking about educating people and discussing it.

We have quite a few people locked up at the moment. We work with the police and everybody else. We continue to hear about ice. Is ice really in Alice Springs or is it just meth that is here? I found that very interesting. We address each individual when they come into the goal. We try to determine whether they are there because they are on drugs or they are a drug user. We work through that process.

Not everybody who comes in is affected either by drugs or alcohol. So we go through processes whether they have a drinking problem, it is an alcohol problem, or whether it is a drug problem. We take it from there and address any reoffending so they do not get back out and do the same thing and are shoved back in.

We have our treatment programs and rehabilitation. I do not have anybody in here who is addicted or seriously coming down from ice. I suppose we are here to just find out as much info as we can, so we can put a strategy in place inside the prison ...

Mr CHAIR: You do not have a program at the moment? If somebody says, I have an addiction to X, Y, Z', what do you do?

Mr NIXON: We do have a rehabilitation program

Ms WILKS: We also – dependent, as Mark said - we assess everybody individually. We also do bring in programs. DASA provides a 12-week drug and alcohol program, and then we have ...

WITNESS: (inaudible).

WITNESS: (inaudible).

Ms WILKS: Yes, that is correct.

Mr WOOD: The department – it is not happening now

Ms WILKS: I believe we are still bringing you in, are we?

WITNESS: Yes.

Ms WILKS: We have partner

Mr WOOD: An unfunded program.

Ms WILKS: I believe that we bring the program in and it is funded. We negotiated. We have partnerships with different community services to provide programs within the correctional setting.

Mr WOOD: Are they BushMob and CAAAPU?

Ms WILKS: Exactly.

Mr WOOD: They said their funding has been cut. They said they are not doing it anymore. I am trying to get to the bottom of whether, in our correctional system, there is a proper, fair dinkum program to help people who entered the prison system with a drug addiction of any sort?

Ms WILKS: We have a Safe, Sober, Strong Program which was developed by one of the psychologists in headquarters. That can be delivered at the coalface by the prison services people. For people who require a stronger program or something more prescribed for their addiction, we bring in DASA. We also have the option of prisoners who need to have treatment programs to address offending behaviours - we have the option of transferring them to Darwin Correctional Centre where they have the programs in-house.

Mr WOOD: They are not sure they have the programs in-house.

Mr CHAIR: They say they have programs attached to these people but It's all a bit blurry. The committee would like to see (inaudible) self-referring (inaudible) our wonderful constabulary (inaudible)referred

themselves to a wonderful rehab program (inaudible) but would like to see a program within the corrections system that specifically addresses this so they are not going to be in the same space when they get out. Does that program exist already? Do we need to work on it? How do you think that would work? Would you like to see it in your prison? Would you like to see a proper rehab program in prison that you could refer people to?

Mr NIXON: Absolutely. Any information that (inaudible) coming in to try to get on the front foot with people. As a collective if we say, 'This is what we need to happen to make this work' we will jump in with both feet. There are issues in regard to funding through the whole of the Territory, but we are all aware this is a problem. We will definitely go away from here and try to ...

Mr WOOD: Can you give a percentage of residents who would be there because they have a drug addiction? It is not just a one off, but because they have a drug addiction.

Mr NIXON: Not off the top of my head, no. That is the sort of the intelligence work we do, working with the police. I think it is growing. It is certainly growing, that is for sure.

Mr SCHLUTER: I believe it would be a very small percentage, but over the last three years that would have more than doubled - the amount of people there with a drug addiction has more than doubled.

Mr WOOD: As a percentage of the total population?

Mr SCHLUTER: The total population, yes.

Mr WOOD: What percentage, do you think?

Mr SCHLUTER: The actual percentage I could not tell you accurately offhand. All I can say is on experience and working with members of the public, folks coming in to visit fellows who are in for drug-related offences is a lot more than it was two or three years ago. A lot of it is around shake and bake - not necessarily methyl amphetamine, but a lot of it is about the way these fellows are cooking up their own gear.

Whether or not that is a real ice, I do not know. Police think so, but I do not know. Certainly in answer to your question, the number of instances we are seeing coming through of people involved in drugs within the community would more than have doubled over the last two to three years - more than doubled. I cannot give you hard cold figures, but that is simply from dealing with the gatehouse every day for the last eight years.

