



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY
SELECT COMMITTEE ON SUBSTANCE ABUSE IN THE COMMUNITY

Substance Abuse
in Remote Communities:
Confronting the Confusion and Disconnection

Presented and Ordered
to be Printed by the
Legislative Assembly of
the Northern Territory on
October 2007

OCTOBER 2007

Cover taken from a painting by Ms Alison Anderson, MLA

Kuyawana Putukulini - 'Confusion and Disconnection'

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ISBN 978-0-9804338-0-7

Select Committee on Substance Abuse in the Community (2007) *Substance Abuse in Remote Communities: Confronting the Confusion and Disconnection*, Legislative Assembly of the Northern Territory, Darwin

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NOTE: Transcripts of meetings and hearings that were not granted *in camera* status are contained in an accompanying volume. A copy of this can be obtained from the website or from the Committee Secretariat. Contact details are given at page 9.

CHAIR'S FOREWORD

Substance abuse has always been a problem in the Northern Territory, causing havoc and pain particularly for my people and three substances are usually to blame – alcohol, petrol and cannabis. Substance abuse rips through the hearts of people and communities.

In 2005, shortly after being elected to Parliament, I was appointed to the Select Committee on Substance Abuse in the Community and elected Chair. As a Luritja woman I am well aware of the trauma that substance abuse causes. It is something that anyone living in Central Australia cannot avoid. I understand that families are hurting because of grog, ganja and petrol sniffing and that Government needs to acknowledge this and take appropriate actions to alleviate that pain. Representing people who are some of the most marginalised in this country, I saw this as a personal responsibility and a challenge that I would take up for all the people in the Northern Territory affected by it.

I also knew that it was not all bad news. Some communities are very effective at resisting being overcome by substance abuse and how this affects a community already grappling with life issues. I saw that a priority for the Committee was to try to understand why this was so, why the devastation of substance abuse impacted upon some communities more than on others. Why are some more resilient to its effects than others?

In 2006 the Committee commenced a round of hearings in various communities in Central Australia with this question in mind:

What is it that gives some communities an inbuilt resistance to and ability to deal with issues with substance abuse and not others?

The Committee held meetings in my community, Papunya, then visited Harts Range and Engawala on the Plenty Highway. We also took the opportunity to speak to a number of organisations, many of them grassroots, about the services they provide and the challenges they face in dealing with an often intractable problem of negotiating the vagaries of funding availability, from a myriad of Government agencies, to keep their services going.

A further round of visits to Top End communities followed when the Committee held meetings with Groote Eylandt people, at Yirrkala and Nhulunbuy in East Arnhem, then Wadeye to the west. The evidence presented to the Committee, its findings and recommendations, are contained in this Report.

While substance abuse is not a new problem for the Northern Territory, neither is this the first parliamentary committee to inquire into it. As far back as 1971, the Senate initiated a select committee to look at drug trafficking and drug use in Australia. Of significance to the Northern Territory was the establishment of the Senate Select Committee on Volatile Substance Abuse in Australia in 1985, an initiative largely of the then two Northern Territory Senators, which reflected the level of concern for petrol sniffing here. The first such committee established by the Northern Territory parliament was the Sessional Committee on Use and Abuse of Alcohol by the Community in 1989. In 1991, this Committee produced an influential report *Measures for Reducing Alcohol Use and Abuse in the Northern Territory*.

While these have all added to the body of knowledge on substance abuse, the Committee was keen to identify and record the factors that strengthen a community to deal with issues of abuse. I believe that the Committee has succeeded in this and this Report makes a real contribution to the present debate.

Discussions with many people the Committee met during the course of the inquiry has reinforced that to make any changes, commitment to engaging communities in solutions to the problems is required. Coupled with a three-pronged approach to substance abuse, with initiatives to reduce supply, reduce demand and provide access to rehabilitation. This provides a formula which has shown to work and is the only way that any real and lasting change will be made.

There is no denying that there are challenges ahead to bring real change to all of our communities. The way to do this is made simpler by knowing the important issues and how they inter-relate in strong communities. This also helps by informing Government so it understands the need for better coordination between the many agencies which fund or provide services in communities and act to give better certainty of continued funding for programs.

Confusion and Disconnection is the title of my painting on the front of this Report. It depicts the Committee meeting with many people and communities which are often in chaos, with people pulling in all directions. The 'confusion' refers to the misunderstandings which exist between our two cultures and how, despite best intentions, this can work against positive outcomes. The 'disconnection' in this sense is two-fold, first between the different agencies who do not understand how their services are interdependent at ground level, with one reliant on the other to be effective. Disconnection also occurs because of a lack of understanding of the real issues which communities face. Both these ideas are developed further in the Report as the evidence taken by the Committee is examined. *Confronting Confusion and Disconnection* is the title given to the Report because this is exactly what the Committee set out to do, to define a process which we believe will bring change.

The strength of this Committee lies in the way that its Members approached the inquiry with integrity, bipartisanship, dedication and, most important, caring. In this way we were able to develop the ideas presented to us into strategies which we believe will be a way forward. I place on record my thanks to the five other Members for this and for helping me sort through issues. I am honoured to have shared this journey with them. It has been a journey of hope.

Alison Anderson, MLA

MEMBERSHIP OF THE COMMITTEE

Ms Alison Anderson, MLA (Chair)

Appointed 17 August 2005
Elected Chair 23 August 2005
Australian Labor Party
Member for Macdonnell. First elected 18 June 2005
Other Committees: Subordinate Legislation and Publications

Ms Kerry Sacilotto, MLA (Deputy Chair)

Appointed 17 August 2005
Australian Labor Party
Member for Port Darwin. First elected 18 June 2005
Deputy Chair of Committees
Other Committees: House; Public Accounts; Sport and Youth (Chair)

Mrs Loraine Braham, MLA

Appointed 17 August 2005
Independent
Member for Braiiting. First elected 4 June 1994
Other Committees: Legal and Constitutional Affairs; Standing Orders

Mr Rob Knight, MLA

Appointed 17 August 2005
Australian Labor Party
Member for Daly. First elected 18 June 2005
Chairman of Committees
Other Committees: Standing Orders; Environment and Sustainable Development

Mrs Fay Miller, MLA

Appointed 17 August 2005
Country Liberal Party
Member for Katherine. First elected 4 October 2003
Other Committees: House; Legal and Constitutional Affairs; Standing Orders; Subordinate Legislation and Publications; Environment and Sustainable Development; Sport and Youth
Shadow Minister for Natural Resources, Environment and Heritage; Regional Development; Transport and Infrastructure; Senior Territorians; Mines and Energy; Arts and Museums; Housing; Parks and Wildlife; Public Employment

Mr Terry Mills, MLA

Appointed 17 August 2005
Country Liberal Party
Member for Blain. First elected 31 July 1999
Other Committees: Privileges; Public Accounts; Legal and Constitutional Affairs; Sport and Youth
Deputy Leader of the Opposition and Shadow Minister for Treasury; Employment, Education and Training; Racing, Gaming and Licensing; Alcohol Policy; Asian Relations and Trade; Young Territorians; Primary Industries and Fisheries; Indigenous Affairs; Multicultural Affairs; Statehood; Lands and Planning; Communications

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TERMS OF REFERENCE

1. The Select Committee on Substance Abuse in the Community be empowered, unless otherwise ordered, to inquire into and report on the issue of substance abuse in the community, in particular:
 - (a) Ascertain community concern about the use and abuse of licit and illicit substances;
 - (b) current trends in the use and abuse of licit and illicit substances in the Northern Territory and, as far as possible, taking into account regional, age, gender, other demographic characteristics and ethnic factors;
 - (c) the social and economic consequences of current patterns of substance abuse with special reference to the well-being of individuals and communities and to the demands placed upon government and non-government services;
 - (d) the services currently available within the Northern Territory by both government and non-government agencies to deal with issues directly or indirectly related to substance abuse;
 - (e) factors which directly affect the level and nature of substance abuse in the Northern Territory community or parts of that community, including, without limiting the generality of the foregoing:
 - (i) the accessibility/availability of licit and illicit substances within communities;
 - (ii) the demographic and ethnic structure of the Northern Territory; and
 - (iii) the correlation between socio-economic conditions and substance abuse; and
 - (f) appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory.
2. The committee or any subcommittee be empowered to send for persons, papers and records, to sit in public or in private session notwithstanding any adjournment of the assembly, to adjourn from place to place and have leave to report from time to time its proceedings and the evidence taken and make such interim recommendations as it may deem fit, and to publish information pertaining to its activities from time to time.
3. The Chairman of the committee may, from time to time, appoint another member of the committee to be deputy-chairman of the committee, and that the member so appointed act as chairman of the committee at any time when there is no chairman or the chairman is not present at a meeting of the committee.
4. The committee have power to appoint subcommittees consisting of 2 or more of its members and to refer to any such subcommittee any matter which the committee is empowered to examine and that the quorum of a subcommittee shall be 2.
5. The committee be empowered to publish from day to day such papers and evidence as may be ordered by it, and, unless otherwise ordered by the committee, a daily Hansard be published of such proceedings as take place in public.
6. The committee be empowered to consider, disclose and publish the minutes of proceedings, evidence taken and records of the former committee of the 9th Assembly and the former Committee on the Use and Abuse of Alcohol by the Community in previous Assemblies.
7. The foregoing provisions of the resolution, so far as they are inconsistent with standing orders, have effect notwithstanding anything contained in the standing orders.

LIST OF ACRONYMS

ATSIC - Aboriginal and Torres Strait Islander Commission
CAAAPU - Central Australian Aboriginal Alcohol Programmes Unit
CAYLUS - Central Australian Youth Link Up Service
CDEP - Community Development Employment Projects
DASA - Drug and Alcohol Services Association
DUMA - Drug Use Monitoring in Australia
FACS - Family and Aged Care Services (NT)
GEMCO - Groote Eylandt Mining Corporation
GIBIE - Groote Eylandt and Bickerton Island Enterprises
IHANT - Indigenous Housing Authority of the Northern Territory
LWA - Living With Alcohol program
NAALAS - Northern Australian Aboriginal Legal Aid Service
NRM - Natural Resource Management
NTG - Northern Territory Government
OAPC - Office of Alcohol Policy and Coordination
OATSIS - Office of Aboriginal and Torres Strait Islander Services

Executive Summary

In 2006 and 2007, the Select Committee inquired into substance abuse in Northern Territory remote communities, in particular into differences between communities that have greater problems with substance abuse and those relatively free from its effects. What were the causes of high levels of harm and what characteristics were there in healthy communities, that could be applied in other places?

This Report answers these questions, showing the good practice and healthy elements of community life that protect against substance abuse, as well as documenting the causes of the greater harms the Committee saw during the inquiry. These characteristics were displayed consistently from one place to another, showing that they reliably reflect positive and negative aspects of substance abuse in Territory remote communities today. That they are consistent with policy under the National Drug Strategy further strengthens their validity.

Over the course of its hearings in Central Australia and the Top End, the Committee developed a comprehensive picture of each of the main substances of abuse in Territory remote communities - petrol, alcohol and cannabis - showing levels of use and harm and the levels of community concern for each. A picture also emerged of the different proportions and types of harm generated by these substances, together with their interaction in everyday life.

In speaking to substance abuse services, the Committee heard of many instances where the commitment of people working against substance abuse in remote communities amounted to a powerful response. This is important news, because it shows a body of good practice, shared among community-based drug

and alcohol services, that is a template for future action. But it also heard from some service providers that there are aspects of interactions with government that undermine these programs. There are significant opportunities for reform of processes and priorities to enable these services to deliver their full benefits to communities, allowing for best practice approaches to be disseminated throughout the Territory.

The Committee also considered social factors in substance abuse and these are examined in some detail from the evidence taken. These factors include employment, education, housing, health, recreation and governance. Substance abuse was found to have a strong negative impact in these areas. Conversely, under-servicing and poor access in these areas also makes a very considerable contribution to rates of substance abuse and its harms. In either case, improvements in these areas are important in reducing harms from substance abuse.

The Report proposes that a coordinated approach be adopted in response to substance abuse in Territory remote communities and in the Territory as a whole, in conformity with the current *National Drug Strategy Framework* and *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*. Key principles are a coordinated approach to supply reduction, demand reduction and rehabilitation, the recognition in practice of the interaction of social factors and services and the importance of genuine engagement with Indigenous communities in reducing these problems.

This is the basis for a more effective response to substance abuse, enabling government to adopt a clear set of

targets and priorities. Government must also face the challenge of implementing reform in agencies that deliver services to remote communities. There are opportunities for significant improvements. While service delivery is only part of the overall equation on substance abuse, it is a major component of government's relationship to remote communities, and positive change will result in significant improvements.

Findings and Recommendations

INTRODUCTION

The following findings and recommendations are based on the Committee's consideration of the evidence presented to it during its extensive consultations and draws upon matters discussed in more detail in Chapters 1 to 5. It should be noted that the evidence provided at meetings and hearings, with the exception of that given *in camera* status, can be found in the Transcripts which are published in the accompanying volume.

It should be noted that the issues raised relate to the status quo at the time of taking evidence, commencing with an official briefing by the Office of Alcohol Policy and Coordination on 29 November 2005, ending with the last official briefing by, fittingly, the same witness on 26 July 2007. As such it does not reflect the most recent developments, especially changes within communities arising from the Federal Government's emergency response in the Northern Territory, nor the Northern Territory Government's policy initiatives arising from the *Little Children are Sacred* report.

OVERALL POLICY ON SUBSTANCE ABUSE IN REMOTE COMMUNITIES

Coordination of effort

Findings

The Committee finds that there are large gaps in the Northern Territory Government's response to substance abuse in the Territory and within remote communities in particular. There is insufficient coordination for substance abuse in general and insufficient levels of coordination for each of the three main substances of abuse: alcohol, petrol and cannabis.

The Committee finds that there is an insufficient level of coordination on actions to reduce supply, reduce demand and rehabilitate users, both within remote communities and Territory-wide. As a result, significant opportunities are being lost to rehabilitate people habituated to substances when there are effective actions to reduce supply. This includes petrol users where Opal is introduced; cannabis users where police are successful in reducing supply; and alcohol users where there are restrictions to supply.

RECOMMENDATION ONE

The Committee recommends that, consistent with the National Drug Strategy, a coordinated approach to substance abuse be adopted by the relevant Government agencies, in particular Health, Justice, Family and Community Services and Police, with balanced initiatives on supply reduction, demand reduction and harm minimisation across all substances of abuse.

- a. The Committee recommends that this approach reflect and respond to the realities of poly-drug use and related effects, in particular drug substitution and user migration to places where substances are more available.
- b. The Committee strongly recommends reform of funding processes and priorities to reflect and support the proposed coordinated response to substance abuse.
- c. The Committee recommends that the coordinated approach be used as a basis on which to determine levels and priorities for funding.

SUBSTANCES

Petrol

Findings

The Committee finds that despite present optimism, there are continuing challenges on petrol sniffing, including the emergence of a black market for conventional fuel, specifically for petrol sniffing. There are also variations in community support for comprehensive coverage where Opal is the only fuel available at retail outlets.

The introduction of Opal alone is not an answer to petrol sniffing. Rather, it creates an opportunity to rehabilitate petrol sniffers before they find other drug substitutes. Sustainable reductions in petrol sniffing require timely responses and a continuing commitment to supply reduction, rehabilitation and demand reduction, consistent with the proposed coordinated approach.

RECOMMENDATION TWO

The Committee recommends that a coordinated approach to reducing petrol sniffing, consistent with the proposed overall coordinated approach, be adopted.

- a. The Committee recommends timely access to preventative measures as well as rehabilitation be provided where Opal is introduced to communities, consistent with the coordinated approach.
- b. The Committee recommends that continuing support be provided via public education campaigns and police actions to control illegal supply of sniffable fuel.

Alcohol

Findings

The Committee views with grave concern the present high levels of alcohol consumption in remote communities. These are part of a broader picture of high consumption in the Territory as a whole.

Severe harm continues to be caused by the availability of low price, high alcohol products, particularly cask wine. Low price bulk wine is able to be offered for sale at lower prices due to the comparatively low levels of excise for wine. While availability is restricted under some local arrangements, a more comprehensive approach is needed to reduce harms. Previous solutions to this problem, most notably the introduction in the Northern Territory of an additional levy on any alcohol products with greater than 3% alcohol by volume and then later, the Wine Cask Levy, have shown good results.

The view that states and territories are constitutionally unable to levy taxes in this area needs to be further investigated, to allow for a model where revenue raised from specific sources can again be dedicated to harm reduction and prevention measures. Given the high level of alcohol consumption in the Northern Territory, it is appropriate for the Territory to take the lead with this.

The Committee takes the view that regional Alcohol Management Plans are a promising development. One such plan at Groote Eylandt is considered a success by a wide range of participants. The next step is to prove that such Plans can succeed in other areas. A number of other communities

are now considering a Management Plan and a picture is emerging of conditions that allow Plans to succeed. However, Alcohol Management Plans are unlikely to prove successful in the long term unless there is a sufficient level of coordination in alcohol policy. The Territory itself needs an overarching and coordinated 'Plan', if local Alcohol Management Plans are to be effective.

The Office of Alcohol Policy and Coordination (OAPC) was officially responsible for providing whole-of-government coordination on alcohol until its recent dissolution. While the Committee is aware that some functions, such as support for Alcohol Management Plans, have been taken on by other parts of government, it is concerned about the broader coordinating role the Office was designed to fulfill. Welcome news of the recent creation of an Office of Alcohol Policy in the Department of Health is tempered by knowledge of the fate of its predecessor. The Northern Territory Alcohol Framework (2004) recommended that such an office be directly responsible to the Chief Minister. The Chief Minister's imprimatur was seen as central to the capacity of the Office to coordinate across all Northern Territory Government agencies, as well as recognition of the severe impact of alcohol across all areas of the Northern Territory.

The Committee stresses the importance of the continued publication of the Northern Territory Alcohol Indicators. The Committee views the Alcohol Indicators as critical in benchmarking alcohol use in the Territory exercise and in guiding appropriate initiatives to address it.

RECOMMENDATION THREE

The Committee recommends that there be greater coordination across government on alcohol policy, with agencies formally charged with this coordinating role given sufficient support so they can act effectively across the whole of government.

- a. The Committee recommends that specific funding streams dedicated to reducing alcohol harms be created to re-introduce or mimic the effects of a hypothecated tax on alcohol. These resources are to support a substantial public education campaign on alcohol and associated measures on supply and demand reduction, as well as rehabilitation.
- b. The Committee recommends that the Northern Territory Government take the lead in advocating, with other jurisdictions, to the Commonwealth for a consistent tax regime on alcohol by volume across all alcoholic beverages.
- c. The Committee recommends that all necessary resources be provided to support Alcohol Management Plans, with sufficient support provided to police involved in brokering and administering aspects of Alcohol Management Plans.

Cannabis

Findings

The Committee finds evidence of very high rates of cannabis use in remote communities. This produces significant social, psychological and psychiatric harms, and compounds negative effects from poverty and unemployment. Witnesses also

report an association between cannabis and suicide in remote communities.

The Committee finds that concern over cannabis use is lower than warranted especially when contemporary research results are taken into account. It is expected that the serious long-term effects of cannabis use will become more evident over time, as effects take hold in populations currently engaged in habitual, heavy use. There are few specific programs in remote communities to assist habitual users.

The Committee finds that a lack of data on cannabis use in remote communities significantly reduces the capacity of the Northern Territory Government to respond.

The Committee finds that the current policy response to cannabis use displays an over-reliance on supply reduction. In contrast, demand reduction and rehabilitation currently receive insufficient attention.

RECOMMENDATION FOUR

The Committee recommends that a coordinated approach to cannabis use be adopted, consistent with the proposed overall coordinated approach.

- a. The Committee recommends that data gathering on cannabis, its prevalence and harms, be increased in view of cannabis being a major, persistent public health concern in the Territory.
- b. The Committee recommends that specific support be provided for cannabis rehabilitation and demand reduction in addition to the current focus on supply reduction; and that interventions to reduce cannabis supply

be coordinated with other measures to anticipate and prevent drug substitution.

- c. The Committee recommends that research into cannabis use, depression and suicide be commissioned.

Indicators for all substances

Findings

The Committee finds that the information available in Northern Territory Alcohol Indicators underscores the comparative lack of information available for petrol sniffing and cannabis use.

RECOMMENDATION FIVE

The Committee recommends that the Northern Territory develop new information streams on the use of petrol and cannabis to provide indicators on prevalence and harms similar to the Northern Territory Alcohol Indicators.

- a. The Committee recommends aggregate indicators across all main substances of abuse in the Territory be collated and published, as a basis for a coordinated approach to substance abuse across the Territory.

SERVICES

Funding

Findings

The Committee finds that there are insufficient resources to reduce substance abuse harms in remote communities across the Territory as a whole. There was no evidence of a framework to allow rational judgements to be made on levels of funding or funding priorities.

Many community-based service providers in the substance abuse area are under-funded and have insufficient security and consistency of funding. This limits their capacity to work on prevention despite a widespread recognition of its importance.

RECOMMENDATION SIX

The Committee recommends that a simplified and more consistent grants process be put in place for community-based organisations, to provide for certainty of funding over a longer term, provided key performance indicators are being met at identified intervals, giving due weight to continuity in funding in balance with accountability.

- a. The Committee recommends that specific support be provided to community-based organisations to assist them to negotiate the funding environment and specific support for evaluations of services.

Assessing services, needs and resources in remote communities

Findings

The Committee finds that while there is a need for a coordinated approach to substance abuse at the Territory level, there is also a need to assess local conditions and the resource needs at the individual community level. The Committee finds that services are funded and de-funded by Government with little apparent regard for the impact of this on other services or the needs of a community. A key example is where recreation programs dovetail with other prevention and rehabilitation services to produce demand reduction effects. It

would seem that a lack of coordination between government agencies results in a lack of appreciation of the interdependency of different programs at grassroots level.

RECOMMENDATION SEVEN

The Committee recommends that a 'community audit' framework be adopted to assess community needs and resources in consultation with communities, to ascertain community needs, assets, resources and views.

- a. The Committee recommends that the audit results be used as the basis of prioritising the provision of programs for individual communities.

Existing services and their interface with government

Findings

The Committee finds that there are significant shortfalls in capacity for substance abuse services in remote communities. Many communities lack sufficient levels of access to rehabilitation services and this has a negative effect on levels of substance abuse. The Committee notes the success of a number of grass roots Indigenous organisations in providing rehabilitation services. Despite this, questions remain over their funding, training and coverage for liabilities.

The Committee finds that overall, the relationship between community-based substance abuse services and government is below standard. This shows a significant cultural divide between community-based organisations and government. More positively, there are organisations that

already advocate on behalf of and assist community-based organisations on funding applications and beneficial partnerships.