Mr NIXON: Because we screen every visitor who comes through the prison. Indications from the dog squad are everybody (inaudible) is refused entry or questioned about (inaudible) their use of drugs.

Mr GARRICK: Can I just clarify? When you say it has more than doubled in the last three years, do you mean that is a mix of drug users and manufacturers?

Mr SCHLUTER: Yes, that is right. Generally, it goes hand in hand.

Mr GARRICK: And out of that percentage, what percentage would you say is ice related?

Mr SCHLUTER: I could not say. What I can say is I have spoken with all jurisdictions around the country - my counterparts nationally and also in New Zealand. The only state that has hard cold statistics on methyl amphetamine or ice is Victoria. Primarily because they are just being overrun both in their prison system and in the community as a whole. Their statistics are pretty accurate. They have said they were going to send me some information which I would have loved to have brought in today, but they did not send them through.

But nationally, all I can say is within the correctional systems, the true form of ice is not necessarily an alarming problem in the correctional sector, with the exception of Victoria. It is huge in Victoria.

Mr NIXON: What if that does get (inaudible) there is going to be a whole-of-government approach ...

Mr SCHLUTER: Whole-of-government approach, of course. It involves the police, corrections and health department programs. Yes, the whole-of-government approach. That is exactly what you need here. We need the education department on-site. It needs to come right from the kids coming through. I was told a

couple of years ago, when we were looking at doing a program at corrections, with the police, the health department and education. Education came back to me. They said, 'We are not particularly interested in doing that program because we cannot tell little Johnnie that just because Mum and Dad take this drug, that they are bad people'. So there was a bit of a – the education department I have found quite surprisingly. They are not particularly interested in jumping on board with the nuts and bolts of drug education programs.

Mind you, I was looking at between 14 to 16-year-olds but (inaudible) if they could come in (inaudible) with what we were talking about earlier before, like with cigarettes - changing the psyche of people with cigarettes. That is basically a change of mindset and then that is a lot fewer people smoking. That has come from schools. That has come from years and years of programs or ...

Mr CHAIR: Just chipping away.

Mr SCHLUTER: Yes, just chipping away. As hard and as difficult as the conversation may be, it has to start.

Ms MOSS: I had a specific question about community education and youth education around alcohol and other drugs because I believe it needs to be flexible. Ice is an emerging drug now, but at different points in time there were other emerging drugs. What have you seen that works? Do we have enough of it? That is something I would be interested to hear from people in the room. What should we be doing?

Mr TURNER: This year it is about drugs. (inaudible) grog and all that because substance abuse is substance abuse. What we need is not a political - before they get to gaol you have to get the ones that are dealing it. They should go to gaol. (inaudible) and slap them around yes, they are evil. The ones that are on the substance, the young ones that are being targeted, those that - at the moment ice is more of a middle class, like rich people's drug because it is a lot dearer than other stuff which started to go down to the younger ones.

You politicians can create the problems like this through the way the world is going at the moment through greed and all that. You make it harder for the battlers and all that stuff, but if you are serious about it, we have a place called CAAAPU. You talk about education. Education is fundamental. You can have people from the prison going there. This is what could happen, if you get things free.

What you have to do is turn it around at the source. When they come in for the policeman grabbing them for things there should be a specific area. I do not know how they probably found it - there should be a specific substance abuse area in each major town. Along with funding for that, you have the problem at the moment ice. From what I can see around Australia there is no specialist people to deal with it. It is true that if one person goes berko on it - they had five policemen – there was a case at the hospital not long ago - took three or four burly security and they struggled to keep him.

The problem is to help those that need the help you will need a specialist area, specialist trained people and this is where it should be. You have the opportunity in Alice Springs. We have a problem in that funding keeps being pulled. Do not go cutting funding to one and start giving funding to everyone because it does not work. You have to start getting the area where professional people are, and you have to stop the political grandstanding because substance abuse has been going on since the Romans and Greeks when they gave soldiers alcohol to fight battles or give them courage.

This is a problem that came from the Second World War, if you study the history books. The Japanese were experimenting with stuff like that. We seem to follow the Americans, where a lot of this is coming from. If you are serious about combatting substance abuse the problem is political will. (inaudible) you have the alcohol lobby controlling (inaudible) no good being a politician and saying (inaudible) too much influence. You then have drugs coming in. You have the Mafia involved in politics. Shall we go on? If you want to be serious, you address the problem as it is. You do not get the end going into goal. These poor buggers here, they are going to drop off here. They should only get it when it is a last resort ...