RECOMMENDATION EIGHT

The Committee recommends that unmet demand for substance abuse services be identified under the proposed coordinated approach, leading to the formation of partnerships between government and community based groups to provide services to areas of greatest need.

Human resources for community-based services

Findings

The Committee finds that community services for substance abuse in remote communities currently rely heavily on labour provided under the community development component of CDEP. Significant consequences are likely to arise from the imminent closure of this program in late 2007. This will result in a dramatic shortfall in human resources for community-based substance abuse programs and other community-based services. The reliance on CDEP to date underscores perceptions that governments, both federal and territory, have underserved these communities by relying on CDEP for inexpensive labour.

The Committee finds that another difficulty arises with staff training for these organisations. Better training of local people represents an opportunity to combine external skills with cultural knowledge and the provision of appropriate training must be considered a priority.

The Committee finds that it is difficult for programs to attract and retain staff from outside communities. A lack of suitable housing is consistently reported as being a problem in this regard.

RECOMMENDATION NINE

The Committee recommends that as a matter of urgency, practical responses to the imminent removal of CDEP from the community development resource pool be formulated, specifically to counter the resulting human resource shortfall in community-based services.

- a. The Committee recommends that there be an increase of support for training and professional development of workers in community-based substance abuse programs, as well as an increase in practical responses to the challenge of attracting, housing and retaining staff to NTG agency positions in remote locations.

SOCIAL FACTORS

Network view of key elements in communities

Findings

The Committee finds that there is a shortlist of key services which, where they are present, place communities in a better position to resist widespread substance abuse. Where some of these are not present or are not sustained at a sufficient level, communities are significantly more vulnerable to substance abuse.

These elements are:

- Access to places of removal and rehabilitation for clients;
- Representation of clan and family groups in services and governing bodies;
- Avenues for employment;
- Access to recreation programs and facilities;
- Adequate housing, health care, educational opportunities and policing;
- Avenues for observance of cultural practices;
- Access to traditional lands; and
- Dialogue between community and government.

Governance, ownership and resilience

Findings

The Committee finds that pervasive substance abuse detracts from the ability of remote communities to manage their affairs constructively. Under the burden of widespread substance abuse, some communities clearly face daunting challenges associated with such matters as attracting community members to participate in activities relating to local governance, or other activities which contribute to the positive development of any society.

Conversely, when communities have respite from substance abuse, it allows them to regenerate social structures. Communities involved in the Alcohol Management Plan on Groote Eylandt manage to attract community members

to participate in community affairs and to adopt constructive positions on substance abuse. Central to this is a sense of community ownership of the Plan. The Committee finds this a positive model for how government interacts with remote communities. Dialogue and consultation, while time-consuming, are more likely to achieve sustainable positive results. Funding allocated under these conditions is more likely to have a beneficial and sustainable effect.

RECOMMENDATION TEN

That Committee recommends that agencies follow a practice of consistent and coordinated consultation between themselves when dealing with matters affecting individual communities and recognise the importance of representation of local people if services are to be appropriate, sustainable and patronised by community residents.

Regulation and policing in communities

Findings

The Committee finds that police in remote settings face a number of challenges in intercepting traffickers of cannabis, contraband petrol and alcohol. There is concern that successful supply reduction measures are not being coordinated with other interventions, in particular the rehabilitation of habitual users. This heightens the likelihood of substance substitution which in effect reduces benefits of the intervention. In some instances, this has had the effect of increasing levels of violence and disorder in communities.

The Committee finds that the use of sniffer dogs to check aircraft and other traffic bound for remote community destinations is proving a success and enjoys the widespread support of community members.

The Committee finds that police have played a key role in instituting the Alcohol Management Plan on Groote Eylandt and in preparations for a Plan at Nhulunbuy. Police are clearly an important component in these arrangements and indeed in the life of a healthy community in general. The changing nature of police work in this regard should be both supported and acknowledged. Resource issues emerge through the involvement of police in issuing permits to community members and these need to be addressed if Alcohol Management Plans are to be sustainable in the long term.

RECOMMENDATION ELEVEN

The Committee recommends that continuing resources, relevant to additional work responsibilities, be provided to police to support actions against trafficking in cannabis, contraband petrol and alcohol to remote communities.

Housing & health

Findings

The Committee finds that the physical circumstances of community members in terms of housing and health play a significant role in creating the conditions for substance abuse.

The Committee finds that the acute shortage of housing results in houses

being greatly overcrowded, resulting in high levels of stress to community members and greater harms from substance abuse. There is considerable diversion of household financial resources from food and other necessities to the purchase of cannabis and alcohol. This is considered a very significant drain on financial resources.

The Committee finds that poor health outcomes have dramatic effects on the level of participation of community members in community affairs, reducing the ability of communities to mount effective local responses to substance abuse.

The Committee finds that the high cost of construction for houses in remote communities is a major contributor to the current housing crisis in Indigenous communities and that housing is a critical and under-recognised factor in substance abuse.

RECOMMENDATION TWELVE

The Committee recommends that housing in remote communities be given the highest priority and alternatives to current approaches to the provision of housing in remote communities be sought.

Employment

Findings

The Committee finds that employment is of critical importance to reducing the levels and prevalence of substance abuse. There is a close correlation between substance abuse in remote communities and an

absence of employment opportunities. In communities where enterprises made genuine efforts to engage the local population in employment, there were reductions in substance abuse.

The Committee finds that local councils face significant obstacles when they wish to employ local people to meet community needs, for example to undertake repair and maintenance on housing stock.

The Committee finds that the end of the CDEP scheme in remote communities should be seen as an opportunity to undertake training programs to allow for greater engagement of local people in paid occupation. Otherwise, the end of CDEP will have significant impacts on occupation levels, one of the key factors contributing to substance abuse.

RECOMMENDATION THIRTEEN

The Committee recommends that the impact of low levels of employment on substance abuse be recognised and urgent measures be applied to support the growth of employment in remote communities, most particularly to support innovation in generating new enterprises.

- a. The Committee recommends that the removal of structural obstacles that currently prevent local people from being employed to provide services to remote communities, be given priority.

Education

Findings

The Committee finds that substance abuse is a significant factor in limiting the take

up of educational opportunities in remote communities. Clearly, education is of key importance in positioning community members for employment. The Committee finds, as well as the other disincentives to school attendance, that too often the importance of formal schooling is not appreciated and this needs to be addressed to reduce truancy.

The Committee also finds that educational services face challenges in attracting, housing and retaining staff.

RECOMMENDATION FOURTEEN

The Committee recommends that in recognition of the key links between participation and attainment in education and problems with substance abuse, programs to address substance abuse be linked to and supported by programs to address the shortfalls in educational take up, including proactive action against truancy and heightened awareness of the importance of education.

Recreation

Findings

The Committee finds that the provision of recreational facilities and services for young people is a major element in demand reduction and a key in 'carrot and stick' approaches that allow communities to guide young people away from substance abuse. Of all services provided, it considers that this one is critically important in giving young people an alternative and meaningful pathway in life. As such, it is highly supportive of the work of the Sessional Committee on Sport and Youth.

The Committee also finds that recreational facilities are not accorded due significance in funding priorities by government which is indicated by the shortfall of facilities and funding of sport and recreation officers. Rather, they appear to have the status of non-essential services and to suffer, even more than other services, from short-term funding cycles. Hart's Range provided one of a number of examples where communities are involved, in a holistic way, in recreational pursuits, with clearly positive results for all members of the community.

RECOMMENDATION FIFTEEN

The Committee recommends recreation facilities in remote communities be recognised as a key factor in demand reduction and the building of meaningful life paths.

- a. The Committee recommends that this recognition translates to the provision of sufficient, consistent funding to acknowledge the importance of sport and recreation to the social health of remote communities and ultimately the Northern Territory.

Chapter 1 - The Inquiry

INTRODUCTION

This Report is based on an inquiry by the Select Committee on Substance Abuse in the Community undertaken since the Committee's reestablishment by the 10th Assembly in 2005. The initial focus of the Inquiry was to compare Central Australian remote communities on the 'western side of the Stuart Highway' to those of 'the eastern Plenty'.¹ There are considerable differences between the two regions and the eastern communities are noticeably much less troubled by substance abuse than their western counterparts. This led to some key questions. What characteristics lead to some remote communities being able to manage substance abuse effectively? Why are others less able? If distinct characteristics can be identified, can they be applied elsewhere and be informative in the policy response to substance abuse in remote communities? With this in mind, the Committee extended the Inquiry to communities in the Top End to see if there were broader principles that could be applied across the Territory.

During the Inquiry, the Committee found that there are indeed identifiable factors that make a community resilient or vulnerable in relation to substance abuse. The way individual communities have been established, either as mission stations or settlements associated with the pastoral industry, is significant. Their subsequent pattern of daily life (based on either 'rations' or work), provided a strong indicator as to how they would fare in later years in terms of substance abuse. Those with a history of employment in the pastoral industry are considerably better off. There are other factors too. Communities involved in the

pastoral industry are more able to practice their culture, whereas on the western side, 'it was more about large settlements moving all different kinds of people into areas that didn't belong to them in the first place', as a result, 'a lot of dysfunction'.² The approach taken by missions resulted in an 'undermining of traditional authority' and this had led to further ill effects in these communities after missions were closed.³

This legacy shows that substance abuse in remote communities stems from structural factors. Current conditions can for the most part be understood in terms of a distinction between employment or idleness, empowerment or disempowerment. It also shows something the Committee has come to regard as important, that there is a positive as well as a negative side to the story. There are strong communities, well able to deter widespread substance abuse, based on a strong history of work and traditional cultural practices. Importantly, there are also other communities, originally formed as mission stations, where committed people and good programs are reducing substance abuse and enhancing resilience. While the historical legacy is important, it does not prevent the possibility of positive change on substance abuse, even from poor initial conditions.

The Committee considers that deliberate action can lead to significantly lower levels of substance abuse. This Report is by no means a bad luck story alone. It shows that there are both assets and gaps in the larger picture on substance abuse in Territory remote communities. For both assets and

1. Ms Anderson, MLA, *Transcript of Evidence*, 21 March 2006, p.48.

2. Mr Tilmouth, *Transcript of Evidence*, 22 March 2006, p.81.

3. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.148.

gaps, three principles emerge as important and these are as follows:

1. that the three key lines of response to substance abuse of supply reduction, demand reduction and rehabilitation must be coordinated;
2. that consultation and engagement with communities occur; and
3. that a holistic picture of community services and requirements is critical for effective solutions on substance abuse in remote communities.

These emerge clearly from witness testimony presented to the Committee over the course of its inquiry. Where they are put into practice, their importance is affirmed and where they are not, things go badly.

These principles are entirely consistent with those described in the current *National Drug Strategy Integrated Framework* and the *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*.⁴ The Committee's findings, based on local information, show that policies put forward in these documents are indeed applicable in the Territory and that principles consistent with them are already being applied in best practice community-based programs. Government's response

to substance abuse in remote communities needs to be brought into closer conformity with this best practice approach.

A beginning has been made and its wider adoption must now be a matter for urgent attention.

BACKGROUND OF THE INQUIRY

This Report follows a number of others in the Northern Territory and other jurisdictions on substance abuse. In 2004, the Select Committee released a Report on petrol sniffing in the Territory. This was preceded by an Interim Report on alcohol, cannabis and volatile substance abuse in the Territory in 2003.⁵ These followed a series of reports on alcohol and other drugs by the Committee and its predecessors. The 2007 *Little Children Are Sacred* report on child sexual abuse in the Territory's remote communities also emphasises the importance of alcohol to the subject of its inquiry and makes specific recommendations for its management in the Territory.⁶

Federal parliamentary committees have inquired into substance abuse in Australia in general (2002) and petrol sniffing in

4. Ministerial Council on Drug Strategy, *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006*, 2006, Australian Government Department of Health and Ageing for the National Drug Strategy, 19/08/07, [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/545C92F95DF8C76ACA257162000DA780/\\$File/indigenous-action.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/545C92F95DF8C76ACA257162000DA780/$File/indigenous-action.pdf); Ministerial Council on Drug Strategy, *The National Drug Strategy: Australia's integrated framework 2004–2009*, 2004, Commonwealth of Australia, 19/08/07. [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/978CCA3285B6CA42CA25717D000297A4/\\$File/framework0409.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/978CCA3285B6CA42CA25717D000297A4/$File/framework0409.pdf).

5. Select Committee on Substance Abuse in the Community, *Petrol Sniffing in Remote Northern Territory Communities*, 2004, Legislative Assembly of the Northern Territory; *Interim Report of the Committee Inquiry To Date - Issues of Alcohol Abuse, Cannabis Use and Inhalant Abuse*, 2003.

6. Wilde, R. and Anderson, P., *Ampe Akelyernemane Meme Mekarle—Little Children are Sacred*, 2007, Northern Territory Government, 20/09/07, http://www.nt.gov.au/dcm/inquiryisaac/pdf/bipacsa_final_report.pdf.

remote communities in particular (2006).⁷ State parliamentary committees have also produced substantial reports on alcohol (2006), volatile substances (2003) and other drugs.⁸ Coroner's reports have added to information and debate on substance abuse in the Indigenous population.⁹

A number of documents have emerged from other sources. Australia is active in policy and research on substance abuse. Key research documents for the Territory are the *Northern Territory Alcohol Indicators* (2006), the recent *Territory Household survey on alcohol consumption and related attitudes* (2006) and the *National Drug Strategy Household survey state and territory supplement* (2005).¹⁰ This last document gives a comparison of drug use for all Australian jurisdictions and shows dramatically higher levels of risky drinking

and cannabis use for the Territory.¹¹ The most significant policy document in the Territory in recent years has been the *Alcohol Framework* (2004), designed to guide all policy on alcohol across government.¹²

Key documents to emerge in national forums have been produced under the National Drug Strategy. The *Integrated Framework* peak policy document states the principles of the response to drugs under the Strategy, in particular the harm minimisation model of integrating supply reduction, demand reduction and rehabilitation and its expression in policy.¹³ The *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* sets out these principles in the context of substance abuse by Indigenous people and describes an approach in which Indigenous people are involved in solutions to substance abuse, stated as a series of key objectives.¹⁴

Research review documents such as *The Prevention of Substance Use*, produced under the Drug Strategy, evaluates a

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7. The Senate Community Affairs References Committee, *Beyond petrol sniffing: renewing hope for Indigenous communities*, 2006, Commonwealth of Australia; House of Representatives Standing Committee on Family and Community Affairs, 22/06/07, http://www.aph.gov.au/Senate/committee/clac_ctte/petrol_sniffing/report/report.pdf, *Road to recovery: Report on the inquiry into substance abuse in Australian communities*, 2003, The Parliament of the Commonwealth of Australia, 17/08/06, <http://www.aph.gov.au/house/committee/fca/subabuse/report/fullreport.pdf>
 8. Drugs and Crime Prevention Committee, *Inquiry Into Strategies to Reduce Harmful Alcohol Consumption - Final Report volume 1*, 2006, Parliament of Victoria, 31/08/06, http://www.parliament.vic.gov.au/dpcp/Reports/DCPC-Report_Alcohol_Vol1_2006-03.pdf; Drugs and Crime Prevention Committee, *Inquiry into the Inhalation of Volatile Substances - Final Report*, 2002, Parliament of Victoria, 31/08/06, http://www.parliament.vic.gov.au/dpcp/Reports%20in%20PDF/VSA%20Report_www.pdf
 9. Mosey, A., *Contribution to Inquest into the Death of Kunmanara Ken -- Finding of the State Coroner*, 2003, State Coroner of South Australia, 19/03/07, http://www.courts.sa.gov.au/coroner/findings/findings_2002/kunmanara_ken.finding.htm
 10. Office of Alcohol Policy and Coordination, *Northern Territory Alcohol Indicators*, 2006, Northern Territory Treasury, 13/09/06, http://www.nt.gov.au/nt/licensing/oapc/NT_Alcohol_Indicators_July06.htm; Crundall, I., 2006, NT Department of Justice, 26/08/07, <http://www.nt.gov.au/justice/licensing/liquor/AlcoholReport.pdf>; Australian Institute of Health and Welfare (AIHW), 2004 *National Drug Strategy Household Survey: State and territory supplement*, 2005, Canberra, 15/03/06, [tp://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf](http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf).

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11. See AIHW, 2004 *National Drug Strategy Household Survey: State and territory supplement*, 2005, Canberra, pp.5, 6 & 7, 15/03/06, <http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf>
 12. Renouf, G. and Townsend, J., *Alcohol Framework Final Report*, 2004, Northern Territory Government, 12/11/05, http://www.nt.gov.au/nt/licensing/alcohol_framework/AlcoholFrameWorkInReportFinal1.pdf
 13. Ministerial Council on Drug Strategy, *The National Drug Strategy: Australia's integrated framework 2004-2009*, 2004, Commonwealth of Australia, 19/08/07, [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/978CCA3285B6CA42CA25717D000297A4/\\$File/framework0409.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/978CCA3285B6CA42CA25717D000297A4/$File/framework0409.pdf)
 14. Ministerial Council on Drug Strategy, *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006*, 2006, Australian Government Department of Health and Ageing for the National Drug Strategy, 19/08/07, [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/545C92F95DF8C76ACA257162000DA780/\\$File/indigenous-action.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/545C92F95DF8C76ACA257162000DA780/$File/indigenous-action.pdf)

range of contemporary approaches to combating drug use, providing a guide to action and policy.¹⁵

Possibly one of the more significant publications was that of an earlier Northern Territory parliamentary committee, the Sessional Committee on Use and Abuse of Alcohol in the Community. That Committee was established in light of growing concern over alcohol consumption levels and harms in the Northern Territory in the late 1980s. In 1991 it presented its report to the Legislative Assembly entitled *Measures for Reducing Alcohol Use and Abuse in the Northern Territory* which led to the establishment of the Territory Government's Living With Alcohol (LWA) program. This was evaluated as leading to 'significant reductions in alcohol related harm' and, in the four year period studied, 'the net saving to the people of the Northern Territory as a consequence of LWA was \$124.3 million'.¹⁶

CONDUCT OF THE INQUIRY

Hearings

The Inquiry began with hearings in Central Australian remote communities and with associated service organisations. Remote communities visited were Papunya, Hart's Range and Engawala. The organisations which met with the Committee included Tangentyere Council and the Larapinta Learning Centre, Drug and Alcohol

Services Association (DASA), the Mt Theo program and Wallace Rockhole. The Committee then extended its investigation into the Top End of the Northern Territory with hearings at: Angurugu and Alyangula on Groote Eylandt, including witnesses from Umbakumba and Bickerton Island; Yirrkala and Nhulunbuy on the Gove Peninsula; and Wadeye. This second series of hearings allowed the investigation to take into account regional differences and develop more generalised findings and recommendations that could be applied across the Territory.

At Engawala and Hart's Range, on 'the eastern Plenty', the Committee was able to see a good level of community management of substance abuse, where there had been a history of consistent employment and where, at the same time, societal structures had been preserved within a linguistically and culturally homogenous population. At Papunya, on the west of the Stuart Highway, the Committee was able to hear about the challenges faced, in relation to substance abuse, by communities with relatively little in the way of employment, historically or currently. Papunya is also a community where a wide range of Indigenous people had been gathered together to live on land away from their country.

In conversations with DASA, the Committee was able to hear about the approaches taken, and challenges involved, in conducting interventions in the substance abuse area, particularly about what measures work and shortfalls in resources and overall coordination that can make this work more difficult.

15. Loxley, W. et al., *The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence*, 2004, The National Drug Research Institute and the Centre for Adolescent Health, 01/09/06, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm/\\$FILE/mono_prevention.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm/$FILE/mono_prevention.pdf)

16. Chikritzhs, T. et al., *The public health, safety and economic benefits of the Northern Territory's Living With Alcohol Program 1992/93 to 1995/96*, 1999, Monograph No. 2. National Drug Research Institute, Curtin University of Technology, Perth. p.xxii.

In speaking with representatives of the Mt Theo program, Barry Abbott's program at Wallace Rockhole and to Tangentyere Council and the Larapinta Learning Centre, the Committee heard about grassroots programs that have had a good record of successful interventions. It also heard about the kinds of challenges they continue to face in responding to contemporary conditions and in their dealings with government.

For all of these Central Australian sites and programs, the main emphasis has been prevention and rehabilitation for alcohol and petrol. More recently they have had an emerging role in responding to rising levels of cannabis use. In the Top End of the Territory, the focus was different. While there continued to be concern about petrol misuse, levels of use were lower than in Central Australia. The main concerns were alcohol and cannabis and, in some areas, kava.

The focus of hearings on Groote Eylandt and the Gove Peninsula were on their new alcohol plans. An Alcohol Management Plan had been implemented on Groote Eylandt and another was being developed for the Gove Peninsula. The Groote Eylandt Plan was the subject of very positive comments from a wide range of witnesses, including local police, licensed premises and the major local employer - the Groote Eylandt Mining Corporation (GEMCO). While there continued to be challenges with cannabis and petrol, the successful Alcohol Management Plan, by report, had made inroads on all substance

abuse issues. Even so, there were policy and resource shortfalls for these.

On the Gove Peninsula, stakeholders in an Alcohol Management Plan looked to the Groote Eylandt Plan as an example of what could be done to address the relatively unregulated access to alcohol. As for a number of Northern Territory communities, alcohol use was clearly a major burden on the population there, resulting in high levels of injury and ill health and a loss of public amenity.

At Wadeye, a nominated dry area under the NT Liquor Act, the focus changed to the effects of widespread and long-term cannabis use in the community. There, the history of the settlement had seen a number of different Indigenous peoples placed in one area together. The combination of this, with widespread cannabis use and an absence of employment, has resulted in a difficult situation. This includes notoriously high levels of gang violence, particularly where cannabis supply was interrupted and agitation of users resulted.

From this brief overview, a number of common issues emerge as significant. Amongst all, the common denominator is the combination of three substances: alcohol, petrol and cannabis. While individually their use accounts for different proportions of substance abuse in different locations, together they account for the vast majority of harms, with substantial impacts on every aspect of community life. The relationship between them is strengthened by witness testimony that where supply is

successfully reduced on one, users often expand their use of the others.¹⁷

Other significant issues are social factors such as employment, education, health and housing. Co-location is also an issue, that is how people are grouped in a community, whether or not on traditional lands, or where different groups are placed together in one area. This is one of several important social determinants of vulnerability to substance abuse, a number of which are considered in more detail in the body of the report.