Ms MOSS: Absolutely!

Mr TURNER: You know what I mean? You do not look at putting them in there, and wondering what are we going to do. You try to cut it off. The only one that should be going to goal is those who are producing it and spreading it. All right? The actual dealers. But often the dealers get away and the ones who are often in goal are the ones who are using, because they are violent because of the drugs, the substance abuse.

I have watched this for years. I have seen it in the military when I was in. The authorities turn a blind eye, because it is the colonel's son, or something like that. It is no different outside. You have to start getting real, because this whole society of ours is going to have an epidemic that they will not wish to have happen. For goodness sake, we even have movie blokes making movies on this stuff. You know how the world is going. It sounds silly, but this is the way the world is going. We are going through a crisis. It is money.

It is politicians who need to get their act together and start being (inaudible) and stop thinking of the big end of town, because that is what is going to create problems. You make it hard right through society to what is going on in Australia, targeting those who are battlers and making it hard for them to live, yet you are not hitting the big end of town. You are going to create a massive problem, and that is what forces people on drugs.

Mr WOOD: Could I ask a question of the police? Do you have police constables at every school? How do you work that system, and how are they involved in drug education?

Commander WARREN: We do not have a constable in every school, but we have a group of constables who deliver youth engagement across all the schools in Central Australia. We tend to do it on a cluster model, so there are certain schools that feed from Transition through to middle schools and high schools, so they try to cluster together like that.

We ask our youth engagement officers to deliver a whole range of education for young people. Drugs and alcohol forms a component of that, but it is hidden amongst the whole variety of other things like personal safety, domestic violence awareness, road safety and the like. It forms a component of what they deliver in schools.

When you think about the fact that we have, at the moment, four people doing the youth engagement specific duties in Alice Springs, and the number of schools they have to target and the number of children that they might touch once or twice a year, the messaging can only be part of where it is coming from, because we just do not have the capabilities to do that, educationally, on our own.

Mr WOOD: We used to have a DARE program. That has gone now.

Commander WARREN: That is true. We have other programs that deliver some of that material, so we still have capacity to deliver some of it. One of the things we are looking at is whether it is best use of our time to try to capture every single child at every single school, over and over again, or is it better for us to look at other non-school ways to engage with young people.

Organisationally we are starting to come at the idea that the youth engagement police, or community engagement police, can do some other valuable work at other locations other than school grounds. That might be community events, sporting carnivals, things like that. There are other ways we can get in the front of young people.

One of the things that is happening in Central Australia like the cup carnival was the police got together with Congress, and Darwin (inaudible) was involved as well, in doing some messaging to the football teams about domestic violence. There is scope to target key groups like that. That is a more sophisticated way of picking your audience - domestic violence with sports - because it is young men who are the target group. There are probably similar ways we could better target our message to specific groups of people, rather than trying to cover every young person in Central Australia all the time.

Mr CHAIR: In that void, then, a good question to ask is whether you are blocked in to deliver to the schools? Who else could you get out to the schools? What is set up with education department to do that? We left it with St Johns and they said we already deliver first aid and all kinds of stuff to schools. They said they were only set up to do first aid stuff. How would that come across to little Johnny with a paramedic standing in front of them saying, 'This is what ice is about. This is what I see as a paramedic and I guarantee (inaudible).' ...I don't think the responsibility of it should fall entirely on police to do all these things. 'Can you guys do this, can you guys do this, and I need you guys' - 10 years later suddenly the person is responsible for teaching kids how to grow up.

Reading all this, I think it's time to sit down and rethink and say, 'I think that is necessary. That has been lost and I think was crap when I was a kid.' How do we deliver that? I think police should be involved in that, not necessarily run that. How do you feel about that?

Commander WARREN: My view, based on police resourcing and how we get best bang for buck, is that we get value out of young people engaging with police,. I absolutely support that, and we want to develop relationships other than enforcement relationships with young people in the community. In smaller communities, the amount of trust that is built by having an engagement officer go to a footy game or something is phenomenal. We do not want to lose that opportunity to get in front of kids in a non-confrontational environment. We still want to buy into that.