Official briefings

The Committee had a number of official briefings during the Inquiry.¹⁸ In the first, Dr Ian Crundall of the Office of Alcohol Policy Coordination and Ms Elizabeth Morris, of Racing, Gaming and Licensing, briefed the Committee on features of the *Northern Territory Alcohol Indicators*. In particular, they spoke about:

- the high levels of alcohol consumption in the Territory shown by the *Alcohol Indicators*;
- the high levels of harm from drink driving compared with other jurisdictions; and
- features and underlying factors in indices such as numbers of clients in treatment for alcohol dependency.

17. See Clough, A.R. 'Associations between tobacco and cannabis use in remote indigenous populations in Northern Australia.' *Addiction* 100.3 (2005): 346-53, and Clough, A.R., et al. 'Emerging patterns of cannabis and other substance use in aboriginal communities in Arnhem Land, Northern Territory: a study of two communities.' *Drug and Alcohol Review* 23 (2004), pp.381-90.

18. Refer to the complete list of hearings, meetings and briefings at Appendix A.

The witnesses also answered questions from the Committee about the work of the Office of Alcohol Policy Coordination and the timely production of the Alcohol Indicators.

The Committee held a videoconference hearing with Mr Blair McFarland and Mr Tristan Ray of Central Australian Youth Link-Up Service (CAYLUS), a group auspiced by Tangentyere Council. The approaches to reducing substance abuse in Central Australian remote communities were discussed and best practice approaches that had achieved results in communities were identified. The work of CAYLUS is considered at length in a case study in Chapter 3.

The Committee spoke to Professor Jon Altman of the Australian National University about alternative models and opportunities for employment of Indigenous people. Witness statements to the Committee had highlighted the relationship between employment and substance abuse. Professor Altman agreed that 'intergenerational inactivity' was likely to be associated with substance abuse and suggested that exploration of alternative pathways to employment was needed to counter this.¹⁹ He proposed a 'multi-sectorial' or 'hybrid' model for Indigenous employment, blending a range of employment activities from the cash, customary and state-subsidised sectors to generate meaningful employment.²⁰

Dr Alan Clough, in his appearance before the Committee, initially spoke about his experience with programs to reduce

19. Prof. Altman, *Transcript of Evidence*, 23 March 2007, p.346.

20. Prof. Altman, *Transcript of Evidence*, 23 March 2007, p.353.

substance abuse in Arnhem Land during his time as a Town Clerk in the 1990s and later in his role researching substance abuse in remote communities. He described patterns and levels of substance abuse in Arnhem Land, particularly in relation to patterns of cross-use between the main substances: alcohol, petrol, cannabis and tobacco. The high cost of cannabis purchase to remote communities as a whole was noted. The importance of controlling the 'supply of psychoactive substances' overall was important as was the success of the NT Police Remote Drug Strategy in achieving reductions in cannabis supply.

Dr Clough spoke at length about the role of alcohol in remote communities and suggested that 'flexible arrangements' available under the Liquor Act were an important avenue for remote communities to control alcohol use. He emphasised the need for an attitudinal shift away from 'alcohol as a right' to 'alcohol as a privilege'.²¹ In his view, it would be beneficial if this were to be supported with greater efforts at public education.²² This briefing is further discussed in the section on alcohol in Chapter 2.

Dr Ian Crundall again appeared before the Committee, this time on behalf of the Department of Justice. The Office of Alcohol Policy, newly created at the time of Dr Crundall's first briefing, had been closed down not much more than a year later. In this briefing, Dr Crundall reported on the results of a Household Survey on attitudes to alcohol in the Northern

Territory.²³ Again, rates of drinking and drinking harms were high compared with other Australian jurisdictions. Dr Crundall emphasised the need for a greater public education campaign to effect cultural change on alcohol, together with higher levels of coordination on alcohol policy across government.²⁴ This briefing is also discussed in Chapter 2.

The last briefing was by Sergeant Scott Mitchell of the Northern Territory Police Drug and Alcohol Policy Unit, and his commanding officer, Commander Jeanette Kerr.

Sergeant Mitchell briefed the Committee on Northern Territory data from Drug Use Monitoring in Australia. DUMA surveys apprehended persons in police cells. Survey results showed:

- high rates of alcohol use amongst people arrested in the Territory compared with other Australian jurisdictions; and
- strong associations between alcohol and the bulk of crimes committed in the Territory.²⁵

Targeting alcohol, which Sergeant Mitchell said was the Territory's 'most problematic drug' by far, was a logical way to reduce crime overall, given the close correlation between alcohol use and crime.²⁶ This point was also made by Dr Crundall in

21. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.377.

22. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.378.

23. Crundall, I. "Northern Territory alcohol consumption and related attitudes 2006 household survey", 2006, Dept. of Justice, 26/08/07, <http://www.nt.gov.au/justice/licensing/liquor/AlcoholReport.pdf>

24. Dr Crundall, *Transcript of Evidence*, 26 July 2007, pp.404, 402.

25. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.416.

26. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.412

his second briefing to the Committee.²⁷
Sergeant Mitchell's briefing is discussed in further detail in Chapter 2.

27. Dr Crundall, *Transcript of Evidence*, 26 July 2007, pp.401, 407.

Chapter 2 - Three Key Substances

INTRODUCTION

This chapter gives an account of trends, availability, consequences and concerns for each of the three key substances of abuse: alcohol, cannabis and petrol that affect Territory remote communities. Although here they are discussed separately, research material on real-life use makes it plain that they are often used in combination.¹ Together they play a key role in drug substitution, where a reduction in the availability of one substance leads to increased use of another.² Communities have different profiles of substance abuse, as prevalence and availability, but chronic, cross-linked patterns of use are an established feature in many communities.

These patterns of substance abuse take a great toll on remote communities. It reduces their capacity to protect and develop the people who live there. It also reduces their ability to maintain the functions and services that would otherwise sustain the community and create a better standard of living. Each addition to a community's burden of disease reduces the capacity of individuals to contribute to the common good. The loss of potential future community leaders is one instance of this, but even on a day-to-day basis, high levels of substance abuse represent a substantial drain on community energies that could otherwise be drawn upon to face other challenges.³

ALCOHOL

Trends

Northern Territory

The Northern Territory has the highest rates of risky consumption of alcohol of any jurisdiction in Australia.⁴ The Committee was briefed by representatives of the Office of Alcohol Policy and Coordination on trends in alcohol use in the Territory, particularly on those evident in the *Northern Territory Alcohol Indicators*. These show trends in:

- alcohol consumption and harms, including amounts of alcohol consumed;
- rates of short and long-term risky drinking behaviours;
- road accidents where alcohol is a factor; and
- numbers of clients being seen in rehabilitation facilities.⁵

Dr Crundall, Director of the Office, told the Committee that *per capita* consumption of alcohol in the Territory had been 'steadily on the rise since the start of the Century'.⁶ Some regions of the Territory had experienced more dramatic rises than the Territory average.⁷ Road accidents are an indicator of the high rates of harm associated with alcohol in the Territory: 'if you compare it to anywhere else it is

1. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.393.
2. Clough, Alan R, et al. "Emerging patterns of cannabis and other substance use in aboriginal communities in Arnhem Land, Northern Territory: a study of two communities." *Drug and Alcohol Review* 23 (2004), pp.383, 386, and see Figure 1.
3. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.254.

4. See Australian Institute of Health & Welfare, *2004 National Drug Strategy Household Survey: State and Territory Supplement*, 2005, Canberra, pp.5, 6, 15/03/06, <http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf>
5. Office of Alcohol Policy and Coordination, *Northern Territory Alcohol Indicators*, 2006, Northern Territory Treasury, 13/09/06, http://www.nt.gov.au/nt/licensing/oapc/NT_Alcohol_Indicators_July06.htm
6. Dr Crundall, *Transcript of Evidence*, 19 October 2006, p.353.
7. Dr Crundall, *Transcript of Evidence*, 19 October 2006, p.353.

double the figures'.⁸ Upward trends in alcohol use were not attributed to the end of the *Living With Alcohol* program, but rather to the end of dedicated funding for efforts to change attitudes to alcohol.⁹

Dr Crundall emphasised the need for a renewed focus on cultural change if alcohol harms were to be reduced in the Territory. It was this that had 'gone missing' from responses to alcohol since the end of *Living With Alcohol*.¹⁰ A better response was not 'just about hammering licensed premises', because a high proportion of liquor consumed in the Territory is purchased from take away outlets.¹¹ What was needed was a 'strategic' approach, beyond single interventions, toward achieving broader cultural change.¹² This objective needed follow-through if it were to succeed: 'it is a constant. It is not one or two programs here or there, you just keep it in peoples' faces'.¹³ Ultimately, it is 'about stopping people wanting to drink':

You can go so far as getting them to pull up a bit, but there is that last bit of getting them to decide for themselves that they are not going to drink, or 'I am only going to drink a little bit'.¹⁴

This description was corroborated by Dr Crundall at a later briefing on a recent *Household Survey* on alcohol in the

Territory.¹⁵ This showed that 'the average Territorian is drinking nearly two thirds higher than what is recommended on a weekly basis and nearly 40 percent higher on a day that they actually do drink'.¹⁶ Seventy percent more Territorians were drinking in ways which exposed them to short-term risk than in other Australian jurisdictions and 66% more for long-term risk.¹⁷

Four out of ten people reported that they got into trouble because of drinking.¹⁸ At the same time, Dr Crundall considered it problematic that nearly half agreed that it was only when driving that care was needed on the amount of alcohol consumed. Other types of alcohol harm did not come to mind.¹⁹

Distinct characteristics of alcohol consumption in the Territory were that a very high proportion of alcohol (85.5%) was purchased from takeaway outlets and 'only 10% was bought at a licensed premise where you actually stand there or sit down and drink it'.²⁰ This was 'different from other parts of the country'.²¹ Consequently, 'there have got to be different strategies put in place' to suit local patterns of use.²²

In his briefing to the Committee, Sergeant Scott Mitchell of the Northern Territory Police Drug and Alcohol Policy Unit

8. Dr Crundall, *Transcript of Evidence*, 19 October 2006, pp. 356-57.
9. Dr Crundall, *Transcript of Evidence*, 19 October 2006, pp.355-56.
10. Dr Crundall, *Transcript of Evidence*, 19 October 2006, pp.355-56.
11. Dr Crundall, *Transcript of Evidence*, 19 October 2006, pp.354-55.
12. Dr Crundall, *Transcript of Evidence*, 19 October 2006, p.356.
13. Dr Crundall, *Transcript of Evidence*, 19 October 2006, p.356.
14. Dr Crundall, *Transcript of Evidence*, 19 October 2006, p.355.

15. Crundall, I., Northern Territory alcohol consumption and related attitudes 2006 household survey, Department of Justice, 2006. 26/08/07, <http://www.nt.gov.au/justice/licensing/liquor/AlcoholReport.pdf>
16. Dr Crundall, *Transcript of Evidence*, 26 July 2006, p.410.
17. Dr Crundall, *Transcript of Evidence*, 26 July 2007, pp.411-12, 412.
18. Dr Crundall, *Transcript of Evidence*, 26 July 2007, p.412.
19. Dr Crundall, *Transcript of Evidence*, 26 July 2007, p.412.
20. Dr Crundall, *Transcript of Evidence*, 26 July 2007, p.416.
21. Dr Crundall, *Transcript of Evidence*, 26 July 2007, p.416.
22. Dr Crundall, *Transcript of Evidence*, 26 July 2007, p.416.

presented data consistent with this picture: 'It is quite clear ... over the last ten years, that despite our problems with illicit drugs that alcohol is our single most predominately problematic drug'.²³ Sergeant Mitchell highlighted the significance of high rates of alcohol consumption for crime, suggesting that on average '80% of all police work in the Northern Territory is alcohol related'.²⁴ In some regions of the Territory, the rate has consistently been as high as 95 - 99%.²⁵

There are strong correlations between alcohol and violence related offences, such as domestic violence and breaches of domestic violence orders.²⁶ Also, across all areas of offending, 'when you look at people who are taken in to custody, you look at injury, you look at death and all of this stuff, there is a very clear correlation [with] alcohol'.²⁷ Commander Jeannette Kerr and Sergeant Mitchell agreed that alcohol plays a key role in crimes associated with 'drugs ... violence, traffic and road safety'.²⁸ Addressing widespread problems with alcohol would have a major influence in reducing crime, a point also made by Dr Crundall.²⁹

Remote communities

Alcohol has a unique place in substance abuse in Territory remote communities. It is the most widely available substance

of abuse and it has brought high levels of harm to Indigenous communities.

As for other substances of abuse, communities' attempts to manage alcohol combine measures for control balanced against the need to retain amenity and community assent. This is an attempt to achieve a balance between necessary restriction and individual rights. The so-called 'prevention paradox' holds that while problematic substance users are usually a minority in a population, measures to reduce harms must be addressed to the whole population if they are to succeed.³⁰ A need for negotiation must inevitably result.

Dr Clough, in his briefing to the Committee, made a number of specific observations on alcohol in remote communities. He balanced this with a wider perspective on substance abuse and emphasised the importance of controlling 'the supply of psychoactive substances' in general.³¹ He noted strong correlations between the use of one substance and of others. Cannabis users are more likely to be drinkers and to have sniffed petrol.³² Dr Clough also noted the preponderance of binge drinking in remote communities. This occurs where drinkers from dry communities travel to places where liquor is more easily accessed.³³

23. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.434.
24. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.434.
25. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.434.
26. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.438.
27. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.444.
28. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.450.
29. Sgt Mitchell, *Transcript of Evidence*, 26 July 2007, p.450; Dr Crundall, *Transcript of Evidence*, 26 July 2007, pp.426-27.

30. Loxley, W. et al., *The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence*, 2004, The National Drug Research Institute and the Centre for Adolescent Health. p.6, 01/09/06, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm/\\$FILE/mono_prevention.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm/$FILE/mono_prevention.pdf)
31. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.391.
32. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.393.
33. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.392.

Dr Clough gave a positive assessment of the 'flexibility' available to communities under 'restricted area' provisions of the Liquor Act.³⁴ The potential of these provisions was closely associated, in his view, with a transition from seeing 'drinking as a right' to seeing it 'as a privilege', a key change in attitudes that allowed communities to make strategic choices.³⁵ Dr Clough suggested that greater effort is needed with education if further benefits are to be achieved.³⁶

Alcohol Management Plans

A new feature of alcohol policy in the Territory is the progressive introduction of regional Alcohol Management Plans. These are negotiated agreements within communities involving all stakeholders, which are then ratified by the Licensing Commission. It has long been possible under the Liquor Act for remote communities to nominate to be considered 'dry communities'. Alcohol Management Plans are an alternative to the two extremes of unfettered access or prohibition. They allow for more finely tuned settings, with an emphasis on achieving rules on drinking that reflect local conditions negotiated within the community.

By allowing remote communities to own, drive, and tailor conditions on alcohol management an acceptable balance between freedom and constraint can be struck. One example is that arrangements on Groote Eylandt forbid the consumption of alcohol in many public places to

reduce the incidence of harm but leave some public places available for drinking, allowing the community a measure of freedom and amenity.

This style of arrangement is a way to achieve better levels of flexibility and durability than with previous styles of regulation. 'Dry area' arrangements are criticised for producing unintended consequences, including increasing drinking in settings where there is greater potential for harm such as with the 'bush club' drinking described by some witnesses.³⁷ There is a greater likelihood of intervention to prevent acute harms when drinking is done on licensed premises.³⁸ Experience also shows that harsher restrictions create markets for contraband liquor and face greater difficulties in achieving compliance.³⁹

Alcohol Management Plans offer an alternative to these outcomes. Successful arrangements seen by the Committee are characterised by longer periods of negotiation and consultation between stakeholders. This extensive consultative process is particularly important for negotiations between Indigenous and non-Indigenous players: cultural differences bring special challenges. Alcohol Management Plans are considered at greater length in a case study on the Plan at Groote Eylandt in Chapter 4 of this Report.

34. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.396.

35. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.395.

36. Dr Clough, *Transcript of Evidence*, 3 May 2007, p.396.

37. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

38. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

39. See Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.212.

Availability & prevalence

According to witnesses, alcohol continues to account for a greater proportion of harms than other substances:

In over the four years that I've been here I've seen an increase each year and where that increase is mainly is still with alcohol, ... petrol [is] nothing compared to the devastation that alcohol causes, physically, socially, psychologically ...⁴⁰

While statistics on prevalence and harms are scarce for remote communities, the *Northern Territory Alcohol Indicators* and other sources such as the *National Household Survey on Drugs*, corroborate this upward trend.⁴¹ They show that the Territory as a whole has the highest rates of high-risk drinking for both chronic and acute harms.⁴² The *Alcohol Indicators* show that consumption in some regional areas in the Territory is even higher than the high aggregate rates reflected in the *Alcohol Indicators*, sometimes considerably so.⁴³ Evidence presented to the Committee by witnesses supports the view that alcohol harm in remote communities is consistent with these high rates, at least, and is in fact likely to be above the high average levels of the Territory overall.

40. Ms Broadbent, *Transcript of Evidence*, 22 March 2006, p.114.

41. See AIHW, 2004 *National Drug Strategy Household Survey: State and Territory Supplement*, 2005, Canberra, pp.5, 6, 15/03/06, <http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf>; Office of Alcohol Policy and Coordination, *Northern Territory Alcohol Indicators*, 2006, Northern Territory Treasury, 13/09/06. http://www.nt.gov.au/nt/licensing/oapc/NT_Alcohol_Indicators_July06.htm

42. Office of Alcohol Policy and Coordination. *Northern Territory Alcohol Indicators*, 2006, Northern Territory Treasury, 13/09/06. http://www.nt.gov.au/nt/licensing/oapc/NT_Alcohol_Indicators_July06.htm

43. Office of Alcohol Policy and Coordination, *Northern Territory Alcohol Indicators* 2006, 13/09/06. http://www.nt.gov.au/nt/licensing/oapc/NT_Alcohol_Indicators_July06.htm.

Consequences

The results of high rates of consumption and risky patterns of alcohol consumption are demonstrated in several ways.

Historically, alcohol use in remote communities has been associated with high levels of violence. One witness told the Committee:

I go back to the days when there were gunfights at the Okay Corral. ... There were guns going off in the street every night of the week. There were spears. There was fighting. There were murders. There were rapes. There were stabbings ... You name it, we had it. The highest incarceration in the Northern Territory.⁴⁴

This, reported for the Umbakumba community, is consistent with experiences reported at Wadeye when a licensed club operated there.⁴⁵ A disturbing further dimension of heavy alcohol use lies in its effects on the next generation. Witness testimony consistently noted a connection between parental drinking and the vulnerability of children to petrol sniffing.⁴⁶

The ultimate effect of alcohol through both injury and health outcomes is to rob Indigenous communities of the human resources vital to their viability and potential prosperity. This denies communities the contributions that residents could make if people were able to participate fully in community life. Communities can ill afford to lose this, as detailed in Chapter 5.

44. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p. 228.

45. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, pp.318-19.

46. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.103; Mr Amagula, *Transcript of Evidence*, 29 May 2006, p.185.

Concerns

Alcohol is the most pervasive substance of abuse in remote communities, and causes greatest harm. This is shown in testimony from service representatives and by expert witnesses in Committee briefings.⁴⁷ However the pervasive culture of drinking in the Territory works against a widespread admission of drinking harms, standing in the way of open expression of concern. In stronger communities immediate action is taken when there is concern:

They might get the occasional person who comes in with one cask or something like that, but that person gets locked up straight away. The whole community then has a meeting straight away to make that person 'shame' ...⁴⁸

Factors that contribute to strengthening a community and raising awareness include education, effective regulation and policing and constructive approaches to the restriction of alcohol. Together, these create an environment that clarifies concerns and enables them to be expressed with a sense that they can have an effect. All of these things can be supported with the kind of public education campaign indicated by Dr Crundall in his briefing to the Committee.⁴⁹

The likely outcome would be an increase of concern about alcohol, as community members become both more aware of the consequences of alcohol use, and feel more able to express their concerns due to a more general change in awareness on alcohol harms.

47. See n.44, n.40

48. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, pp. 22, 23.

49. Dr Crundall, *Transcript of Evidence*, 19 October 2006, pp.355-56.

CANNABIS

Trends

Research shows that cannabis use in Territory remote communities has experienced a steep upward trend since the 1980s:

A survey in the mid-1980s did not detect cannabis use in the NT's 'Top End' communities but by the late 1990s ... 31% of males and 8% of females (aged over 15 years) were using cannabis in eastern Arnhem Land.⁵⁰

This trend continued upwards, with high rates of growth after the late 1990s:

By 1999, cannabis use increased to 55% of males and 13% of females in the same region. In one locality, between 1999 and 2000, the proportion of males using cannabis doubled (21 - 39%) and cannabis use emerged among women for the first time, with up to 20% of them using it.

Further evidence in 2001 - 2002 suggested much higher rates of use, with 62 - 76% of males and 9 - 35% of females aged 13 - 34 using cannabis regularly.⁵¹

This has resulted in very high rates of use:

The proportion of Indigenous males currently using cannabis in this study, i.e. 67% (60 - 73%) is almost double that in the general NT population in

50. Clough, Alan R , et al. "Emerging patterns of cannabis and other substance use in aboriginal communities in Arnhem Land, Northern Territory: a study of two communities." *Drug and Alcohol Review* 23 (2004), p.381.

51. Clough, Alan R , et al. "Emerging patterns of cannabis and other substance use in aboriginal communities in Arnhem Land, Northern Territory: a study of two communities." *Drug and Alcohol Review* 23 (2004), p.381.

similar age groups who have used cannabis in the past year. The NT rate, in turn, is already ca. 1.7 times higher than in males of similar age in other Australian jurisdictions.⁵²

These high rates for particular remote communities in the Territory occur against a background of high rates of use for the Territory overall. The *National Drug Strategy Household Survey* shows rates of 'recent use' for cannabis in the Territory as 50% higher than the next highest jurisdiction.⁵³

Availability & prevalence

Consistent with these high rates of use, cannabis is pervasive in many remote communities. Witnesses from Mt Theo and Yuendumu described cannabis as widely used and 'extremely available'.⁵⁴ Health workers at Wadeye also described high rates of use to the Committee: local health surveys suggested that '80 - 90%' of adult males were cannabis users.⁵⁵ Other sources at Wadeye also estimated cannabis consumption as high, considering it a 'big problem' for the community.⁵⁶

At Alyangula, witnesses indicated that reductions in the availability of petrol had led users to substitute cannabis for petrol, confirming a trend that is of concern to the Committee.⁵⁷ The substitution of

cannabis for petrol, that is from a cheaper substance to a more expensive one, reduces the dramatic harms produced by petrol sniffing, but leads to a financial burden in the community, particularly for families.⁵⁸ At Mt Theo, the Committee heard that further analysis and evaluation on the case histories of clients was needed to quantify this trend. This, together with other shortfalls in data on cannabis use, such as those noted at Wadeye, underscores the need for a greater research effort to produce a better picture of cannabis use in remote communities.⁵⁹

In terms of the trafficking and supply of cannabis, evidence from a range of locations produces a consistent picture. Witnesses from Northern Territory Police at Groote Eylandt and Papunya, and Makura Wunthay (Alcohol Awareness) at Wadeye, described the various routes used to bring cannabis into communities, by road, air and sea, depending on seasonal conditions.⁶⁰ Local authorities faced with the challenge of intercepting shipments were often at a disadvantage, given the variety and combination of routes open to traffickers at different times of the day or night.⁶¹ Police also suggested that traffickers caught in possession of cannabis often did not receive sufficient penalty to deter further attempts.⁶² On a more positive note, police and community members both attested to the effectiveness of drug sniffer dogs checking luggage and airfreight to

52. Clough, Alan R , et al. "Emerging patterns of cannabis and other substance use in aboriginal communities in Arnhem Land, Northern Territory: a study of two communities." *Drug and Alcohol Review* 23 (2004), p.388.