Part of the reason we have been asked to deliver those messages in the past is because we want young people to know what the risks are. It is not just a scientific exercise of this is what the drug is and this is what it does. We have police there to say, 'We are the guys who will catch you if you start doing this and start offending because of it'. You need to have that enforcement bench in the education. I think it could sit well with other agencies, as well. I accept what you are saying about police being loaded up. I would submit if you asked the local school principal to look at his or her scheduling for the week and said they needed to put another block in about drug, they would say 'We are already into next year and we can't fit it all in'.

The overall issue of how much you bombard kids with and actually teach them is a real problem. I think we have to package this up as part of a broader message about alcohol and drugs in totality, and it needs to maybe fit in with the health subjects at a school where police can block into the syllabus instead of being a separate item all together. I would say when we actually partner in education and be a support act in the classroom for the teacher is the first instance. There are other agencies, and the paramedics is an interesting one, and also health. Perhaps through outreach and community health programs you can get in amongst those kids, as well. If we are trying to show kids what happens, we are a part of the story, but health is another part of the story about the consequences to your body. That would be my swing on it.

Ms TAYLOR: Can I suggest that, if you are to pick up kids in schools, in Central Australia you will need a mix of people. You find that it may be best to get Aboriginal people to deliver messages to Aboriginal kids. Messages in schools should appeal to the kids themselves. You cannot do it as a policeman standing up and going on at Aboriginal kids, you need people from health and a variety of services. Everyone is going into a school, as you say, at a different time, delivering a different message every second day. You do not coordinate, you do not get together and say, 'Let's on the first morning talk about this and this as a collective'. We are repeating each other, we are duplicating and we are not getting the message across.

Mr CHAIR: it is about having a program that prioritises and as priorities change (inaudible) priorities (inaudible) Internet security was huge because kids were posting stupid photos of themselves. They had to get around that kids texting all over the place, do you want to meet up... crazy stuff. As society shifts, things change and we need to be flexible enough to look at these things all the time review what stakeholders can address the issue, get them in, how do we get them in, what is the message? I think also right next to existing health and peer support pastoral care and all that. (inaudible) there was not really a specific overlap when we looked at how this was affecting the community. Health would be about, 'This is the drug, this is what it does...'

WITNESS: (inaudible) in this town. A lot of people (inaudible).

Mr CHAIR: Can you talk about this to these kids?

Ms MOSS: I acknowledge there are people in the room who haven't said anything as yet, whether anybody has any comments on anything that has been raised so far?

Mr McFARLAND: I was wondering about the shake and bake aspect of it. That is from over the counter drugs. Is there a supply reduction strategy in place to restrict supply of the base chemicals required for the shake and bake?

Mr CHAIR: Yes, there is a STOP program in place where many people I knew as kids that come to chemists have to show their licence. (inaudible) look out is go back (inaudible) who is buying this, how they were buying and how many are using it. We have heard evidence that there are communities where people have networks with the other people and they will just carry ten bucks and go and buy a box of Codral and you are not able to determine through that intelligence who is ending up with it.

Mr McFARLAND: It is never going to be possible that we are infallible with strategies for supply restriction in the area of substances and you are right, they will never be perfect but it can pull back on the level of misuse of drugs. The guy you give \$10 to today is probably not going to come back and do it again tomorrow if he is going to have to show his licence. It will reduce the availability of those things in the

community, and it might be slightly inconvenient for the general population to have to show licenses as part of that.

Another option I have heard is that the base substances are only available on prescription so that they really account for that. I really would endorse thinking seriously about supplying reduction strategies. They will never be completely perfect, but until we can reduce the supply there will always be more and more people on that conveyor belt going from all the circumstances that push people towards drug use into the arms of ice and other drug abuse. Reducing the supply means there will be a small number on that conveyor belt that agencies can pick up.

WITNESS: What would you like to see reduced? Is it Codral and that type of thing? They were saying Soda streams are not (inaudible). Is there a specific thing you would like to see reduced?

Mr McFARLAND: I am not an expert on this, but it is ...

Commander WARREN: Ultimately the active ingredient is available over the counter from the chemist. The Soda stream equipment is available at Kmart. People will find a different canister for it. The other bits and pieces are things that are multi-application like a big set of batteries and things like that. You would have trouble controlling those items. The Project Stop is already a very powerful tool. It certainly could be beefed up or strengthened. I am not sure exactly what evidence was given at other locations, but I can tell you categorically that it is a powerful tool for a policeman in Central Australia. It helps us identify - whilst there might be 50 or 100 people in that group, there will be 10 people that keep hitting the shop over and over again and they come up on that radar pretty quickly so there is a lot of strength in that. It could be beefed up so it was more hole-proof in having to identify everyone amongst those purchasers, but the quick turnaround of information from the chemist to police is excellent. The way it rolls out for police, from an investigative point of view, is very useful. I think if you were doing supply reduction the bit you are targeting is the active ingredient which you buy from the chemist.

Mr CHAIR: There are other supply issues we are looking at and some sections of road (inaudible) the police (inaudible). That is most of them, not the shake and bake back yard way of doing it.

The Australian Crime Commission guys have told us that Australia is a fantastic place for pure ice because it is so expensive here. The biggest ice drug bust in the world - guess where it was? China, in a pharmaceutical precinct where a massive pharmaceutical company was not making their quota for money that month and used their pharmaceutical processes to produce a few tonnes. I am talking really super rich good gear. The best chemists can make. That is what they produced and they got busted with tonnes of it. The Attorney-General was telling me the other day that stuff is so pure and so good they break that down to a thousandth of the concentration that it is, and that is about what ice is. That is how powerful a good chemist company with pharmaceutical people who can do this can produce this stuff. It is nuts!

Commander WARREN: I take your point, though, about large-scale trafficking rather than the small-scale stuff. The lady from Drug and Alcohol made the point before, ultimately it is people who are making shake and bake for themselves plus a little extra to make the cost of the drugs back again.

The big ticket stuff is people using vehicles, buses, trucks and aeroplanes to bring large quantities in from interstate. We have repeatedly had large seizures on the highway. Border policing on the north/south Stuart Highway is a viable part of stopping that flow. It is also coming in via the airport from time to time, as well.

When we do that kind of enforcement we still noticed that a lot of people who are bringing ice to the Northern Territory are also bringing large amounts of cannabis. So you have to keep in context that this is a category of drug that some people use, but in the broader context more people are using cannabis still and the quantities that have been transported - whether we are detecting what cannabis is coming to the Territory far outweighs the amount of methamphetamine that is being shipped. In context, it is important to remember the number of users is very different. It is a different scale of impact...

Mr GARRICK: Is there a common pattern about how it is getting into, say, remote communities? Is it insiders bringing it in or outsiders trucking it in from interstate? Is there a theme or is always different?

Commander WARREN: If you are talking about Alice Springs?

Mr GARRICK: Alice Springs, yes.

Commander WARREN: It is a combination of people doing their own, people doing a whip around amongst their friends to get enough money to go and buy a reasonable quantity from interstate and bringing it back, through to people who are doing it on a commercial scale and can justify paying for a rental vehicle in order to try to be covert whilst they bring the drug back, through to people who are mule-ing who are being paid an amount of money to transport drugs in their car, on the Greyhound bus, or in their truck they drive back and forth up the highway, through to some people who have the funds to do an aeroplane trip to the east coast and bring something back that way. There are a multitude of ways it is being transported. It is a commercial enterprise. As long as there is money involved in this product, there will be people who are ingeniously finding new ways to bring it in.

Mr GARRICK: So are they picking vulnerable people to act as these mules? Is there a reason that people would do that?

Commander WARREN: I could not comment on that specifically, but there is money available for people who are prepared to take the risk of getting caught doing the transport for someone else.

Mr SCHLUTER: As the Territory grows, particularly Darwin and so forth. You probably all know that as the rest of the country developed a bit of economic crisis, so to speak, the Territory always seems to do very well. So there is always a lot of young fellows who come up for work and there is a lot of disposable cash. At the risk of northern Australia in particular - whether it be the Northern Territory or the top end of WA - there are a lot of young fellows with a lot of disposable cash who might not necessarily be in other states. That is where I see the problem.

Mr GARRICK: Is that reflected in the prison system as well?

Mr SCHLUTER: Again, I cannot definitely answer that but I believe so.

Mr CHAIR: One of the things to your question, goes back to something else in that area. Evidence we have heard suggest there is a big cohort of people that no one would suspect of using ice and in their mind they do not have a problem. They are creating such a huge part of the market that it is much more available to people who are vulnerable.

Mr GARRICK: So recreational users and addicts

Mr CHAIR: Yes, if you look at who is a dependent user and who is a non-dependent user. The dependent user might be someone who does a lot of night shifts and might take it just to stay awake. Other people take it because its fun. So once a month they get with all their mates, have a few beers at their house, take some ice and have a great night. It is those people who are using recreationally that are creating the market.