53. Australian Institute of Health and Welfare. *2004 National Drug Strategy Household Survey: State and territory supplement*, 2005, 28/08/06, <http://www.aihw.gov.au/publications/phe/ndshs04sts/ndshs04sts.pdf>, p.7.

54. Ms Low, *Transcript of Evidence*, 22 March 2006, p.125.

55. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.308.

56. Ms Berida, *Transcript of Evidence*, 31 May 2006, p.295; Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.314.

57. Ms Fry, *Transcript of Evidence*, 29 May 2006, p.213;

58. Ms Fry, *Transcript of Evidence*, 29 May 2006, p.213.

59. Ms Low, *Transcript of Evidence*, 22 March 2006, p.125.

60. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.198-99; Const. de Vos, *Transcript of Evidence*, 20 March 2006, p.17; Ms Berida, *Transcript of Evidence*, 31 May 2006, p.295.

61. Const. De Vos, *Transcript of Evidence*, 20 March 2006, p.17.

62. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.199.

communities and to the Remote Area Drug Desk as an effective source of intelligence.⁶³

Police testimony added to the emerging picture of the prevalence and costs of cannabis use. Consistent with other evidence given to the Committee, Alyangula police indicated that while the number of cannabis users was unknown, cannabis use was itself 'ingrained'.⁶⁴ There was a consistent flow of cannabis into the community and consequently a significant diversion of financial resources away from legitimate areas of expenditure, into the hands of cannabis suppliers. This amounted to aggregate sums in the order of 'hundreds of thousands of dollars', an estimate consistent with available research.⁶⁵ An indicator of the degree to which cannabis had become embedded in community life were meetings organised in response to successful police intercepts of cannabis shipments which had rendered cannabis scarce.⁶⁶ In response, some community members, even some elders, had advocated a loosening of legal restrictions, reflecting pressure brought to bear by cannabis users.⁶⁷

Prevalence and expenditure are just part of a range of trends for cannabis, indicating the scale of the problem. Others indicators are more positive. Representatives of the Groote Eylandt Mining Company

(GEMCO), for example, spoke about the company's stance on drug and alcohol use by employees. The Committee was told that mandatory drug and alcohol testing for candidates for company positions and present employees had improved employee performance, with absenteeism markedly reduced.⁶⁸

Importantly, the Committee were told that candidates who failed the drug test regime were not simply cast aside, but were given further opportunities, through programs associated with Groote Eylandt and Bickerton Island Enterprises (GIBIE), to resolve problems with substance abuse and apply again for positions with GEMCO.⁶⁹ From this, approximately 80% of previously failed candidates were now in the employ of the company, with Indigenous employees returning consistently negative results under the company's random drug testing program.⁷⁰ This contrasts with previous results, where the overwhelming proportion of local Indigenous people applying for work with GEMCO were testing positive for cannabis:

We went from an 11 out of 12 failure rate of applications to an 11 out of 12 pass rate just by letting people know what our clear expectations are. There was no rocket science in that; it was just a matter of letting people know: 'If you want a job, don't smoke dope' and people have stopped.' So I think there has been a cultural change here.⁷¹

63. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.200; Ms Berida, *Transcript of Evidence*, 31 May 2006, pp.295-96.

64. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.198.

65. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.199; Clough, Alan R, et al. 'Emerging patterns of cannabis and other substance use in aboriginal communities in Arnhem Land, Northern Territory: a study of two communities.' *Drug and Alcohol Review* 23 (2004), pp.11, 27.

66. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.199.

67. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.199.

68. Mr Peters, *Transcript of Evidence*, 29 May 2006 p.203; Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.207.

69. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.207; Mr Peters, *Transcript of Evidence*, 29 May 2006, p.207.

70. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.208; Mr Peters, *Transcript of Evidence*, 29 May 2006, p.208.

71. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.203.

This testimony in hearings underscores the key factors that have a positive influence on substance abuse. These are: access to employment, particularly where employers are good corporate citizens; clearly stated and enforced social norms around drug use; the importance of incentives and sanctions in relation to substance abuse; access to rehabilitation facilities; and being given a 'second chance'.

Consequences

Witnesses describe two main consequences of cannabis use, psychosocial and financial, and both entail significant levels of harm. The expense of habitual cannabis use clearly affects other people around the user, particularly families. At Wadeye, witnesses told the Committee that cannabis users 'wait' for welfare payments to come to other family members.⁷²

This is particularly so for older women who, as grandmothers, are frequently obliged to resist these approaches so they can buy food for their grandchildren because the parents' money has gone toward purchases of cannabis:

I buy food for my grandchildren. I got seven grandchildren; all boys, no girls. I have got a 29 year old son living in my house, and just my grandchildren, because my daughter and her partner moved out to her mother-in-law. He smokes ganja, and he has got four kids, so I take the other three. I look after them and they look after the little one.⁷³

This is a consistent thread of testimony from women in remote communities.⁷⁴ Cannabis users request money for cannabis then respond violently if this is not forthcoming: 'they get angry when mums and grandmas say 'No' ... and then they do ... property damage, go and smash up the clinic car or the school car or the store'.⁷⁵ This extends to youth in families, 'younger males' who are 'likely to stand over their parents, particularly the women, to get money for ganja ... and that impacts on younger children'.⁷⁶

The result is that 'the families do not have enough tucker'.⁷⁷ It is the youngest children who are most at risk: 'babies [who] have come into the babies' room and they are failing to thrive, but it is beyond that; they are actually starving'.⁷⁸ At Wadeye, health-care providers considered that this was a 'significant problem' affecting 10-15% of babies in the community. Affects that are on the surface 'financial' have important consequences for the health of vulnerable community members.⁷⁹

Psychosocial effects of cannabis fall into two main categories: violence and mental illness. For violence, the relationship with cannabis use is indirect. A number of witnesses at Wadeye suggested that violence breaks out when habitual users face a *disruption* to supply. This includes violence at an interpersonal level:

The women or girls who get bashed up by young men, even when they have not had ganja for two days, stress comes

72. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317; Ms U. Kintharri, *Transcript of Evidence*, 31 May 2006, p.320.

73. Ms. U. Kintharri, *Transcript of Evidence*, 31 May 2006, p.320.

74. Ms Berida, *Transcript of Evidence*, 31 May 2006, p.296.

75. Ms Fry, *Transcript of Evidence*, 29 May 2006, p. 214.

76. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.309.

77. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.309.

78. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.309.

79. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.309.

in when the person is stressing at him, even when there is no ganja.⁸⁰

And in a broader, social sense:

It does seem that when there is a lot of cannabis in town, things tend to be reasonably quiet ... it is when the supply gets disrupted that the riots and disturbances begin.⁸¹

For the impact of cannabis use on mental health, health care providers face complex questions as to what is caused by substance abuse and what can be thought of as 'straight mental illness'.⁸² The key question is: 'how much cannabis is impacting on mental health in the community' when 'most males over 30 use cannabis quite regularly'?⁸³

Direct observation suggests that there is an association between the two:

I know there are certain groups that are heavily into the ganja, and we see acute mental problems. People with a past history of psychiatric illness who are in to the ganja are far more likely to go psychotic, and we see that on a regular basis.⁸⁴

Under the circumstances, questions arise on the suitability of response to mental health crises attributed to cannabis use: 'people are flown in to town, and within 48 hours they are sent back. There is a core group of mental health patients and their relapse tends to be related to ganja use'.⁸⁵

Concerns

The known consequences of cannabis use in communities should result in high levels of concern. However, there is often a gap between levels of concern and risk. One instance has already been noted where community elders openly supported cannabis use.⁸⁶ This is not uniformly the case. In some communities, greater levels of concern on cannabis are due to perceived associations with suicide.

Witnesses from the Mt Theo program told how a particular instance of youth suicide, associated with cannabis and alcohol, had changed community attitudes including amongst the youth.⁸⁷ As a result, Mt Theo has moved to develop new programs specifically for cannabis and other similar programs may need to follow suit.⁸⁸

Overall, there is a tendency to downplay risks from cannabis, for two reasons. First, there is a lack of awareness of emerging research on cannabis harms. This has seen significant change in research findings on cannabis over the last ten years, but news of this has not spread sufficiently to reach all parties.⁸⁹ Second, high levels of concern about petrol sniffing are clearly involved. In comparison, witnesses see cannabis as a relatively benign drug. This was evident at Groote Eylandt, where a witness concerned about petrol harms advanced such a view.⁹⁰

80. Mr Cumaiyi, *Transcript of Evidence*, 31 May 2006, p.311.

81. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, pp.308, 309.

82. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.308.

83. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.308.

84. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.308.

85. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.308.

86. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.199.

87. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

88. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120

89. See Cohen, J., Interview with Dr Andrew Campbell. 2005a. *Four Corners*, ABC Television, 02/03/05, <http://www.abc.net.au/4comers/content/2005/s1314465.htm>, 13/03/06, and David M Fergusson, John Horwood, and Elizabeth M. Ridder. "Tests of Causal Linkages between Cannabis Use and Psychotic Symptoms", *Addiction* 100.3 (2005): 354-66.

90. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.247.

For a community, concerns over petrol can reach sufficiently high levels to reduce the community's ability to consider other harms. When forced to choose petrol and alcohol take precedence.⁹¹ A further contributor is that it can be difficult to perceive a connection between cannabis use and mental health problems when disturbances occur in the *absence* of cannabis.⁹² This all contributes to a perception, on the part of some involved in reducing petrol harms, that substance substitution from petrol to cannabis is an acceptable trade-off, and that the challenge of moving these users away from cannabis may be left for future consideration.⁹³ However, this view will be less sustainable if research establishes a causal link from cannabis to mental illness, which appears to be indicated by current research.⁹⁴

Currently, the main emphasis of government response to cannabis use lies in efforts to achieve supply reduction. It is questionable as to whether this, alone, can be an effective approach. A balanced regime of demand and supply reduction, and rehabilitation, is likely to be a more effective way to reduce the substantial current user base.

PETROL

Trends

The most important trend in relation to petrol sniffing is the advent of Opal non-sniffable fuel and its increasing availability

across Territory remote communities, in place of conventional fuel. Opal was first introduced in communities around Alice Springs. Availability of sniffable fuel continued in the town itself which led to sniffers congregating there and consequent criticism of the rollout strategy. In turn, this led to the conclusion that more comprehensive coverage was needed to avoid this effect.⁹⁵

At the time of the Committee hearings in the Top End, a number of communities were anticipating the advent of Opal, with high hopes that it would reduce petrol harms. Alongside this optimism were concerns raised by other witnesses, typically those associated with the management of Alcohol and Other Drugs, that Opal would bring risks as well as opportunities. In the absence of other measures, petrol users would move to other drugs, cannabis in particular, or physically move to places where sniffable petrol was available.⁹⁶ The consensus view was that the introduction of Opal created a brief window of opportunity, of a few weeks, where gains could be made if rehabilitation programs were activated at the same time.⁹⁷ Without timely intervention, the net gains of Opal introduction could be significantly compromised.

The other major challenge arising from Opal is the emergence of a black market in sniffable fuel. Witness testimony shows that this is likely to affect communities differently. At Groote Eylandt there was optimism that

91. Mr Phelps, *Transcript of Evidence*, 29 May 2006, pp.254, 247-48.

92. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, pp.308-09; Mr Cumaiyi, *Transcript of Evidence*, 31 May 2006, p.311.

93. Mr Phelps, *Transcript of Evidence*, 29 May 2006, pp.247, 248.

94. van Os, J., et al. "Cannabis Use and Psychosis: A Longitudinal Population-Based Study," *American Journal of Epidemiology* 156.4 (2002): 319-27.

95. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.146

96. Ms Low, *Transcript of Evidence*, 22 March 2006, p.135.

97. See for example Mr Thomas, *Transcript of Evidence*, 29 May 2006, p.190.

the community was able to protect itself against a trade in fuel, chiefly due to the natural barriers of water and distance.⁹⁸

Certainly, inland communities such as Papunya face greater challenges in this regard.⁹⁹ However, according to witnesses, the removal of sniffable fuel from communities has a positive effect despite the development of a black-market. They emphasise that where Opal predominates, sniffable fuel must be purchased, and that this is a significant difference:

... when there is petrol in every car, anyone can be a sniffer in five minutes if they have a bit of hose this long, but once ... it became black market, you needed cash to buy petrol the same way you need cash to buy grog. So particularly little kids couldn't get their hands on it whereas before, it was very easy and you would see little kids sniffing because they'd see big kids doing it.¹⁰⁰

It is notable that at Groote Eylandt there was some resistance amongst the non-Indigenous population to using Opal in outboard motors and other engines. These needed to be addressed before the community as a whole was prepared to accept it.¹⁰¹ This pattern is repeated with alcohol and cannabis also. Moves to limit the availability of a particular drug inherently involve trade-offs. To effect change, communities must strike a balance between the positive results they hope for against the sacrifices needed to achieve them.

98. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.247; Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.198.

99. Const. De Vos, *Transcript of Evidence*, 20 March 2006, p.17.

100. Mr McFarland, *Transcript of Evidence*, 5 April 2006, pp. 149, 156.

101. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.198.

Availability & prevalence

A number of witnesses spoke of the prevalence of petrol sniffing. Some Central Australian communities have a history of high intensity petrol misuse. One witness from Tangentyere Youth Services described past scenarios in which the Larapinta Valley community had been 'absolutely devastated' by petrol sniffing.¹⁰² However, this contrasted with a much better present situation. The community had reduced prevalence to the extent that petrol sniffing had become the exception rather than the rule, with the community well able to deal with the isolated instances when it reappeared.¹⁰³

For other communities, notably Papunya, where the Committee held hearings not long after the introduction of Opal, there was a more difficult set of problems. At the time, Opal rollout had brought some improvement on petrol sniffing, but positive effects were limited because conventional fuel was still available, meaning petrol sniffing continued to exert a profoundly negative influence on the community.¹⁰⁴

The community's ability to conduct everyday business was significantly compromised by the activities of petrol sniffers. In contrast with some other communities it appeared unable to respond to particular episodes of petrol sniffing.

At Wadeye, the Committee heard that there are low rates of petrol sniffing, particularly in contrast to past episodes where use had been high.¹⁰⁵ However, this is compensated for by very high levels of cannabis use

102. Mr Lowson, *Transcript of Evidence*, 22 March 2006, p.76.

103. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p. 94.

104. Mr McDonald, *Transcript of Evidence*, 20 March 2006, p.13, and Mr McHugh, *Transcript of Evidence*, 20 March 2006, p.15.

105. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.308

which generates other problems.¹⁰⁶ Witnesses suggested a relationship between former petrol and present day cannabis use: that people who had formerly sniffed petrol had taken up either cannabis or alcohol in its place.¹⁰⁷

On Groote Eylandt where the community was anticipating the introduction of Opal, petrol sniffer numbers were quoted at 22 for Angurugu.¹⁰⁸ A much higher number, up to 74, including 'core' and occasional users, was quoted from a wider survey of the island in September 2005, with reports that prevalence had increased over the following Christmas and had continued to increase in the subsequent year.¹⁰⁹ At least some of this was attributed to a decrease in cannabis supply.¹¹⁰

This underscores the strong interrelationship between the three key substances of abuse and the need for a coordinated response that addresses all three together.

Consequences

The Committee's inquiries were conducted in a transitional period, during which there was a phased rollout of Opal to Central Australian remote communities. Many communities in that part of the Territory now have Opal fuel alone, while others, such as the Groote Eylandt communities in the Top End, at that time still awaited its

introduction, due to local constraints.¹¹¹ The descriptions of the consequences of petrol sniffing related here largely apply to times preceding the introduction of Opal.

Petrol sniffing is highly disruptive in terms of both individual and community well-being. For individuals, there is a dramatic potential for negative health consequences over time, most particularly of brain damage, but also of other serious ill effects.¹¹² This is of special concern because petrol has been the drug of choice of young people.

As already noted, before Opal petrol sniffing attracted younger people in communities because sniffable petrol was highly available, at no cost, by siphoning fuel from cars¹¹³ making it a particularly worrying form of drug use.¹¹⁴ Other negative health effects stem from petrol sniffers failing to eat over long periods, resulting in a rapid deterioration in physical condition.¹¹⁵ Asphyxiation while in the act of sniffing is another key hazard.¹¹⁶

There are similarly dramatic effects on social cohesion. Petrol sniffers become pariahs in their community, associating amongst themselves and removed from normal daily life.¹¹⁷ They are active at night: 'our nights become their days'.¹¹⁸ Where

106. Dr Rebgetz, Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.308

107. Makura Wunthay staff, *Transcript of Evidence*, 31 May 2006, p.305.

108. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

109. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.247.

110. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.248.

111. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.179.

112. Ms Clarke, *Transcript of Evidence*, 29 May 2006, pp.182, 184.

113. Const. De Vos, *Transcript of Evidence*, 20 March, p.18.

114. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.149.

115. Ms Low, *Transcript of Evidence*, 22 March 2006, p.119; Ms Broadbent, *Transcript of Evidence*, 22 March 2006, p.113.

116. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.193.

117. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

118. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.25; Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

communities are dominated by petrol sniffing, there is a negative effect on lines of authority. One witness described earlier conditions in which sniffers 'ruled a camp':

Those young blokes and young women running through that camp ruled what was going on in that camp and it ruled old people's lives to grandmothers to mothers to aunties to uncles, to everything.¹¹⁹

Petrol sniffing also places a huge burden on communities' material well-being. At Papunya, the Committee was told that petrol sniffers had recently broken into the community-owned store 'seven times in a 10 day period', severely reducing the financial benefits that would have flowed from the store back into the community.¹²⁰ These break-ins result in vandalism as well as theft, increasing the negative effects on the community:

When the sniffers break in [first] they steal the products and then they wreck the shop. But last time they broke in, they came and opened the compressors, the fridges and freezers. That was an \$8000 exercise just to fix the compressors from the damage that was caused there ... it happened on a Saturday night, so by the time I get here on the Monday morning, I then had to throw out probably around \$6,000 worth of food. So that one incident cost the community in real terms, \$14,000.¹²¹

There is a range of flow-on effects. Younger children are attracted by the example of

older youth and adult petrol sniffers,¹²² and are initiated by them into both burglary and petrol sniffing:

... it's the sniffers who ... teach the little kids to break into the shops, because only the little kids can get in some of the gaps and steal the stuff ... the next step is that these bigger kids are going to be teaching these young kids how to sniff and that terrifies me, because little kids are quite easily lead, we all know that. It's exciting for a little kid to be out with the big kids at night.¹²³

These younger sniffers are of particular concern. They are vulnerable both to the adverse health effects of petrol sniffing and to the influence of others who may wish to guide them toward it. Frequently, according to witnesses, they are primed to be receptive to petrol sniffing by both the neglect and the direct example of parents who are alcohol dependent.

Witnesses attest to a direct connection between the two, again underscoring links between abuse of one substance and that of another.¹²⁴

Petrol sniffing has dramatic effects on the behaviour of young petrol sniffers and presents acute challenges for those attempting to work with them:

Depending on the scenario, their mood swings, behaviour, headache, vomiting, etcetera, and what condition they are in, the workers have to calm and settle them down. Often they are erratic, will move fast, and keep moving. Over the

119. Mr Lowsen, *Transcript of Evidence*, 22 March 2006, p. 76.

120. Mr Parkinson, *Transcript of Evidence*, 20 March 2006, p.17.

121. Mr Parkinson, *Transcript of Evidence*, 20 March 2006, p.17.

122. Ms Brown, *Transcript of Evidence*, 20 March 2006, p.25.

123. Mr Parkinson, *Transcript of Evidence*, 20 March 2006, p. 27.

124. Mr Butcher, *Transcript of Evidence*, 20 March 2006, p.14.

five years we have worked from them coming in and staying only five to 10 minutes to 30 or 45 minutes, or an hour. The concentration to get these young people to stay with you is difficult. The workers have to keep talking and calming and it is very draining.¹²⁵

There are also huge difficulties for the families of petrol sniffers:

The families are getting tired. They say the kids have no ears and will not listen ... Parents will sometimes be fearful because of the psychotic and, agitated behaviour. Yes, they do carry knives, machetes and different things ...so you can understand that some parents have fear of their kids and give in to them. There is noise, banging, waking up the household and in a given house there could be five or six petrol sniffers in one room. They will walk in the house and sniff ...¹²⁶

In short, petrol sniffing has a negative impact on every element of community life, by:

- increasing violence and other crime;
- contributing to poor health outcomes;
- reducing access to material well-being and education; and
- corroding establish lines of authority within the community.

Where petrol sniffing is not contained, petrol sniffers are:

... up all hours roaming the streets and creating havoc, breaking into the shop,

breaking into the police station, causing trouble at home, kids can't go to sleep so kids then are obviously too tired to go to school the following day. So ... it is just like a big rolling stone, all these problems just effect on everybody on the community.¹²⁷

Concerns

Of the three main substances of abuse, petrol sniffing has attracted the highest level of concern. This reflects the vulnerability of young people to the practice, the severity of physical effects and the pervasive social disorder that comes when it is allowed to continue.

According to witnesses to the Inquiry, this is not only due to petrol being 'a poison', to the 'certain brain damage' that it causes, or the young age of the people who are usually most at risk, although any of these would be enough.¹²⁸

Witnesses suggest that the extreme 'disengagement of kids from the community' prompts community concern.¹²⁹ Beyond its harms to individuals, petrol sniffing is seen as a corrosive influence on social fabric, that 'takes up so much head space of people in the community' that it reduces its ability to attend to other matters, thus compounding its effects on the community as a whole.¹³⁰

125. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

126. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182

127. Mr Parkinson, *Transcript of Evidence*, 20 March 2006, p.18.

128. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.195.

129. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.260.

130. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.266.

CONCLUSION

The evidence taken by the Committee represents a snap shot of the three main substances of abuse in Territory remote communities in 2006. It is clear that availability of petrol has been reduced by the advent of Opal non-sniffable fuel, with the prospect of further progress as Opal coverage expands. However, the increasing scarcity of conventional fuel also creates demand for illegal sources of supply. For alcohol, availability is clearly still very high, and again a reliance on supply reduction has created opportunities for trafficking in contraband alcohol, often by the same parties involved in the shipment of petrol. For cannabis, a number of communities also reported very high levels of availability, which forms another item of value in the black-market economy.

There are dramatic consequences arising from the use of these substances. At the time of the Committee hearings, petrol was strongly associated with high levels of social disruption. Where prevalence was high, young people were socially disengaged and resorted to various forms of property crime and assault. There were also severe health consequences. Alcohol abuse was pervasive and engrained in many remote communities and rural centres, where it was responsible for poor health outcomes and high levels of violence and public disorder. For cannabis, there are a number of ill effects. There are the direct effects on individual users, such as an increased risk of mental illness and barriers to employment. There are also dramatic economic consequences from diversion of resources to cannabis use, affecting families and communities and leading to a reduced

capacity to purchase food. That this results in insufficient food being available for babies and children underscores it as a particular cause for concern.

Gauging levels of concern for each of the key substances is a complex task. The concern a community is able to bring to a problem is influenced by its assessment of its own ability to take constructive steps. It is also influenced by the presence of other areas of concern and by perceptions of their relative urgency. For petrol, high levels of concern stem from its debilitating effect on health and its negative influence on social structures and social order. But for alcohol, and most especially for cannabis, there are lower levels of concern than is warranted.

A perception that communities are powerless to address the problem may be the issue in both cases. Although an association with youth suicide has alerted some communities to risks from cannabis, other communities, or parts of communities, continue to view cannabis with complacency. However, evidence presented in hearings suggests that the long-term, pervasive use of cannabis represents a high financial cost to communities and is likely to produce a significantly higher incidence of mental illness over time.

Each of the three main substances of abuse has their own profile of availability, consequences of use and level of concern they cause in remote communities. Where they overlap and interrelate is critically important. Historically, it seems that the most significant substance abused in remote communities has been, and

remains, alcohol. Petrol sniffing and cannabis use can be seen as elaborations on this. This close association is reflected in the 'balloon effect' evident in this context. A restriction in one produces a rise in use of the others.¹³¹ Other forms of linkage are suggested where heavy parental drinking primes young people for drug use.¹³² Chronic, ongoing patterns of intoxication are clearly harmful, for health, family well-being, social order and culture, to say nothing of their negative effects on employment. This makes it critically important to respond to substance abuse in remote communities within a broader, holistic approach. Single substance interventions, or an undue reliance on supply reduction without suitable levels of responses in other areas, are clearly incapable of creating appreciable change. That has been the *status quo*, the effects of which are reflected in this Report.

131. Buxton, J., *The Political Economy of Narcotics*, Fernwood Publishers, Nova Scotia, 2006, p.182.

132. Mr Amagula, *Transcript of Evidence*, 29 May 2006, p.196.

Chapter 3 - Services in Central Australia

INTRODUCTION

The previous chapter described the present status of each of the three main drugs of dependence used in Territory remote communities today. In describing the trends, prevalence, harms and concerns that arise in relation to each of these, that chapter matched particular elements of the Committee's Terms of Reference. The present chapter answers other elements of the Terms of Reference that require the Committee to report on the state of services responding to substance abuse. This is outlined in a series of case studies.

The diversity of these services is underscored by the fact that the last considered is, strictly speaking, not a service at all. It is, rather, a set of community-based arrangements formalised as an Alcohol Management Plan at Groote Eylandt. While this may appear to be different from other examples considered here, its design is entirely consistent with the common elements the Committee has found to be critical to success. Across all case studies, there is a strong sense of consistency. Where certain things are in place in communities, there are reliably positive outcomes. Conversely, where they are absent, there are consistently poor results. Together, these examples deliver robust indications on what works or does not and what services and interventions are needed by remote communities.

A key common factor among successful substance abuse services is that they are community-initiated and led. In a few cases, communities suffering widespread substance abuse have been brought back from the brink of social collapse

because the community itself has decided to do things differently.¹ This success is highlighted by the fact that many well-known services have a history, at least in the early days of their existence, of attracting little in the way of government support. Overall, there are indications that the relationship between grassroots programs and government falls short of ideal. Community-based initiatives face difficulties in achieving stability for program funding and in accessing key government services on behalf of their clients. Both of these represent important obstacles to the capacity of services to produce their best possible effect.

The case studies presented here frequently point to wider issues, such as health, employment and education. These are considered at greater length in Chapter 5.

1. Ms Sheedy, *Transcript of Evidence*, 22 March 2006 pp.88-89; Mr McFarland, *Transcript of Evidence*, 5 April 2006, pp.144-45.

WALLACE ROCKHOLE

Introduction

Mr Barry Abbott is the founder and leader of a grassroots rehabilitation program that has been operating in Central Australia for five decades. As in a number of similar programs (such as Mt Theo), Mr Abbott is a community member who began looking after young people with substance abuse problems out of his own private concern for the problem, using his own private resources.

Over its 48 year period of operation, Mr Abbott has dealt with 'over 500' clients with substance abuse problems, often in relation to volatile substance abuse.² The program is distinctive in its inclusiveness. First, it does not restrict itself to clients who abuse a certain class of substances but takes clients across the board: 'drugs, grog, paint, spray you name it I deal with the whole lot of them'.³ Second, Mr Abbott's program accepts clients from a wide range of locations, so that represented among its ranks are:

Kids from everywhere, we've got from Kintore, Mount Leibig, Papunya, Haasts Bluff, Harts Range and north road here it's only about 30-40 kilometres out I've got a couple from there. I've got three from Alice Springs and one from Docker River, one from Amata and two from Ernabella ... And Hermannsburg yes.⁴

Clients come from a range of language and kinship groups. Some comparable programs only accept clients from a particular language group, for example in the case of the Mt Theo program, Warlpiri.⁵ Third, Mr Abbott's program displays

inclusiveness in terms of the age of clients. Despite a youth focus, clients range from '6 to 40' years old.⁶ This is significant because adult users often play a pivotal role in initiating children into petrol sniffing and orchestrating the gangs associated with it.⁷ With this in mind, the choice to treat older clients is a sound strategic intervention.

Program description

The program consists of a combination of life-skills and on-the-job training conducted away from its clients' home communities. The program base moves around between locations, in this case from Ilpurla:

... to Wallace give them a bit of a change for a couple of weeks there and then I'll go anywhere down Henbury Station down the creek whatever take them out for the weekend something different.⁸

The program's mobility contributes to its effectiveness; under these conditions 'kids are likely to pull through a lot better and quicker'.⁹ Life-skills training occurs naturally in the context of the domestic arrangements in camp:

... some of the community kids we had they didn't know how to light a fire. They didn't even know how to cook. I don't cook no more they make damper and they make stew and they cook steak and everything for us now, they take it in turns.¹⁰

2. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.134.

3. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.132.

4. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.132, 133

5. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

6. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.143.

7. Ms Anderson, MLA & Ms Broadbent, *Transcript of Evidence*, 22 March 2006, p.116; Mr MacDonald, *Transcript of Evidence*, 20 March 2006, p.15.

8. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.133.

9. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.133.

10. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.141.

Further skills are acquired through an informal style of on-the-job training based on work available on local cattle stations: 'if anybody else asks me to go and do something I take the boys with me':¹¹

I do everything, anything and everything ... Motor mechanic only self taught, pulling bulls just learnt on the station, putting up fences, tanks or whatever do those station hand jobs and they [i.e., program clients] do that.¹²

Mr Abbott gave an example of how learning-on-the-job works in practice:

Pulling bores and that and I'll just show them and this one here goes up there and you do it and I'll check after just make sure everything is done properly and I just sit there with one of those electric winch I'll pull it up and they take it off make sure they do the job to learn.¹³

This is consistent with the program's ethic of personal responsibility that is also evident in petrol being kept on site for practical requirements:

... I have still got petrol and everything on my place ... I make sure they work through it - make sure I've got the stuff there. So they can see what I'm doing and what I use it for and 44 drum of mine never been touched ... and I'm proud for the work of the boys that of I've got.¹⁴

This approach reintegrates clients back into the 'real-world' by involving them in

domestic and work tasks. Mr Abbott reports enduring positive effects on clients:

A lot of my kids ... use to run away from school and didn't want to listen to nobody [but] now we've got four at Yulara and they're doing well [so that now] the teachers ring me up and they ask me if I've got anymore to come in.¹⁵

Indeed, there are instances where it has made the difference between life and death.¹⁶ The positive contribution of the program has also been recognised within the local criminal justice system, which has given the program recognition.¹⁷

In one instance, a client was able to clear his police record after a period free from offending: 'they just scrubbed them all out'.¹⁸ This paints a picture of a rehabilitation program that takes clients from drug abuse and delinquency through to clearing their criminal record, no mean feat in an environment where many programs have difficulty in getting positive effects to 'stick'.¹⁹

Risks & challenges

However, there remain significant risks and challenges for the program. Mr Abbott reported that at the time the program was 'still having a problem with funding', although Northern Territory Government funding was due, at the time, to almost double.²⁰ There were also promising signs for new funding

11. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.141.

12. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.133.

13. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.135.

14. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.132.

15. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.132

16. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.132-33.

17. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.141.

18. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.141.

19. Ms Broadbent, *Transcript of Evidence*, 22 March 2006, p.108.

20. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.132, 140.

from the federal government.²¹ Mr Abbott had been obliged to use his private vehicle for the program.²² But with new funding, a further (second-hand) car was purchased for the program, making travel significantly easier.²³ More substantial resource needs stem from the need to expand the number of program workers. The program has to date relied on Mr Abbott's commitment and, more recently, on the involvement of members of his own family.²⁴ Mr Abbott reported strong demand for the program's services:

I've got five coming and I've already got nine there's only two of us working wait until we get proper accommodation and kitchen and things like that.²⁵

Consequently, the program is 'looking for about seven workers, that's why we're going on we need extra money', however: 'we get knocked on the head all the time'.²⁶

The complexity of funding arrangements and difficulties in accessing funding has a direct effect on conditions for clients of the program. The aspiration is to win a higher level of funding:

Just to improve like living conditions for them - because this whole kitchen we've got a pile of ashes about this high because we've been cooking for so long. We haven't got a kitchen, we haven't got a proper room for them everybody got swags outside ...²⁷

The Federal government grants anticipated at the time of the hearing were to fund a 'kitchen and proper accommodation for [clients] over three years'.²⁸ But the character of the funding environment still exerts a negative effect. The program is obliged to negotiate several layers of government, resulting in a high degree of complexity and uncertainty.²⁹

Other risks should also arouse concern. Mr Abbott was asked about how family permission is granted in relation to taking prospective clients into the program. While his answer showed that there was an established convention involving FACS and the families concerned that allowed these matters to be taken in hand,³⁰ the Committee was concerned that there could be a lack of clarity over the program's responsibility for clients in the event of an accident or mishap, either in terms of white or black law.³¹

Conclusion

As noted, Mr Abbott's program exhibits many of the characteristics of grass roots, community-based programs of its kind. An important positive aspect is the program's ability to engage with its client communities. A negative aspect lies in mismatches between the program and government, particularly when it comes to the program seeking further funding. This appears to be a long-term, persistent

21. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.132, 140.

22. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.135.

23. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.135.

24. Mr Abbott, *Transcript of Evidence*, 22 March 2006, pp.133, 138.

25. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.140.

26. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.140.

27. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.132.

28. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.140.

29. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.140.

30. Mr Abbott, *Transcript of Evidence*, 22 March 2006, p.136.

31. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.25; Mr Knight, MLA, *Transcript of Evidence*, 22 March 2006, p.124; Ms Low, *Transcript of Evidence*, 22 March 2006, p.124.

problem for grassroots substance abuse programs in remote communities.

When asked what positive things could be done in this regard, Mr Abbott suggested that ownership and governance of these programs should remain with communities, and that government's most constructive role was to provide the resources necessary for programs to operate. At the time of the hearings there continued to be a significant level of unmet demand for rehabilitation provided by grassroots programs. There was also a notable willingness on the part of community people to come forward and provide the impetus, and their personal time and commitment, to create other grassroots programs. Resource constraints are a major limitation in this regard. Resolving them would be a constructive step toward meeting demand for client places.

THE MT THEO PROGRAM

Introduction

The Mt Theo substance abuse program is the best known of the community-based substance abuse programs described in this Report. The program was originally designed to respond to high rates of petrol sniffing at Yuendumu where, a decade ago, there were upwards of 70 people involved in petrol sniffing.³² At that time, the local headmaster reportedly observed that 'there were more kids sniffing in the school ground at night than there were going to school during the day'.³³

32. Ms Low, *Transcript of Evidence*, 22 March 2006, p.119.

33. Ms Low, *Transcript of Evidence*, 22 March 2006, pp.119-20.

Responding to this, the Mt Theo program has been a community initiative from the start. In response, the

Community decided enough was enough and had a community meeting and decided what they could do and between themselves they decided that it was a good idea to remove those ring leaders from the community and take them out to an outstation.³⁴

From the time of that decision, three essential things happened. First, the Mt Theo outstation was offered as a venue for the program.³⁵ Second, a community member, Peggy Brown, offered to be a program anchorperson at the outstation.³⁶ Third, a 'kind of a cultural shift' occurred, so that

Peggy Brown and her family could look after anybody's children, that was the big shift and there's never been any cause for pay back or otherwise [because] it was agreed at the time that if she was prepared to do that then families would not blame her for problems.³⁷

The program comes under the auspices of the Tangentyere Council at Alice Springs and continues to operate as a community-based, grassroots program.

Program description

The Mt Theo program exhibits a number of distinctive features that are integral to its effectiveness. One is the program's role in providing an immediate response to

34. Ms Low, *Transcript of Evidence*, 22 March 2006, p.119.

35. Ms Low, *Transcript of Evidence*, 22 March 2006, p.119.

36. Ms Low, *Transcript of Evidence*, 22 March 2006, p.119.

37. Ms Low, *Transcript of Evidence*, 22 March 2006, p.124.

instances of petrol abuse. This was part of the program design from the beginning, 'that taking the young people to Mount Theo was an immediate consequence of sniffing'.³⁸

The significance of this is two-fold. First, because petrol sniffing is not tolerated within the community, social norms protecting against petrol sniffing are strengthened and supported, and petrol sniffers are no longer present in the community as an influence on others. Second, this ability to make an immediate response is part of a system of rewards and penalties that brings a sense of immediate consequences:

... its very difficult for young people to think about the fact their [brains] turn to mush in a few years time but if you immediately take them away from family and friends its an immediate consequence so that's a penalty.³⁹

This principle is extended through a pattern of 'carrot and stick' measures designed to guide youth away from petrol misuse. These integrate two elements; one where youth are engaged through activities and one where petrol sniffers are removed to the outstation facility where those activities are not accessible. In practice: 'the two things started at once':

Mount Theo outstation opened at the same time as [Yakajiri, a non-Aboriginal youth worker] started up youth activities ... and he often refers to it as the carrot and stick approach, the carrot was youth activities that people loved, disco and

football and all those sorts of things and the stick was going to Mount Theo and it still works today. We have the young people ringing us from Mount Theo saying 'What's on tonight' when we say 'Disco' they go 'Ohhh', they are very upset because they're missing all the fun things.⁴⁰

This patterned response motivates youth in favour of positive activities and deters them from substance abuse. Through this, social norms are strengthened, protecting against further substance abuse.

An enhancement of the program is that it arranges for program graduates to become part of a youth leadership and mentoring program, known as Jaru Pitjidi ('Strong Voices'), for which the short form is 'Jari'. Under these arrangements, these former clients provide support to current clients. The Committee was told that there has

... developed a very strong mentoring relationship between the older ones who've already come through this and the young ones and that just happened naturally, we didn't even call it anything for a long time, it was just support, but now its very, very clear and at least once a week the senior youth worker takes a big mob of kids out of town and a lot of those are Jari workers and those Jari workers decide who they think is at risk, who they want to take with them and they'll sit down and talk about those issues one on one out of the community where they're safe.⁴¹

38. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

39. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

40. Ms Low, *Transcript of Evidence*, 22 March 2006, pp.119, 120.

41. Ms Low, *Transcript of Evidence*, 22 March 2006, pp.120, 121.

Under this part of the program, 'former clients ... are becoming strong youth leaders'

... because they have a real contribution into the well-being of the community and they take that very, very seriously. All our youth activities are run by these Jari members, we don't run a youth activity if one of them is not there so if disco's not open or something the younger ones will go and humbug them not the non aboriginal staff, it's very much their responsibility.⁴²

In this, we again see the central elements of the Mt Theo program - providing an environment where youth live with the consequences of their actions and where concepts of personal responsibility are promoted. This discourages destructive behaviour and lifts self-esteem. Although the program has been designed as a response to petrol sniffing, this pattern of access, together with provision of leadership and avenues to more responsibility within the community, is also considered effective against cannabis use.⁴³

Overall, the program has produced a number of benefits. In broad-brush terms, these can be summarised under two concepts. The first emphasises the importance of removal. Removing substance abusers from the community, away from their drug of choice, gives a measure of respite. This is important in view of the heavy burden imposed on communities by substance abuse, particularly petrol abuse:

[the program] ... was an opportunity for the young people to be removed from sniffing, that was the first thing so they couldn't actually, their body have a little bit of time to have a break from sniffing. It was also respite for their families in Yuendumu who were at their wits end knowing what to do with them. But above all it was a chance for them to be careful culturally, it was a chance for them to go back to hunting, to listen to story and really feel proud of their country and their culture and Peggy used to say it then and we still say it now when we take young people out that Mount Theo will make them strong on the inside and on the outside. Because most of them weren't eating cause they sniff they don't eat and after a few days you can see the changes in them, its quite extraordinary and its still the same today.⁴⁴

Without the negative influence of petrol abuse other avenues are opened, so that cultural work can be done, further enhancing the effect of the program and the resilience of its clients. The foundation stone of the effectiveness of the Mt Theo program is that there were 'real repercussions for people if they came back to Yuendumu and started sniffing':

..., they were in a troop carrier within minutes and back out to Mount Theo ... if young people come in to spend time with family and then start sniffing again, a quick response back out to the outstation would be a clear message.⁴⁵

42. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

43. Ms Low, *Transcript of Evidence*, 22 March 2006, pp.120-122.

44. Ms Low, *Transcript of Evidence*, 22 March 2006, p.119.

45. Ms Low, *Transcript of Evidence*, 22 March 2006, p.94.

Risks & challenges

These basic principles, of prompt action, expressing and supporting social norms, are consistent with best practice in other programs considered in this Report. This, and the program's reputation, give a sense that it is both robust and effective. However, the program also faces some challenges.

One of these affects the program's ability to case manage individual clients through all steps required to bring them to full recovery. This hinges on staffing levels in other organisations. Chief among these is the Northern Territory Government department of Family and Childrens Services (FACS).

It should be possible for Mt Theo to refer clients to FACS, seamlessly, on a regular basis. In the event, staff shortages and high workloads in FACS mean that places are not always available. By report, staff positions in FACS often remain open 'because they're chronically under staffed'.⁴⁶ The agency finds it 'hard to retain staff because everyone is expected to work 60 hours a week and most people can't'.⁴⁷

As a result, there are difficulties attracting candidates to positions, for front-line social and youth worker positions, and for 'generic' (that is, administrative) positions.⁴⁸ For the people the agency is able to retain, 'everybody is just totally stretched'.⁴⁹ The effect is to reduce capacity for follow-up when clients exit the program:

If they've been referred by an agency we ... we contact them and most cases we deliver them back to that agency. The only time that's problematic is in fact with FACS because they work 9 - 5 or 8 - 4 or something ... they know they're coming back but there's then no resources for those young people or enough case workers to look after them.⁵⁰

This threatens the degree to which the positive effects of the program can be sustained. In the absence of support, there is a danger these individuals will resume substance abuse, and ultimately return to this or another program, reducing their capacity to accept new clients.

This is a particular concern for the movement of clients from remote communities into Alice Springs. Here, insufficient follow-up puts clients exiting the program at particular risk. In a recent case, a female client died after finishing the program and travelling to Alice Springs. Witnesses suggested that:

There is nothing in Alice Springs that is even remotely close to what we provide in Yuendumu, a small community. Those sorts of activities and that ongoing connection with Youth Workers and other mentors that can keep an eye on where you are and what you're doing. Like we would have known if she's in Yuendumu if she was out ...⁵¹

This is not an isolated incident:

... for us we feel like we're throwing them back into the fire. They come from

46. Mr Hassell, *Transcript of Evidence*, 22 March 2006, p.94.

47. Mr Hassell, *Transcript of Evidence*, 22 March 2006, p.94.

48. Mr Hassell, *Transcript of Evidence*, 22 March 2006, p.94.

49. Mr Hassell, *Transcript of Evidence*, 22 March 2006, p.94.

50. Ms Low, *Transcript of Evidence*, 22 March 2006, p.130.

51. Ms Low, *Transcript of Evidence*, 22 March 2006, p.129.

Mount Theo really feeling quite strong and they come back to Alice Springs and what are they going to do?⁵²

The central problem hinges on difficulties in recruiting to FACS positions, resulting in big gaps in coverage and lost opportunities:

... they're agencies and the people who work with them are wonderful, absolutely wonderful. But there's only one or two of them and they've got a whole city to find these kids in. But ... I'm told that there are no sort of full on youth programs ... youth activities that can keep going to keep these engaged after they come back.⁵³

The ill effects from this situation are dramatic and they clearly present a considerable challenge to the continued operation and morale of community-based programs. These programs need effective 'lateral' relationships with organisations. If these were present, they would together form a comprehensive support network that covered a whole cycle of treatment, from substance abuse, to rehabilitation, through to program graduates facing the challenges in the wider world.

Under present conditions, however:

... when you get someone from Alice Springs, they get really strong out there and we drive them back in here and we think 'What now' you know.⁵⁴

This represents a substantial waste of resources. Through this:

- opportunities to support clients are sacrificed;

- there is a negative impact on the community's morale and ability to support the program; and
- government expenditures on FACS and program funding are less effective than they could be.

More funding, including funding to close off gaps in support for people at risk, would result in lower rates of relapse and lesser costs in human and health terms. This is indeed a major challenge, not just for the Mt Theo program but other programs in Central Australia and the Top End.

A further challenge for the program results from the emergence of cannabis as a significant drug of abuse as a substitute for petrol. This is particularly true as clients grow older and access the cash economy. Mt Theo and similar programs have been tailored to combat petrol and new programs, research information and training may be needed to respond to problems with this other drug. The alternative is to assume that a program for one will address the other, which must pose some risks. Given the high prevalence of cannabis use across many remote communities, this is a question likely to emerge for a number of other similar programs in the Territory.