In this community a lot of the space where we spend all our time and effort talking about funding is all on this small cohort of people who are turning up in the health system, the prison system, the police system and the justice system chewing up huge amounts of finance dealing with the issue they have. They are dealing with things as a symptom of something else, but you are dealing with a market (inaudible).

Mr GARRICK: On that last point, Blair and the police, are you finding younger users? Now that there is more of it around and they are becoming enticed at a younger age. Is that showing up?

Mr McFARLAND: I can only talk about communities. It does not seem to be a problem at the moment that I am aware of.

Commander WARREN: We see people from older teenagers to middle-aged people using this drug. I think it is also important to keep in front of mind, as best as I understand it, the national data shows that the overall level of methamphetamine usage has not changed significantly, but the number of people using methamphetamines has shifted from the less pure forms to the more pure ice form has increased. So we are not actually talking about this evil spread throughout the whole community, we are talking about a similar sized group of people who were already using drugs, who are shifting towards using this type of drug. I think in part it is because entities are identifying that is a way to make a lot of money. Some people are very sophisticated and make the pure stuff very well.

I think we have to keep that in mind when we have this conversation. To the best of my knowledge from the figures that are produced nationally, the shift towards ice is particularly amongst people that already use drugs. It is not random people in the community who just suddenly get addicted.

Mr McFARLAND: My reading stats are the same. I have read that 2% of the Australian population used amphetamines in the last 12 months. Now, 60% of that 2% are using ice instead of other forms. Of that 2%, 16% go on to have any sort of problem, and the other 84% are just the casual users and it does not really impact on them.

Another factor that we are picking up is that it is not currently a problem in remote communities and partly that is because it is so expensive. It is quite an expensive drug and it has been the drug of the cashed-up tradies for a long time. I wonder – and this is pure speculation – whether now that the construction phase of the mining boom is over and the number of people employed in the mines has dropped away a lot, if those people have not gone back to Victoria with their drug habits.

WITNESS: Did you say it does not come up in a drug test?

Mr CHAIR: It is out of your system faster than marijuana. Before this I used to work at the wharf. I know that people are dead set scared of taking marijuana because it is in your system so long, whereas they know, 'Oh, well. I have a week off. I will have a bender on ice for three days, then I will spend the rest of the time clearing it up. I can go to a drug test and I will pull up clean. If you had a bender for three days, drinking and smoking marijuana, Monday, Tuesday, Wednesday and took Thursday, Friday, Saturday to straighten up turn up at six on Monday, you would be zinging along with (inaudible)

Mr McFARLAND: It could be the same on the mines. On Friday night you can take ice, have a big party, Monday it is okay. Yes, 48 hours and it is out of your system. So, certain types of employment push people towards certain sorts of drugs. So, possibly what is happening at the moment is just a little blip caused by the end of the mining boom.

Mr GARRICK: Would that be reflected in Alice Springs?

Mr McFARLAND: It does because there is not really a mining boom in Alice Springs and it is not really a big problem.

Mr CHAIR: Except that the transport route comes through Alice. The vulnerability of it is still there, if they can sell it, they will.

With young people, one of the things that also came up is that people selling marijuana might be selling marijuana for a long time, then they start lacing it with a bit of ice, and people say, 'That is awesome stuff.' So, they take that for a while and then they do normal marijuana and realise this is crap, so, try this stuff. We have seen in Darwin young people getting picked up and if you talk to the guys who work at Don Dale in Corrections they say, 'It's there'. It has come up. People who were using marijuana are using ice.

Mr GARRICK: Eileen from CAAAPU mentioned that, as well. She gave me the name of something ...

A Witness: sticky smoke.

Mr GARRICK: Yes, sticky smoke or snow cones I have heard before. Is that a thing that you are finding, sorry? That people are mixing drugs, and what kind of effect does that ...

Commander WARREN: Yes, we have certainly seen it. We have seen sophisticated dealers who market that as their point of difference. They openly sell that combination. Then again, I say that those people are mostly selling to their existing people - people who use drugs. I am not certain that I have encountered in Central Australia that being done in an underhand way to try to ...

Mr GARRICK: Get people to ...