Conclusion

The Mt Theo program embodies similar key characteristics to that of Barry Abbott's. It is community initiated and led, culturally appropriate and accessible to its community. Differences are the

52. Ms Low, *Transcript of Evidence*, 22 March 2006, p.129.

53. Ms Low, *Transcript of Evidence*, 22 March 2006, p.129.

54. Ms Low, *Transcript of Evidence*, 22 March 2006, p.129.

specific cultural and linguistic focus of the Mt Theo program, centering on Warlpiri people, compared with the diverse cultural background of Barry Abbott's clients. However, there are common tensions that exist for both programs in their relationship to government. For Barry Abbott, this takes the form of challenges on funding. For Mt Theo, the program clearly needs to call upon FACS and similar agencies, but it cannot rely on a positive response. Inadequate staffing in these agencies is a critical weakness in current arrangements. These relationships may be further tested as new challenges arise, such as the need to address cannabis use following sharp reductions in the availability of sniffable fuel.

THE LARAPINTA (YARRENYTY ARLTERE) LEARNING CENTRE

Introduction

The Larapinta Learning Centre is an educational program that caters exclusively for the Larapinta Town Camp community. As an innovative way to deliver education to Aboriginal people, this program is also referred to in Chapter 5 of this Report. However, it is considered in this chapter because the initial spur for the program were widespread problems with substance abuse and low levels of educational participation by Aboriginal youth. To respond to this, the program adopts a holistic approach, illustrated in the cross-disciplinary make-up of its staff, which includes a coordinator, 'an art program person', 'support worker /

security', 'a nutrition worker', 'eight young people on CDEP', 'a drug and alcohol case worker' and 'a teacher's aide and tutor'.⁵⁵ Together, this is described as a 'a holistic patching together of programs from different government departments', designed to achieve better outcomes for both education and substance abuse in the local community.⁵⁶

The effectiveness of the Larapinta Learning Centre model stems from its ability to maintain its community's sense of ownership in the program. Through this, it is able to engage its client population, to attract support from the community and to forge appropriate responses to local problems.

Program description

As noted, Larapinta began as a response to conditions in which there was 'chronic petrol sniffing and ... no employment':⁵⁷

...all the kids were out of school, kids were involved in crime, kids were being incarcerated, parents had lost control and it was really a very violent and difficult lifestyle for everybody. There were children as young as four years old being taken away by FACS because the kids were sniffing.⁵⁸

Unfortunately, these conditions are far from unique. It is the response that is noteworthy. As for the other programs considered here, there is a central emphasis on community ownership:

55. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.91.

56. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.91.

57. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

58. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

That's been one of the pivots of the success of the program since that time: maintaining that discussion with that grassroots community so they had ownership for their own problems and had a voice to put into place solutions that they'd identified. They wanted their kids back in school; they didn't want them at home all the time. They didn't want them getting into trouble with the police. They also wanted their quality of life to be improved, but couldn't get a handle on getting it any better because they were held to ransom by so much violence.⁵⁹

When the community owned the problem, it became possible to move toward a solution:

... the first thing that happened, to my knowledge, was that all the organisations in Alice Springs got together and said: 'This uncoordinated response is not working and we can't really do it better. This is all we can offer' and it wasn't working.⁶⁰

The creation of the Learning Centre, from this point, involved negotiation with a Territory government agency, the Department of Employment, Education and Training:

... amazingly, in a very creative and unique model, they worked out a program at Gillen Primary School so that a teacher from there was auspiced to the Learning Centre and the community dedicated that community building [that] wasn't being fully utilised [could be] a learning centre where a school could happen, adults could partake in activities.⁶¹

As is characteristic of such services, funding comes from a number of different sources. Another Territory agency, the Department of Health and Community Services, provided at the time of hearings an amount of \$100,000 per year and this was supplemented with various sources of federal government money to bring the operating budget to \$240,000 per year in total.⁶²

A central part of the early development of the Learning Centre was a process of engagement with community to identify elements of unmet demand:

Young people identified a number of needs that they felt were unmet as well and they were being excluded from, they were around recreation needs, schooling needs, basic access to education, health, justice, all sorts of financial associated things. So through that process a school did come on board, the Learning Centre was established.⁶³

Early developments saw the Centre going through a process of change. The program was sufficiently flexible to respond to local needs as they emerged:

It started as a manual Learning Centre, then it became a family resource centre because it was obvious that it needed significant linking in with other areas to do with justice, health and legal matters and all those other service areas that people needed because of all the different problems that had stacked up and were unmet.⁶⁴

59. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

60. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

61. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

62. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.92.

63. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

64. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.88.

Consultative processes were not only employed at the start of the program. Rather, they continue as a central part of the way the program retains the involvement of the community and ensures its relevance:

So through coming to the Learning Centre and having regular meetings ... the young people and the adults in that family ... strategise what they want to happen. They work out strategies to deal with sniffing, they identify people who they think need extra care, who it's not working for, what else we can do. They identify other agencies that they want to come in who may be work already or don't work already. They work on Learning Centre planning and governance for the Learning Centre and through that process of governance, we believe we've really strengthened that community and decreased petrol sniffing. We haven't totally eradicated it, and sometimes it goes up and then sometimes it goes down.⁶⁵

This is a pragmatic approach to setting program goals. The program is not considered to be at risk when there are new incidents of petrol sniffing. Rather, the program maintains its focus on keeping participants engaged so that these behaviours can be contained and resolved.

There are three aspects to how this works in practice. First, there is a flexible response to individuals with substance abuse problems, based on the view that people have different reasons for engaging in substance abuse:

... for all people who develop problems with drugs and alcohol, not just indigenous people ... it's known that there's a multiple range of reasons ... loss of family, significant family carers, some people identity and connection, like knowing who you are connected to and how important you are and where you are going in your life ...

As a result of this understanding, there is a commitment to taking the time necessary to deal with underlying issues:

... so its time consuming ... but people do need to sit down listen to the people who are having that difficulty at that particular time and really nut out what it is, because it is not going to be the same picture for this person as this person and that's why ... the Learning Centre ... has a possibility for success because there is time spent in listening to people and asking ... the questions and listening to community members talk about other family.⁶⁶

Second, the Learning Centre and its community exercise discretion on who can stay within its boundaries to good effect. There is:

... a strict sort of code now of who come in and out of their community and when young people come in that they don't want there, then they can go back and work out what family members to talk to, to come and get those kids or what other agencies can come and take those kids away.⁶⁷

65. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.89.

66. Ms Baker, *Transcript of Evidence*, 22 March 2006, p.102.

67. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.89.

Again, this involves a flexible, graduated response. Where the initial response does not work,

... they can put trespass orders on those young people, which is a last resort but works very well in terms of then police will be involved to really get the message home or do FACS reports.⁶⁸

Where day-to-day challenges arise, such as the advent of a new petrol sniffer in the community, the program liaises with other services, such as CAYLUS, FACS, the Mt Theo program and Return to Country to resolve the matter.⁶⁹ Again, this underscores the importance of there being other services, properly staffed, which can act as points of referral. The overall aim is to create, maintain and support social norms that discourage harmful behaviour. At the Learning Centre, this was described as 'something that started and grown and grown and grown', that is:

... people having strength to put down boundaries. Ultimately, that's what we're trying to mentor and strengthen and continue, and people are doing that. They're having more respect for houses, putting down rules about who can be there and who can't ...⁷⁰

A third dimension of the program echoes arrangements at Mt Theo and other places, in which program graduates are brought in to support young people currently in rehabilitation: to 'create leadership with the young people who have been involved in sniffing and aren't involved any more'.⁷¹

This is particularly important due to the loss of family members within the community. For some, this results in a 'lack of significant other people because of whole generations being missing', 'so many ... young people are orphans'.⁷²

Aboriginal communities cannot always count on having sufficient numbers of elders and senior family members, traditionally the centre of authority in communities. For that reason, encouraging young people to take up positions of responsibility in the community is important, both for clients, who are then mentored by people with relevant experience, and for program graduates who, in accepting greater responsibility, gain confidence. To the same end, there are efforts to engage 'other stronger family members who are there ... [such as] aunties and uncles who haven't got those sort of [substance abuse] issues'.⁷³

From this description, it can be seen that the Larapinta Learning Centre works to protect community members against substance abuse in a number of ways. People who have substance abuse problems are able to engage with the Learning Centre to address underlying causes. There is a capacity to control the presence and movement of people with substance abuse problems in the best interests of the community. There are also ways in which the Centre works to support social and family environments.

It is also clear that the real strength of the Centre and the model that informs it is an emphasis on engaging stakeholders and

68. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.89.

69. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.90.

70. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.90.

71. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.91.

72. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.91.

73. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.91.

fostering communication with them. This is integral to the Learning Centre's capacity to deliver education and to attract client groups to that service. This is important because remote communities often face challenges in this respect. A means to do this, and an important strength, has been the Learning Centre's ability to engage client groups across a wide range from within the community. It does this in terms of age, aiming to effect 'change for everybody ... right up through the generations'⁷⁴ and second, in terms of drug of choice: 'we are dealing with petrol, spray and glue and alcohol [within a] poly-drug situation with young people'.⁷⁵

The Centre's comprehensive approach is integral to this. Changes amongst young people, the original target of the project, show that it has been effective. While it is true that there are 'young people who are always ... in and out of sniffing',⁷⁶ there are positive results that outweigh this:

when we started ... the whole school ... had a sniffing history, we've now got 10 young people who haven't [ever] been involved in sniffing.

[There is] a new generation of young people that are going to the school now that have never been involved in sniffing.⁷⁷

Risks & challenges

Despite these successes, there continue to be uncertainties as to whether the program can maintain its momentum, mainly

because of issues of funding. The program relies heavily on CDEP to meet human resource requirements:

... with the legislation on substance abuse that was recently brought down, where people have to look after sniffers, take petrol off sniffers, that sort of stuff, a lot of those people won't be on full-time wages; they will actually on CDEP. Really, there is no empowerment or incentive for them to work on CDEP ... for people on CDEP to be working with sniffers just because they're on CDEP, sometimes that incentive is not there.⁷⁸

The issue of funding employment overall once CDEP has finished is one that will affect the capacity of grass roots organisations across the board and this is discussed in Chapter 5.

As well, at the time of the hearings, funding for the program's Coordinator position was in doubt. As found in many cases, it had been funded on:

... a pilot program type of funding situation with Commonwealth FACS, Stronger Families and Community Strategies, for the last four years. So they gave us two years then they gave us another two years then they said: 'Definitely no more,' and that's brought us up to the current date.⁷⁹

There are significant risks to the program from losing this funding as 'it is a critical role to link in all the different agencies that come to Larapinta'.⁸⁰ It is all the more

74. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.90.

75. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.90.

76. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.94.

77. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.89.

78. Mr W. Tilmouth, *Transcript of Evidence*, 22 March 2006, p.86.

79. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.92.

80. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.97.

important because there is already not enough coordinating capacity in the Alice Springs area and this leads to 'enormous frustration and inability to know how to deliver services into very marginalised groups in Alice Springs'.⁸¹

Underscoring the importance of the position, the Coordinator suggested that under these conditions it has

... taken quite a lot of time to teach people: 'Well, this is how: you come here, you do this and that', to build relationships of trust and that they have to be long term and they have to have these ingredients so we now have a lot of support from different agencies.⁸²

Interruptions in funding would not only interrupt the program, but sacrifice momentum built up over a number of years: 'without maintaining that role ... it will all disintegrate and end up a big problem again back where we were five years ago'.⁸³

A loss of funding for key positions is also likely to affect the program's capacity to continue to attract the combination of funding, from a range of agencies, which allows the Learning Centre to run its programs. This raises prospects of the program falling to an even lower state of funding:

...without the coordinating role, it will be very difficult to sustain the level of commitment that we've got to the centre, especially through the other programs like the Department of Education, and they're very supportive of our program.⁸⁴

Programs of this type are subject to a boom and bust cycle, due to the way their funding is delivered. The need to apply to a range of separate bodies, with little apparent coordination between them, for funding means that the program is obliged to be in a state of constant alert, with services levels rising and falling according to the funding cycles. At the top of the funding cycle, things have a positive appearance:

We have put in submissions to other people that we can apply for but whether or not - and linked with that, we've had a Drug and Alcohol Case Worker that's made a huge difference which came through another program from NIDS, which is National Illicit Drugs Strategy. So you can really start working one-on-one and really focusing on individuals ...⁸⁵

But at the lower phase of the funding cycle it is difficult to see just what can be sustained and this creates obstacles to strategic planning.

Conclusion

As for the other programs considered in this Report, the Larapinta Learning Centre confirms the central importance of fully engaging the community, of an emphasis on appropriate and effective modes of communication, and, most importantly, ensuring that the community retains a strong sense of ownership of the program. These are central to making services effective in remote communities.

The message is both simple and profoundly challenging to government. In speaking to the Committee, Mr Tilmouth argued

81. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.97.

82. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.92.

83. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.92.

84. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.92.

85. Ms Sheedy, *Transcript of Evidence*, 22 March 2006, p.92.

that '[Indigenous] people's solution has to be owned and controlled by the people themselves'.⁸⁶ Where government avoids engagement, Aboriginal people are less likely to use a service, or contribute to it. This is because they have no stake in it and because services designed without the participation of Aboriginal people are less able to reflect appropriate cultural practices.

Overall, there are questions about coordination and consistency of funding. There are also questions on whether present funding practices represent good value for money. Higher levels of funding, which can sufficiently cover all the different elements of an integrated program, could result in higher level of program effectiveness. This in turn would lead to a better capacity to retain clients within the program.

In summary, two issues are identified as critical. First, there is a need for changes in the way funding is allocated to give more certainty of continuity, while maintaining accountability. Second, programs need to be allowed to become stronger and more independent as they are moved out of a boom-and-bust funding cycle onto a more even footing.

DASA (DRUG AND ALCOHOL SERVICES ASSOCIATION)

Introduction

DASA is different to many of the services considered here in that it is based in an urban setting in Alice Springs. It is not a grassroots organisation and is

not a rehabilitation program as such. Nevertheless, DASA shares many of the predicaments and concerns raised by other services considered in this chapter.

Program description

DASA accept clients from across a spectrum of substance abuse: 'whatever their drug of choice is we'll come in and we'll try and help'.⁸⁷ However, it chiefly responds to alcohol problems which continue to be 'still the biggest problem', causing 'the most devastation', in the Alice Springs and regional area.⁸⁸

DASA's highest-profile service to this population is its sobering up shelter. This high volume facility accepts between eight and nine thousand clients each year, including repeat clients.⁸⁹ The shelter is a 26-bed facility that opens 'from 2 o'clock on Mondays until 12 o'clock on Saturday nights'.⁹⁰ This leaves some times during the week when, because of financial and staffing constraints, it can't be opened.⁹¹ It is described as a 'a safe place for people to be while they ... sleep off their intoxication', regardless of whether that intoxication is the result of alcohol (most commonly) or other substances.⁹² It is an alternative to intoxicated people being held in police custody:

Where else would they go, and then you've got the deaths in custody and its not a good place whereas, you know,

86. Mr W. Tilmouth, *Transcript of Evidence*, 22 March 2006, p.100.

87. Mr Finlay, *Transcript of Evidence*, March 22 2006, p.115.

88. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.113.

89. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.114.

90. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.111.

91. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.111.

92. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.111.

like we had staff that worked in sobering shelter for 14 years and they know people and its become more than just a holding place for people its actually become a place where they can, you know even in a short period of time that they can get some support and help and advice.⁹³

This is the most obvious strength of the service, that

... instead of them going into the lock up cell they can come into the sobering up shelter where they'll get a feed, showered a good night sleep and looked after.⁹⁴

There are significant benefits from the shelter as a short-term intervention. Other factors have emerged to develop these benefits into something greater:

... we had staff that worked in sobering shelter for 14 years and they know people and its become more than just a holding place for people its actually become a place where they can, you know even in a short period of time that they can get some support and help and advice.⁹⁵

From this point of contact, the shelter's role in reducing short-term, acute harms can lead to effects that are more enduring. One key element in this is a 10 day detox program that clients of the sobering up shelter can nominate to join. Shelter workers are in a position to suggest this, although take-up necessarily depends on the client.⁹⁶ In addition, DASA offers a volatile substances program, which was

at the time of hearings due to expand significantly, and drink-driving counselling. There is an outreach service with a staff of two that is intended to support clients leaving the detox program helping, 'hopefully', to 're-engage them back into the community'.⁹⁷

In overview, DASA offers two streams of services. On one hand, there is the shelter, the central element of DASA service provision, which reduces short-term harms:

the sobering up shelter [is] one of the most important ... services in Alice because it provides that safe place for people ... the sobering up shelter has saved so many people's lives.⁹⁸

Other services link from the shelter. Among these are programs that at time of hearings were planned for a new facility at Aranda House, to include:

the VSA rehabilitation program, the adult detox ... a 10-day program ... for alcohol and other drugs which include cannabis and heroin, amphetamines and some prescribed drugs [which] includes individual counselling [and] community counselling.⁹⁹

While there can be tension between short and long term perspectives, the basic services which are incorporated in the sobering up shelter are important and effective. The other services offered by DASA seek to build on this foundation to achieve longer term goals.

93. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.114.

94. Mr Finlay, *Transcript of Evidence*, March 22 2006, p.111.

95. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.114.

96. Mr Finlay, *Transcript of Evidence*, March 22 2006, p.111.

97. Mr Finlay, *Transcript of Evidence*, March 22 2006, p.111.

98. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.114.

99. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.115.

Risks & challenges

Although its urban setting distinguishes it from other services considered in this Report, many of the challenges faced by DASA are similar to those of its counterparts in remote areas.

At present, clients are released from the shelter or from the detox program back into the community, with a modest layer of follow-up and support. DASA's ability to dedicate just two workers to this function points to a lack of resources for this part of its work.¹⁰⁰ Significantly, there are shortfalls when DASA seeks to work cooperatively with other organisations to fill these resource gaps:

... we've got problems as far as referral to CAAAPU, quite often you actually, people go through detox and they want to go to CAAAPU [but] they're full up they might have mandated clients from the courts so they take priority over any voluntary [clients].¹⁰¹

Similar problems are repeated in DASA's volatile substance program, where the criteria for entry to CAAAPU programs, combined with low resource levels, have led to a low turnover of clients through the DASA program because of the need to stay longer. Because of this, DASA is unable to offer a period of rehabilitation and support that is sufficient for some clients.¹⁰² Clients kept in the DASA program for longer periods leads to a lower numbers of places for new clients.¹⁰³

DASA's resource base is insufficient to keep even its core service, the sobering up shelter, open 'around the clock all the time' due to shortages of funding and staff.¹⁰⁴ If the shelter reduces harm when it is open, there must be more harm when it is not, and this is cause for concern.

Conclusion

Such organisations can never give an unqualified assurance that their clients will not return to the practices that put them at risk in the first place.¹⁰⁵ However, an increased capacity which matches demand better, supported by a more predictable funding stream, would give clients a better chance of sustained recovery. As for many of the services described in this Report, it can be argued that money is used less efficiently when funding an incomplete service. Even in the best scenarios there will be clients who fail to recover, but well-managed and properly funded interventions increase the chances of a better result. This is illustrated by the following description of DASA's present program, built on the dual role of the shelter and detox facility:

we work on it on several levels, first of all it's the withdrawals, so we look at the physical side of that ... we've got trained counsellors—[and] we'll do an individual case plan to look at the triggers what will set them off ... anything to minimise the return to what they were doing ...¹⁰⁶

100. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.117.

101. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.115.

102. Mr Finlay & Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.115.

103. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.108.

104. Ms Broadbent, *Transcript of Evidence*, March 22 2006, p.111.

105. Mr Finlay, *Transcript of Evidence*, March 22 2006, p.110.

106. Mr Finlay, *Transcript of Evidence*, March 22 2006, p.110.

In summary, DASA's work is clearly important but the service faces funding shortfalls and mismatches with other organisations. These undermine its capacity to improve and develop the effectiveness of its programs. If these obstacles were to be addressed, even greater benefits are possible.

CAYLUS (CENTRAL AUSTRALIA YOUTH LINK UP SERVICE)

Introduction

Like DASA, CAYLUS is different to many of the services considered in this chapter. Its emphasis lies with policy and coordination rather than front-line delivery of services, although it does have one caseworker. It provides a second line of support to communities during outbreaks of substance abuse.¹⁰⁷ Essentially, CAYLUS is an umbrella organisation which picks up many of the liaison, coordinating, policy and funds application functions that can tax the capacity of smaller grassroots organisations. Its purpose is 'to improve that quality of life of young people in remote communities and ... in Alice Springs, with a view towards reducing substance abuse, particularly petrol sniffing'.¹⁰⁸ To do so, it adopts an approach that balances supply reduction, through the promotion of Opal fuel, with demand reduction.¹⁰⁹

In describing petrol sniffing, CAYLUS representatives used the metaphor of a 'factory' producing petrol sniffers.¹¹⁰ What

this indicates is that those with first-hand experience are well able to identify the features that lead to it and the mechanisms that can be used to reduce it. This is evident in the following description of arrangements at Docker River.

Program description

CAYLUS representatives spoke about programs at Docker River in their role as program facilitators. The program does not provide front-line services there, but supports the programs that do. Docker River was used to illustrate the key elements of effective substance abuse programs. This is a notable case because the story starts with volatile substance abuse on a scale as bad as any described in this Report:

Docker River was one of those communities that everyone had sort of given up on. It looked so entrenched there that it seemed like there was nothing anyone could go. There was no police station at Docker River and no plans for there to be one there. It was just ... the whole culture of the place was all about petrol sniffing ...¹¹¹

However, following a particular approach with a reasonable allocation of resources can bring about visible change in a relatively short space of time, in this case 18 months, through a

...combination of Opal and a youth program that's had a male and a female youth worker, two troopies so they can carry men and women separately to cut

107. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.150.

108. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.144.

109. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.144.

110. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.153.

111. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.144.

down on family tensions, fighting and that sort of stuff, a really nice big solid recreation hall, which was built by the army in the 1990s and accommodation of the two youth workers, which has been supplied by the council.¹¹²

This is a robust, culturally appropriate, set of arrangements. At its core, it consists of 'a combination of accommodation, resources, male and female youth workers, and a recreation hall', which amounts to a 'killer combination for actually creating a really solid program that enhances local cultural input as well'.¹¹³ It is significant and symptomatic of the challenges often faced by remote communities that the two youth worker positions are each funded by different granting bodies and are filled by non-Indigenous people from outside of the community.¹¹⁴

It also shows that tensions within a community can make it difficult for programs offered by community members to be seen as impartial and capable of working with everyone in the community. This also makes it difficult to harness leadership in a community. Although 'there is a lot of strength in the community', 'without a focus, it is dissipated':

... because there are inter-family tensions, sometimes it is difficult for somebody who might be a leader but is a member of one family to be effective in other families.¹¹⁵

However, under the Docker River program, there have been effective actions to address this:

... through those youth workers who aren't affiliated with any families have set up a team of self-identified young people who are interested in the rec program and want to see good things happening in the community and don't want to see it go back to the way it used to be, when it was a big sniffing place and it was really awful to be a young person ...¹¹⁶

Through this process:

They have formed a youth committee so that the young people in the community very proudly call themselves part of the Youth Team and they wear golden T-shirts, and they are integral in both the rec hall and the operation of their youth program. They do the planning and they do the implementation of it. They run very appropriate programs ...¹¹⁷

It is clear that governance and social norms must be considered when endeavouring to initiate change, It is also clear that no intervention will be sustainable without it being internalised by the community. The issue of leadership is important, prompting the question: 'did [leadership] have to be brought in or was there residual strength in the leadership within that community to start with?'¹¹⁸

The answer for Docker River was to bring in 'seeds' of leadership from outside with the engagement of the external youth workers who were able, once volatile

112. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.145.

113. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.145.

114. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.147.

115. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.146.

116. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.146.

117. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.145.

118. Mr Mills, MLA, *Transcript of Evidence*, 5 April 2006, p.146.

substance abuse had been stabilised, to begin fostering leadership within the community. This is consistent with the view that 'there is ... strength in the community, but it has to have a forum created in order for it to come out'.¹¹⁹

The biggest challenge is to overcome any divisions that exist within the community. Youth forums created under the program at Docker River are specifically designed to overcome this. The key element is to ensure that all groups in the community are represented:

I think they definitely are representative of the different clan groups ... but they're coming together around another issue ... working together to create that recreation program and youth program. So they have got a forum in which they can sit down all together and work on something [and] it is really important that somebody outside is there to create that potential.¹²⁰

This is an important part of the overall approach, especially as Docker River is a community which was formed as a mission station with a number of different clan groups and, like those similar, has experienced particular problems with substance abuse.¹²¹ When asked as to why such measures should not work in other communities with similar histories, such as Papunya, witnesses from CAYLUS suggested that similar results were possible if similar levels of resourcing were provided.

Risks & challenges

A number of potential challenges were raised with CAYLUS representatives. From the Committee's point of view, there were concerns as to whether controlling the use of one drug, petrol, would simply lead to drug substitution, particularly of cannabis:

If you have a look at the petrol sniffing at Yuendumu and the Mt Theo program [it is] ... wonderful ... but you have got young people selling ganja, and it's just becoming the capital of ganja ...¹²²

Concern was also expressed for a similar potential with other volatile substances:

[are we] just moving the kids over to, say, glue and paint? What some of the teachers are saying now is that in some communities when petrol sniffing stops, they're now getting kids coming to school and grabbing those white-outs and taking the white-out and the school has to reorder white-out all the time.¹²³

In response, witnesses agreed that drug substitution is a obvious threat, but outlined a range of responses to prevent it:

... there will be a migration to other drugs, but ... you approach this in two ways: supply reduction and demand reduction. So you don't order more white-out, you ... just lock up all the things that people are sniffing and that is the supply reduction side of things. If there are dealers, then you make sure that the community knows that they can secretly identify dealers and you get the police involved in chasing up on those

119. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.147.

120. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.147.

121. Ms Anderson, MLA, *Transcript of Evidence*, 5 April 2006, p.146.

122. Ms Anderson, MLA, *Transcript of Evidence*, 5 April 2006, p.155.

123. Ms Anderson, MLA, *Transcript of Evidence*, 5 April 2006, p.155.

dealers and busting them and getting them in gaol.¹²⁴

A key assertion was that 'demand reduction ... works on all drugs':

If you make it hard to get white-out and there is a really good recreation program where they are going shooting ... and having lots of fun, they will go and do that.

While CAYLUS staff agreed that Opal was not the whole answer to petrol sniffing, they suggested that it would reduce numbers to such a significant degree so that those few, estimated at one in every five, who persist in sniffing petrol can then be put under intensive case management.¹²⁵

CAYLUS representatives were relatively optimistic about future progress on petrol sniffing. In their view, 'taking the factory apart', that is intervening in all elements of the cycle leading to petrol sniffing, can be accomplished. Part of this optimism is based on differences between petrol and alcohol:

Petrol sniffing is not like grog. Grog is a much harder thing to deal with because there are acceptable levels of drinking and there is a whole industry trying to sell people grog, whereas with petrol sniffing, industry isn't trying to sell them petrol.¹²⁶

CAYLUS representatives made positive comment on announcements of a \$10 million package from the Territory government to reduce harms from petrol sniffing. However, it was noted that much of it was already taken up by pre-existing costs and infrastructure. There was less

money for new face-to face interventions than first appeared.¹²⁷

Witnesses also suggested that it was 'a pity that it took substance abuse money ... for petrol sniffing to get FACS to the point where they can do their statutory obligations.'¹²⁸

Another problem which has already been noted is the number of FACS positions that, although funded, remained unfilled due to recruitment problems in remote areas.¹²⁹ This reduces the ability of services to refer clients where necessary and represents an important gap in capacity to provide comprehensive case management for clients. As it is, clients tend to 'fall through the net'.¹³⁰

Conclusion

Two main messages come out of the evidence provided by CAYLUS. The first is that there are established ways to reduce harms from petrol sniffing. Witnesses showed that the elements needed to create positive change in a community are known and tested:

Petrol sniffing is fixable. It really is fixable. Look at Docker River. Petrol sniffing could become something like it is in Yuendumu now, where occasional experimental outbreaks are dealt with, as opposed to this chronic ongoing problem that has plagued the community for 50 years, 56 years. So we really think it is fixable ...¹³¹

124. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.155

125. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.156.

126. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.153.

127. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.152.

128. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.153.

129. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.153.

130. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.152.

131. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.154.

However on the negative side, programs are vulnerable to changes in funding and policy arrangements:

... the continuity of staff in Docker River is one of the reasons why it is working there. Now that all could change. Twelve months from now, there might be a whole bunch of new staff and we are back to square one, and if a new community administrator prioritises aged care over youth work because he looks around and says: 'Look, there is not sniffing here. We don't need those youth workers, we need aged care workers. Look at these old people, then, bang! That program is gone and it won't take long before it is back the way it was before.'¹³²

This is consistent with other evidence taken by the Committee. There is a robust body of information on how to tackle these problems and, by extension, other problems with other substances. However, this relies on government changing its own processes to support the work being done.

CONCLUSION - CENTRAL AUSTRALIA

Consideration of Central Australian substance abuse services leads to a short list of positive and negative features that can inform future policy. Successful services accept that they must involve remote communities in programs if they are to be relevant and fully taken up.

This is one reason why many of the programs that have been sustained over

time have been run by private persons within communities. In so doing, they have created a template for effective engagement.

These programs do not remove decision-making from the community. They, and others like them, are sensitive to local conditions and are able to adapt to local diversity and conditions. They also draw on a range of human resources, both from in and outside of communities, Aboriginal and non-Aboriginal, in order to achieve their objectives. In this way, they negotiate local complexities that could otherwise prevent programs from achieving their objectives.

Above all, these programs have a clear focus on the avenues available to them to influence their clients. In guiding people away from substance abuse, they draw on a range of motivating and containing experiences, including:

- time spent on Country, away from the semi-urban pressures of remote communities;
- a range of recreation activities and facilities; and
- sanctions if clients return to substance abuse.

Central to these programs is their capacity to provide a place of respite. They are also capable of immediate action when substance abuse flares up in a community.

These common elements of best practice emerge from consideration of these services. Equally important are the common negative elements

132. Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.154.

of their experience. Government has acknowledged through their funding that these programs are effective but it has not yet formulated an appropriate way to relate to them. All of these programs are vulnerable to changes in funding and face negotiating a complex funding environment with different sources and differing requirements. This makes strategic planning difficult.

There are further anomalies that arise from this. Due to specific shortfalls, services that need to rely upon one another on a day-to-day basis, cannot. This too is less than fully addressed at Territory government level and it stands out as an area where more could be done. The inability of FACS to recruit to positions needs to be addressed. If this obstacle were addressed, this could enhance the effect of existing programs.

At a Territory-wide level, it is clear that there is an absence of a sufficiently cohesive, rationally conceived approach to these issues, which would support the best possible use of resources. Given the high levels of harm generated by substance abuse, this is a significant shortfall, which could be addressed by the deliberate action of government, in partnership with the other players in the area.

Chapter 4 - Services in the Top End

INTRODUCTION

The Committee conducted a second series of hearings in the Top End later in 2006. Many of the key features from hearings in Central Australia were amplified by evidence heard in the Top End. In some cases there were similar features, in others, contrasts confirmed the importance of earlier findings. One of these centred on employment. The greater availability of paid work in some Top End communities provided confirmation of its importance. There are also common threads on best practice in response to substance abuse, particularly on the importance of ensuring that communities drive their own solutions. This is one of the strongest, most consistent features to emerge from the evidence overall.

There are three case studies presented in this part of the Report. One is a service similar to most of those considered in the previous chapter, and one is an Alcohol Management Plan. A third brief case study looks at a community plan process in an early stage of development. Even within the diversity of these cases, the importance of community ownership and engagement is again affirmed.

THE ANGURUGU SUBSTANCE MISUSE UNIT

Introduction

The core service of the Angurugu Substance Misuse Unit is its Pink Room. This is a facility where petrol sniffers can drop in, eat and be engaged by staff. Although perceived by others as 'a service for respite and for support and feeding',¹ the Substance Misuse Unit provides a number of other service functions that fan out from this base:

The interventions are either brief crisis, or the other work we do is education, one-to-one counselling, case management and follow-up support of clients. We have referrals from Northern Territory Corrections and Youth Development, from families and youth themselves, and a minimum from FACS.²

Beyond this, the Unit delivers various kinds of educational input to clients; engages clients in activities, including outdoor activities; and delivers education and activities to youth in surrounding schools and communities.³

The service covers the communities of Angurugu, Umbakumba and Bickerton Island. Although there is an obvious focus on petrol sniffing, the formal role of the Unit is to address all substance abuse

1. Ms Fry, *Transcript of Evidence*, 29 May 2006, p.210.

2. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.181.

3. Ms Clarke, *Transcript of Evidence*, 29 May 2006, pp.181-83.

problems.⁴ At the time of hearings it was estimated that in the three communities there were a total of 22 petrol sniffers. These were young people who were mostly, but not exclusively, male.⁵ The Unit maintains day and night shifts to cater for the night time focus of petrol sniffers. Staffing for the Unit provides three positions for the day shift, including the Supervisor, and four positions to cover the night shift, which extends from 7:00pm to 3:00am, coinciding with the local police night shift.⁶

To deliver this range of services, the Unit calls upon a variety of funding streams, the mainstay of which is Commonwealth Health and Ageing OATSIS funding. At the time of hearings there was no Northern Territory government funding for the Unit.⁷ As for so many community-based substance abuse services, most positions in the Unit have been created under the community development function of CDEP, with 'top-up' (that is, pay additional to basic CDEP rates) sourced from the OATSIS funding stream.⁸ The Unit maintains a night shift that was put in place under the former ATSIC Domestic Violence and Substance Abuse initiative.⁹ All this again illustrates the complex funding arrangements that services of this type need to negotiate in order to stay in business.

Program description

The Unit's focus is petrol sniffing. As the Unit's Supervisor observed, petrol sniffing brings particular behaviours into play that differ from those displayed by other drug users:

Petrol sniffing is like being under the influence of alcohol, as opposed to being stoned under ganja, therefore there are slightly different behaviours that come out in a person.¹⁰

The clients themselves have a certain age profile. In other communities, there may be adults who are petrol sniffers. Here, they are

Young adolescents going through their own puberty development. They have minimum life skills and are looking at their own independent living skills, therefore need guidance and mentoring. They have an element of shyness and shame because of that lack of self confidence and esteem.¹¹

For these clients, English is a second language and this can have a further impact in reducing their options.¹² More significant is the stigma attached to the practice of petrol sniffing itself. Community attitudes to this lead to petrol sniffers becoming outcasts within their own community:

They are a peer group amongst themselves so they are outcasts in regard to other peers. It is hard to get them to do sporting activities with other

4. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

5. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

6. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.181.

7. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.181.

8. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.181.

9. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

10. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

11. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

12. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

people as they are outcasts and the others do not really want to hang with them.¹³

The problematic behaviours that arise from petrol sniffing make this worse:

They eat out households a lot and depending on their time frame when everybody else is asleep they are all awake and they will eat all the food on a given time.¹⁴

This is consistent with evidence given in other communities during the Inquiry. As already noted in Chapter 2, the accumulated effect is to place the families of people involved with petrol sniffing under stress, for good reason:

Parents will sometimes be fearful because of the psychotic and agitated behaviour. Yes, they do carry knives, machetes and different things, and the workers intervene to get them to take them out put them in the truck or whatever, so you can understand that some parents have fear of their kids and give in to them. There is noise, banging, waking up the household and in a given house there could be five or six petrol sniffers in one room.¹⁵

Other problems may also reduce the effectiveness of treatment. Family-based interventions face special challenges where communication between clients and their families has fallen down.¹⁶ As noted in other

parts of this Report, further complicating factors can arise when there are high levels of alcohol use in parents. This can predispose young people to petrol sniffing, making the choice of appropriate response more difficult again.¹⁷

In dealing with this difficult client group the Substance Misuse Unit sits amongst a network of programs which refer clients to it:

Northern Territory Corrections and Youth Development, from families and youth themselves, and a minimum from FACS'

and to which it refers clients:

... 'Angurugu Clinic in regard to the doctor check up, referrals to mental health and ... clients who are psychotic or suicidal [who] have had to go to the Cowdy Ward.'¹⁸

The Unit's Pink Room and the referral, educational and activity-oriented functions that branch out from this base are a response to these conditions. This is 'a place where young people feel comfortable to drop in'.¹⁹ At other times, 'the police drop them off under the new Volatile Substance Act'.²⁰ Because they are 'often ... erratic, will move fast, and keep moving',²¹ getting clients to spend time at the Pink Room has entailed a sustained effort over years:

Over the five years we have worked from them coming in and staying only five to

13. Ms Clarke, *Transcript of Evidence*, 29 May 2006, pp.182-83.

14. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

15. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

16. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

17. Mr Amagula, *Transcript of Evidence*, 29 May 2006, p.185.

18. Ms Clarke, *Transcript of Evidence*, 29 May 2006, pp.182.

19. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

20. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

21. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

10 minutes to 30 or 45 minutes, or an hour. The concentration to get these young people to stay with you is difficult.²²

Part of the process, then, is relationship building. Another part is to do with clients gaining an increasing confidence in the facility. Through this, they also become re-sensitized to the demands of their own body:

... they have learnt to come to the Pink Room when they are hungry and that they are recognising their own body clock, hunger, etcetera, and that they know this is a place to come for help, to talk and to sit down.²³

In working with clients, there is an emphasis on achieving sufficient flexibility to engage them. This presents quite some considerable challenges given the nature of their drug of choice:

Depending on the scenario, their mood swings, behaviour, headache, vomiting, etcetera, and what condition they are in, the workers have to calm and settle them down. Often they are erratic, will move fast, and keep moving. Over the five years we have worked from them coming in and staying only five to 10 minutes to 30 or 45 minutes, or an hour. The concentration to get these young people to stay with you is difficult. The workers have to keep talking and calming and it is very draining.²⁴

Once clients are engaged, the Pink Room becomes a base from which to branch out:

The nature of the work is about working with the youth when they come in, so the workers have to drop things and grab the opportunity. Their motivation is there so pack up the troupie and get out straight away. Take them when they want to go bush hunting, just get them out. It is that thing of keeping them busy and occupied ...²⁵

The challenges associated with this particular drug add further complexity to this kind of activity as well. During activities, program workers need to take special care in relation to a range of health risks that arise for clients with a history of petrol misuse, including maintaining hydration and nutrition.²⁶ While there are powerful, positive effects that come from taking clients outside the community for activities this is always possible. It is largely dependent on favourable weather conditions during the dry season.²⁷

Workers in the Unit work in roles that can be difficult and dangerous, such as intervening in 'scenarios of self harm, anger, domestic violence and intoxication'.²⁸ As a result, a key element of the Unit's practice is to make clear decisions about which front-line workers deal with particular clients, in a cultural way:

22. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

23. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

24. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

25. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

26. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

27. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

28. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.193.

... the workers represent the different clan groups, and the cultural appropriateness of the programs we do is through language we use what I refer to as an uncle/nephew discipline to decide which worker is matched with which client ...²⁹

With workers properly matched to clients, workers are able to deal with the range of scenarios they encounter in their work:

... the workers are so valuable as they can sensitively ask those questions of the kids and parents without offending or blaming. Daniel and Jason go right in, and where a given client is walking down the street with a machete or going to ding something, they drive right up and stop them. They have the ability to bring them down, get the weapons off them, and take them to the police station because we always get them to own up to the consequences of their behaviour in those sorts of situations.³⁰

This pattern of community representation in services is a common element in best practice that emerges from the Committee's Inquiry.³¹ It contrasts with other cases where there are mismatches that result in low levels of service take-up.

A key part of the Unit's role lies in education, including harm minimisation for petrol sniffing. Petrol sniffers can die by falling asleep and asphyxiating while

sniffing indoors.³² The Unit discourages clients from sniffing petrol indoors, resulting in a lower level of risk in this sense³³ and this reduces effects on others members of the household as well.³⁴

Educational interventions for clients include workshops in a combination of English and local language:

We put it up on an overhead projector and make sure it is very interactive.

There is an education component and a nutritional component where they cook, cut and prepare food together.³⁵

This also extends to local schools, such as Umbakumba, where the Unit delivers programs on 'prevention, drug awareness, personal development [and] anger management.'³⁶ Workers themselves do training to support these education programs, and their own work for the Unit.³⁷

Risks & challenges

The key challenge facing the Substance Misuse Unit at the time of hearings were difficulties in providing sufficient staff coverage to keep the Pink Room open all hours while managing staff fatigue, particularly in view of the shift-work involved.³⁸ This is in addition to other parts of the work that contribute to fatigue, given

29. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.181.

30. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.186.

31. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.34.

32. See Mosey, A. 'Contribution to Inquest into the Death of Kunmanara Ken – Finding of the State Coroner'. 2003. State Coroner of South Australia, 19/03/07, http://www.courts.sa.gov.au/courts/coroner/findings/findings_2002/kunmanara_ken.finding.htm

33. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

34. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

35. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

36. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

37. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

38. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

the constant movement and short attention span of petrol sniffers. The Committee also heard that an important position within the Unit's structure that is responsible for in-house provision of training of staff had not been occupied, at that stage, for more than a year.³⁹

This combination of insufficient staff and fatigue has implications for the sustainability of the program. Due to funding shortfalls, vehicles are also in short supply,⁴⁰ and this is important because the Unit places significant reliance on vehicles as an integral part of activities with clients.⁴¹

With limitations on staffing, the Pink Room is not always available as a place of safety under Volatile Substance legislation.⁴² This places police in a difficult position after petrol sniffers are taken into custody under the Act. If the Pink Room is not open, they must decide whether to return a sniffer to their family. This is less than ideal given the difficult family circumstances often associated with petrol sniffing:

... under the Act, we basically have an obligation if we are picking up someone that has been sniffing petrol to go and tip the petrol out, but it is then that it becomes a problem for police. The Pink Room, because of funding and staff, is rarely open in the hours that we are getting the petrol sniffers, like 2 or 3 o'clock in the morning ...it's not open.⁴³

As a result, police report that they are often:

... left with the option of either sending them to the health clinic, which we don't want to do because we will be waking up the poor nurses, so the police get left to care and we are not supposed to put juveniles in our watch house, which again ties up our resources of people to sit and look after them. So the after care is a real problem ...⁴⁴

Further difficulties were evident when Police contemplated referral for treatment under the Act:

... we've referred, I think, two petrol sniffers under the Act to the Minister for ongoing care, but apparently the waiting list is just astronomical to get people on courses. So whilst it's a good piece of legislation, the support and care isn't there.⁴⁵

This left the Committee with the sense that there were a number of obstacles in need of resolution if Volatile Substances legislation was to be effective.

Conclusion

The Substance Misuse Unit is a service with a clear central purpose and a series of subsidiary functions that complement this focus. It displays elements that are consistent with best practice, found in similar organisations, which allow them to engage remote community populations effectively. The practice of employing workers representative of groups within the community in an 'uncle / nephew discipline' is one important example of this.

39. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

40. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.181.

41. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.183.

42. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.197-98.

43. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.198.

44. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.198.

45. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.198.

With due consideration, elements such as these could be translated into a unified understanding of ways to deliver services to remote communities. Such a framework should remain sufficiently flexible to allow adaptation to a diverse range of local conditions due to cultural and historic variations.

On the negative side, it is clear that the Unit is subject to a series of pressures, the need for complex funding cocktails: insufficient staff and other resources such as vehicles; and the challenge of operating within an external environment that overall is lacking in sufficient levels of coordination. These negative features appear to be the rule rather than the exception amongst services of this type.

It is clear that this service is well managed. This, combined with resource shortfalls, highlights questions on the adequacy of funding. As for many organisations of a similar type, there is just enough, but not quite enough, to keep the program running. Under these conditions, it is difficult to establish a level of certainty and follow-through that could be the basis for the program's further development. There are always significant levels of unmet demand. This in turn produces flow-on effects for other services, such as police, who need to call on the Unit in order to discharge their own duties. These shortfalls are underscored by a reliance on CDEP to staff the program and uncertainties about this may bring new risks to the program if they are not actively addressed by federal and Territory governments.

THE GROOTE EYLANDT ALCOHOL MANAGEMENT PLAN

Introduction

The Groote Eylandt Alcohol Management Plan (the Plan) is noteworthy as the first successful example of such a Plan in the Territory. A number of similar Plans are in various stages of completion and the successful and effective Plan at Groote is a significant encouragement to them.⁴⁶ It also provides important evidence about factors that enable, or disable, efforts to manage alcohol consumption in this way.

There are a handful of characteristics that contribute to the Plan's success. The first of these has been commitment to a principle of partnership in dealings between key players in the Plan, with a strong emphasis on taking time to listen and communicate through various stages of its development. There has also been an emphasis on building relationships. A number of witnesses spoke about this, underlining the contribution it had made to ensuring that the Plan was suited to local conditions, as well as its continuing relevance and enforceability. This is doubly significant because it entails extensive negotiation between Indigenous and non-Indigenous stakeholders.