Commander WARREN: Yes, to stick people to one supplier. I actually found it quite ironic with this particular group we were looking at in Alice Springs a couple of years ago were, that was their marketing strategy. They treated it like a big business, and their marketing strategy, their point of difference, was 'We sell grass and ice mixed together.'

Mr WOOD: Is alcohol still the number one reason people are going to prison. Is it still the number one reason for domestic violence?

Commander WARREN: Is that a Dorothy Dixier question?

Mr WOOD: No. I worry we might lose perspective.

Mr CHAIR: My point also.

Commander WARREN: I share your concern.

Mr TURNER: You are going to find there is going to be one hell of a fight with all authorities because I am the policeman here, too. You can go into a supermarket and get the ingredients and make it at home on home devices. That goes back to government policy again. You are making it easier for drugs that used to be on script. People with a script could do it, but now it is getting that way you can go to Woolies, Coles - I can go to Woolies and get a concoction of stuff to make deadly drugs. The tragedy is we sit here and we smile and say, 'Ice is only a rich man', but it is what goes on. Remember, just recently, we have had four methamphetamines closed down in Alice Springs, and there are people out there experimenting all the time.

For goodness sake, you had a drug that no one knew about. I knew years ago, it was called bluetone. You see kids get a cigarette lighter and sniff before they light it. You better write down to things you would never dream off - aerosols, all those. You have stuff on computers, the Internet - it tells them how to make it. So, anyone who wants to make money, there is a fight with law enforcement and people from health organisations who try to do things. It is a fight that you are going to fight more and more as the world progresses.

As you said about Chine and pharmacists, this is the thing that is going to grow. People are going to make legislation, but I tell you, some of the old ways are the best ways. We have had scripts for any bloody drug that can be potentially deadly, but you have to look at the issue of one area, specialised people, to the area in each major town where you have police, health workers who are specialised in things for when it does happen. Do not think it will not get back out to the family and community; it will get there, it is only a matter of time. Once they can get the price down, it will get out there. There will be sorrow camp again, crying over the family. You lot say it will not get there. It will get there. It is a deep disaster that is going to come. It is going to be interesting to see how things go over the next few years the way the world is going especially in this country.

Mr WALDER: Can I ask a question? I am from Tangentyere Council. It was my experience in child protection in Adelaide, it is definitely the case of (inaudible) by individuals, sellers, manufacturers. Most times it was methamphetamines, crystal meth, of course, with business very strictly controlled by bikie gangs. I am wondering if that was the experience here in Alice Springs?

Commander WARREN: We have four motorcycle gangs that operate in the Northern Territory. We have had gangs that have been active in Alice Springs from time to time. At the moment, there is no one overtly doing business under a motor cycle club banner in Alice Springs on the ground. But we accept that people who might be transporting it back to do the smaller-scale sales in Alice Springs are probably sourcing it from someone who is linked to an outlaw motorcycle gang in Adelaide, Queensland or southeast coast.

The Top End has a different experience because they have a number of outlaw motorcycle gangs that are active in the community. Central Australia has been a little more isolated than that, but we certainly see the connections there.

Mrs LAMBLEY: Robyn Lambley, MLA. Has anyone in Holyoake addressed the ...

Mr CHAIR: From?

Mrs LAMBLEY: Holyoake is a counselling organisation that specialises in drug and alcohol in Alice Springs. I have spoken to them in recent times. Denise, who runs Holyoake, has expressed to me her concern about the perceived increase in the number of people coming through their door affected by ice, whether it is users - they mainly see families come through. I do not know what that means in the context of what has been said, but my hunch is that - based on what Denise has said to me - there is a group of tradies that are using - primarily tradies as has already been said.

My hunch is that there is an increasing number of probably more middle-class families that have been affected by the use of ice in this town that may or may not come to the attention of the police and different authorities, that may not even access services.

That is my hunch from what I have heard, and I have spoken to families that have been directly affected by ice. That is just from a MLA's perspective who has just started to spend a bit more time in Alice Springs and not qualified really to contribute to this conversation at all. But because of Holyoake has not been addressed, that is an interesting perspective add on for you. They have a base in the electorate of Araluen and they see and deal with the people of a slightly different nature to what has been presented today.

Mr CHAIR: That is ...

Mr McFARLAND: Have you heard from Congress about their group?

Mr CHAIR: We spoke to (inaudible). All right. I will wrap it up. Thanks, everybody, for your time and patience.