A second important element is the Plan's flexibility. It allows for a range of responses, making prohibition (as, for example, 'dry area' arrangements) unnecessary.⁴⁷ It was repeatedly emphasised by witnesses

46. Such as that in progress at Katherine at time of writing. See *Katherine Alcohol Management Plan*, Katherine Regional Harmony Group 20/09/07, http://www.nt.gov.au/justice/policycoord/documents/oapc/07_Draft_Katherine_AMP_1_Mar07_public_distribution.pdf

47. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.195.

that the Plan was 'a management tool' for alcohol, not for 'beating people up with it'.⁴⁸ With the flexibility offered under the negotiated Plan process, other forms of 'one size fits all' are also avoided. Each of the three main communities governed by the Plan, Alyangula, Angurugu and Umbakumba, have significantly different arrangements, according to their preferences and conditions.

A third important aspect of the Plan centres on its history. From this it is clear that the Plan is merely a formalisation of arrangements that had already been put in place as a result of cooperation between key community players. The Plan brings an important layer of legal protection and clarification to these arrangements. This indicates something of the social assets that a community must bring to bear if it wishes to foster this type of arrangement. This could be a significant factor for other communities to consider in their efforts to replicate the results of the Groote Plan.

Program description

Permits and the Plan

The focus of the Alcohol Plan is control of the 'purchase, possession and consumption' of takeaway liquor.⁴⁹ It also includes restrictions on where liquor can be consumed in public places. Regulation of takeaway liquor is conducted by means of liquor permits which all residents of Groote Eylandt need to obtain if they

wish to purchase takeaway liquor. This is irrespective of whether they live in designated areas and work for GEMCO. Liquor permits are administered by local police but are granted, modified or rescinded on the authority of a local Permit Committee, comprising representatives of stakeholder groups across the community.⁵⁰ As already indicated, arrangements vary across the three main communities governed by the Plan, but the general intention and effect is to lower the overall consumption of alcohol by enforcing a specified limit, for each individual, on takeaway purchases.

The significance of these arrangements is best explained with reference to local conditions. People who work for GEMCO, the local mining enterprise, are able to live in Alyangula and this qualifies them for membership of the two licensed clubs on Groote Eylandt. In the past, there has been 'leakage' of takeaway liquor from members to people who are not members. Indigenous GEMCO employees have been placed in a difficult situation, where they have felt obliged to supply alcohol to family members due to kinship ties. Also, non-Indigenous GEMCO employees were supplying liquor to non-employees, either in exchange for payment or on a non-financial basis. Alcohol obtained in these ways has contributed to unregulated alcohol consumption amongst Indigenous people, leading to high levels of harm, including crime.⁵¹ As the Committee heard, Groote Eylandt has a history of high levels of alcohol related crime:

48. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.204.

49. Groote Eylandt and Milyakburra Alcohol Management Plan Development Stakeholder Group, 'Groote Eylandt and Milyakburra Liquor Management Plan, Draft 11', 2005, Northern Territory Treasury, p.10; Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.192-93.

50. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.192-93.

51. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.220.

There were guns going off in the street every night of the week. There were spears. There was fighting. There were murders. There were rapes. There were stabbings. There was everything, wasn't there? You name it, we had it. The highest incarceration in the Northern Territory.⁵²

However, with the advent of the current process and Plan, there has been a significant decrease in both property and violent crime. An associated problem with previous arrangements was that Indigenous employees of GEMCO were themselves more vulnerable to over-consumption of alcohol, to the extent that it could interfere with and on occasion interrupt their employment. With the advent of the Plan, GEMCO has found that Indigenous employees are significantly less likely to experience adverse effects from the use of alcohol.⁵³

The central mechanism used to achieve these gains under the Plan is the liquor permit. This governs the amount of alcohol available for purchase by individuals and conditions of its sale. There are a number of players involved in maintaining and governing this system. As stated, local police are central to the permit process. They receive applications for Liquor Permits, and issue them. The local Permit Committee makes recommendations on applicants' suitability for permits, particularly where there have been breaches of conditions in the past, or where other special conditions have been applied to a permit holder.

The Permit Committee is made up of representatives from the three local councils, the police, licensees and government representatives from various departments, including Health and Education. The work of the Police and Permit Committee in issuing and managing Liquor Permits is supported by the Liquor Licensing Commission, which approves permits and maintains a current list of permit holders, together with any specific information or conditions against their name.⁵⁴

The community can also do other things under the Plan. Again, the emphasis is on flexibility. Community members are able to approach licensees, or other people associated with the Liquor Management Plan process, and apply for what are termed 'self-exclusion notices'. Under these, further conditions are placed upon permits either to counter the holders' vulnerability to alcohol, or to offset pressure brought to bear upon them by third parties.⁵⁵ These 'conditional permits', which allow for some but not all of the entitlements of a full permit holder, are also possible under present arrangements.⁵⁶ This can help protect individual permit holders from onerous kinship obligations in relation to the supply of alcohol.⁵⁷ Flexibility also allows the Plan to cater for non-residents which is important as the region is developing various tourism initiatives.

Another strong point in the present arrangements is that the local Permit Committee has become a point of

52. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.228.

53. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.203.

54. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.197.

55. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.241.

56. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.194.

57. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.194.

reference for dealings with the Liquor Commission. Through it, a number of individual matters that require discussion and input from the Commission can be brought together so that Commission representatives can come to Groote Eylandt and process them with the Committee. Commission representatives would be less likely to travel for separate individual cases. Local police, the Licensing Commission and the two licensed clubs work together to enforce and maintain the permit system. The Licensing Commission processes requests from Police in relation to issuing, revoking or modifying permits, then circulates an updated permits list back to local Police and licensees.⁵⁸ One witness suggested that these arrangements, while important, were not the most important aspect of the Plan. It was considered more important that all stakeholder groups are represented on the Permit Committee, and that there is a genuine process of negotiation between them.⁵⁹

The Plan in practice

The result of efforts surrounding the Plan process are that there is a cohort of people, Indigenous and non-Indigenous, local and non-local, who hold permits so that they are able to purchase, possess or consume takeaway liquor. Permits are valid for a twelve-month period, and are, in effect, a contract which obliges permit holders to behave within certain parameters, particularly in relation to the supply of alcohol to non-permit holders.⁶⁰ Where permit holders go beyond these parameters, the combined action of police,

the Permit Committee and the Licensing Commission can revoke permits and this can be done immediately by police. Permits can be suspended and conditions attached to permits can be varied. This is done by the Commission, taking into account the recommendations of the Committee.⁶¹ These functions are evident in a typical scenario described by Police:

Last weekend there was a big party and police were called, there was a few non-permit holders drinking there, there was a domestic violence incident, some cautions were issued and everything settled down. Three hours later we attended the same place and it was worse.

The following Monday, individuals were identified and permits requested to be revoked to the Licensing Commission, who immediately act on our behalf. Once they are revoked, individuals still have a right of review. They can put their case forward to the Licensing Commission to have their permits reinstated.

Most of the ones that aren't an emergency will go to the Permit Committee and, even so, the ones we do in an emergency, we'll still take to the committee as back up to say: 'This is the incident we had. These are the individuals involved. This is what happened. We revoked their permits. Are you guys happy to continue that?' Most of the time, you get really good support.⁶²

The focus on supply of alcohol to third parties, that is non-permit holders, is generally seen as protection for permit

58. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.196-97.

59. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.222.

60. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp.195, 196.

61. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.196.

62. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.196.

holders from social pressure to supply non-eligible persons.

We had a scenario here where a non-permit holder was given permission to go to a permit holder's house and there was a disturbance and as a result that disturbance ... the person in the house had their permit revoked. So it is passing on the responsibility to the person who is supplying alcohol to be responsible for their behaviour.⁶³

Typically, before the permit system was introduced, Indigenous GEMCO employees faced pressure from members of their extended family to supply liquor, often with negative consequences for the person involved. This included effects on their employment and disruptions to their domestic affairs. Allocating responsibility to the permit holder and enforcing constraints where necessary is seen as an important way to counter these pressures and resultant harms.

A basic principle of the Plan is that all persons wishing to purchase takeaway liquor must have a permit, irrespective of their ethnic status or place of residence. Visitors to Groote Eylandt who wish to purchase takeaway liquor need to acquire a permit and, as for Groote Eylandt residents, they are, as permit holders, ultimately responsible for alcohol purchased under their permit:

... we try to explain to people is that if they are coming over on a regular basis, we can give them Country membership.

It might be Telstra contractors, they get Country membership. If people are coming over who aren't members, we tell them to apply for a permit before they come over or the other way is because you are a visitor, you can go to somebody's house and have a drink, but the member is the only one who is entitled to buy the alcohol, and they are also responsible for your behaviour.⁶⁴

The mechanics of a visitor obtaining a permit are not complex, although they do require some level of forethought. With the importance of tourism in mind, Committee members took the view that any potential inconvenience to visitors could be reduced with clear public information about local requirements, displayed so that visitors are well aware of their obligations before they land on the island.⁶⁵

There are a number of important benefits brought by the Plan to the communities it covers. A number of witnesses agreed that there had been a marked decrease in crime:

It really is working. The incidence of violence inside or outside the club, in the community, in town, Umbakumba, Angurugu, [is] nowhere near as much as what was happening before.⁶⁶

The statistics are remarkable. The turnaround in just aggravated assault call out, so it gives everyone here some breathing space.⁶⁷

... domestic violence ... has gone from seriously high numbers to minimal.

63. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.221.

64. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.221.

65. Mrs Miller, MLA, *Transcript of Evidence*, 29 May 2006, p.244.

66. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.240.

67. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.240.

There's a minimum of 50% reduction, I think. It's huge.⁶⁸

Second, people are in a better condition for work:

... our guys are working, it's working. Our employees who alcohol has really impacted on, it was impacting on their lives, it impacted on their wives and kids and families, and it's stopped. They were actually coming to us asking us: 'Can you bar me? Can you reduce my take-away?'⁶⁹

There is solid evidence of broader improvements as well:

I suppose financial year 2005, pre the Liquor Management Plan we were at a percentage of 7.1% absenteeism, specifically with indigenous employment. We are now running at 2.4% over the past year, so it has really had a marked improvement on our indigenous employment.

Our sustainability, specifically, I suppose it's fair to say previously we were housing Aboriginal people in here and they had, well, not just Aboriginal people; everyone, but it affected the Aboriginal people the most. They had open slather to alcohol and unfortunately they were getting into trouble either through their family or through their own desires, I suppose, and unfortunately we had to let some people go.

Now with the management policy, it is fair to say that we have been able to

stop some of this from happening and continual reoccurrence and it has really stabilised our work force. Now, we are actually at the maximum we have ever been. It's very stable and people's families are happy.⁷⁰

Third, consistent with this last example, is mounting evidence of an associated change in attitudes toward alcohol:

Blokes who drink here have come up to us and one comment was from a bloke the other day; 'that grog rule' he reckons that we implemented or we own or we put in over the top of him and I thought I was in for a blue when this bloke approached me, but he was actually thanking us for putting it in. He said: 'I am actually sober for the first time in a long time'.⁷¹

Significantly, the basic strength of the consensus process around the Plan has also countered some of the unintended consequences that might have been anticipated. One was the possibility of a rise in property crime in order to access alcohol outside of the confines of the Plan:

... a remarkable statistic with this thing was the one area where I thought we would have an issue and that would be breaks, break and enter, but it hasn't happened. One of the guys who has done a lot of breaks here also approached me the other day, and I was in a bit of a quandary as to why this bloke hadn't done any more because his were all alcohol related. His answer to that was that he is sober so he doesn't

68. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.205.

69. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

70. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.203.

71. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.204.

need to, he doesn't want to because the only time he would do a break was after about five or six beers, looking for the next five or six ...

But he is over that, and if he doesn't have the first five or six, he doesn't do the second, he doesn't want them. So he has actually got a bit of meaning to life, not just hunting grog.⁷²

A more commonly anticipated result of an increase in restrictions would be movement of people out of the community to go to places where they could drink without constraint. In relation to the community's experience at Umbakumba, one witness reported that this scenario accounted for 'not one', 'because the community own the program. It's owned by Aboriginal people, run by Aboriginal people, no whitefella involved at all'.⁷³

Finally, it is clear from evidence presented to the Committee that the Alcohol Management Plan did not in itself initiate changes, but rather formalised those that were already under way. The formal status it has brought to local arrangements is regarded as being an important benefit in its own right:

The Alcohol Management Plan has had absolute positive impacts on this community. It has assisted GEMCO in reaching its obligations with the Land Council in managing alcohol. It has given us some teeth and it has given us a bit of law to work on because what we were doing before was pushing the boundaries of the law, to say the least.

We were barring people, it was all voluntary, we were looking for ways of doing it, we were dismissing people for supply of alcohol and we weren't tested, but I tell you what, if we had been, we would have been pushing the boundaries, as I said, of being legal or complying.⁷⁴

This is just one of a series of changes to 'social norms', the set of expectations applied by communities to determine what is acceptable behaviour. These are manifested in the attitudes of individuals to their own liquor consumption. The Plan reinforces this process by taking the actions of 'buttressing' agents out of areas ill-defined by law and providing a framework of rules to support them.

Risks & challenges

Challenges in formulating the Plan

The Plan trades certain freedoms for benefits from reduced alcohol harms. Because some freedoms are reduced, working to gain the wider assent necessary to institute such arrangements will always involve some challenges. Some people may be more or less willing to make this exchange.

Certainly, it had been plain that there were high levels of alcohol harm:

Years prior to my being here, when Aboriginal people had access to the club, there were a lot of problems. Walter probably knows this. The club used to run a couple of sessions, but there was a lot of alcohol abuse and there was a lot of fighting and I think there were a lot of serious assaults.

72. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.204.

73. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.225.

74. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.203.

What took place was that the council and the police and the Liquor Commission and the club, this club, got together and sat down and tried to work out what was best for the communities. So the decision was made and the constitution of the club was changed so that the only people who can become members of the club must live in Alyangula or you must work for GEMCO.⁷⁵

Similarly, witnesses associated with the Umbakumba community recalled past times of 'unlimited beer' and high levels of alcohol related harm, until Indigenous women voiced strong sentiment against continuing on that basis.⁷⁶

Nevertheless, when a formal Plan was proposed, there was significant resistance amongst drinkers from the non-Indigenous population:

Most Caucasian people thought it was insane and ridiculous. They didn't want a bar of it and half of them thought that they would put their hands up in the air and just go like: 'No, we don't have to do this', but as they have seen that the system is actually working, they have all just come around to the way of like: 'Fill your Liquor Permit, take it to the police station and its fine'. Yes, they did kick up a stink at the start, but it's all over now. There are only so many of us. It's all over now and everyone just accepts what has been put in to procedure and everyone just takes it on board.⁷⁷

However, this resistance collapsed when 'they learnt nobody else was backing down'.⁷⁸ Any such proposal needs a sufficient consensus to counter opposition. A distinctive feature of the Groote Eylandt Plan is that great pains have been taken to assemble this necessary coalition of interested parties. Key to this was an open, culturally appropriate approach that allowed Indigenous people to be a part of the process:

We got the community together and started putting programs in place, but giving Aboriginal people ownership of those programs, letting them make the decisions in their own time, not immediate decisions. Let them think about it, talk about it, let the groups get together and talk about it and we have come from nowhere to where we are today, and it can be done.⁷⁹

Added to this is evidence of significant goodwill on the part of licensed clubs on Groote Eylandt and the major employer, GEMCO. The approach adopted by licensed clubs was positive:

The club took a very pro-active attitude when the draft management plan was brought about, and the committee made the decision that it was in our interest and also the community's interest to take a pro-active attitude to the Liquor Management Plan. We have been involved in the process from its inception and we have tried to put in our input on behalf of not only the club, but the community.⁸⁰

75. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.220.

76. Mr Hansen, *Transcript of Evidence*, 29 May 2006, pp.224-25.

77. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.242.

78. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.242.

79. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p. 228.

80. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.217.

Similar sentiments were expressed by GEMCO representatives. Each of these key stakeholders clearly took the view that consultation was the only way a sufficient consensus could be achieved:

We went through every scenario that could be written about Groote Eylandt. All of the what-ifs were covered and I think, in the end, what we came up with was - people actually got sick of actually coming to me to about it, which was a really good thing. We wore it out. We beat the drum so that every community group, Aboriginal group, whitefella group, it didn't matter, all got their two bob's worth. Some got 40 cents worth, but everyone had a go at what-ifs and 'what about me?' We covered them all.⁸¹

An indicator of how far this process went were those instances of consultation that took place in what would ordinarily be considered less than perfect conditions:

We did meet within clubs where people were not sober and that was interesting. Those meetings went; duration wise, about four times as long as anyone else's meetings, but it gave blokes a voice and it also gave people a clear understanding of what we were proposing and what the alternatives were.⁸²

Underscoring this consensus was the awareness not only that something needed to be done, but that the alternative could be significantly less palatable:

Besides the carnage and the hurt, the alternatives in a place like Groote are a

left-hand turn. If we want to keep hurting people with grog, people dry up in these places. We have an alternative and it is to go dry or manage it. It's simple.⁸³

Maintaining the Plan

Restricting access to alcohol tends to result in some degree of unintended consequence. While witnesses told the Committee that movement of community members outside of the restricted area in order to drink is not a feature of current conditions, it is quite another story for another common reaction - the movement of contraband liquor into the community:

There is a lot of illicit grog coming on to the community in bottles and things like that ... we have had people going on Health over to Nhulunbuy and they bring bottles back on the plane charters and they are the ones that cause the heartbreak.⁸⁴

In responding to this, police face some challenges. In the first instance, there are some legal obstacles to what police consider workable parameters for searches:

... this is where we are finding problems: under the current legislation, police need reasonable grounds to suspect under the Act before we can search bags. We can't just go and search for no reason, I guess.⁸⁵

However, this is not all one-sided. The level of assent the community gives to the Plan means that community members are willing to contribute toward enforcing its parameters. Interpretations of law by

81. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.204.

82. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.206.

83. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.206.

84. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.230.

85. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.194.

Courts also appear to support a wider definition of what is acceptable in this regard, although perhaps not as reliably as police would wish:

We have had three interesting court cases at the last court where the searches that we conducted were challenged and we won two out of three. It is a low standard of proof. In other words, the court has indicated to us that they will accept an anonymous phone call. What happens is the anonymous phone calls often come from the family of the bloke. They know that trouble is coming. They won't give us their name for obvious reasons; they just ring up and say: 'There is going to be grog coming on such-and-such a plane'.⁸⁶

Each move to contain such problems brings a counter-movement. When people are consistently caught bringing in contraband liquor, they resort to other means:

The other trend we are finding now is because some of these recidivous offenders are being caught bringing grog in, they are now using intimidation and forceful means to get family members to bring it in for them, like wives and children, which is unfortunate. So it is becoming a problem for us, and I see it as probably getting worse not better once this knowledge gets around. It is a relatively new thing and, as with all offending ... people are going to find ways around it and I have identified this

as a major problem. People are going to start shipping stuff in on Perkins [i.e., commercial barge services] and other ways once we get the problem sorted out at the airport.⁸⁷

At the same time, commercial carriers into Groote Eylandt have become more cooperative about working with police on contraband liquor. In this, a photo identification card could assist, since customers for air carriers often come from outside the target community:

Air North have picked their game up a bit and you have to have your permit, if you have alcohol, you have to show your permit to Air North in Darwin. That is the form a permit comes in at the moment. It has been suggested to the Licensing Commission that there is a machine like a driver's licence machine and it can be done, which is better than this ...⁸⁸

Other witnesses suggested that something in the nature of an on-the-spot fine could be effective in relation to these small volume imports of illicit liquor.⁸⁹ Overall, the matter of illicit liquor being brought into the community is unlikely ever to be completely resolved, and is, like the Plan itself, a matter for ongoing management. As for all matters governed by the Plan, a balance is sought between constraints and freedoms. Excessive levels of discretion on the part of police could, over time, reduce the Plan's viability, but so would continued movement of illicit liquor into the community, beyond a certain level.

86. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.194.

87. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, pp194-95

88. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.197.

89. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.230.

Conclusion

The Alcohol Management Plan is a notable instance of community-based alcohol management. As the first implementation of an Alcohol Management Plan under current regulatory arrangements, it is logical to consider the wider applicability of the model. Can this translate successfully to other communities, or does it rely on special conditions at Groote Eylandt that would be difficult to replicate elsewhere?⁹⁰

There are, indeed, special conditions that have helped the Plan. First, separation from the mainland helps to control access to alcohol, reducing it even in the face of the attempts to bring alcohol in from other sources. This accounts for a fraction of the traffic that occurs at locations on the mainland. As one witness observed, 'it's an island and it's easy to police'.⁹¹

Adding to this effect is that the only two licensed premises on the island are clubs, responsible to management committees and, ultimately, to the community. This is a significant contrast to the purely commercial operations found at other locations.

It works a little bit different here than in Gove where, if you are not a member of the Arnhem Club, you can still go to Coles or Woolies or the hotel. Here, there are only two licensed outlets, both clubs.⁹²

The resulting impact of this Plan is significant. Licensees from the two clubs were clear in telling the Committee that their policies were not dictated by commercial considerations alone. That allowed greater scope for 'enlightened

self-interest' by licensees, for whom involvement in the Plan was 'never a commercial decision':

It's never been a commercial decision for the club because the club is there for the members and the members are the community. We are trying to give a service and what we are also trying to do is we are also trying to support the community through sporting benefits and donations and those sorts of things. It was never a commercial decision, but I think everyone seems to think it was better for the whole of the community.⁹³

As a result, the licensees have been able to participate in the Permit Committee, for example, and to offer self exclusion notices to patrons who have concerns about their own alcohol intake. Both these things could prove to be grounds for significant conflicts of interest in a purely commercial environment.⁹⁴

Of course, there are business interests also involved. Without further action, if alcohol harms continued at the rate being experienced, an alternative outcome could have been a request from the community that it be made a dry community.⁹⁵ From this perspective, the present management regime is a preferable outcome for the licensed clubs, as one licensee made clear when asked about this impact of the Plan on the club's 'bottom line':

Yes. The club is running profitably but, yes, but we didn't contemplate a

90. Mr Knight, MLA, *Transcript of Evidence*, 29 May 2006, p.243.

91. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.198.

92. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.221.

93. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.220.

94. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.253.

95. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.218.

commercial decision. We didn't see that. We just thought: 'Well, the market is the market' and our main concern, Mr Mills, was that the fact that if we didn't control it ourselves then other restriction would be brought in and then the rest of the community will suffer.

There was some talk at one stage that there would be no takeaway at all and we took the decision that it was best for us to become involved and be proactive and help and assist. Therefore we could control it and work toward what was best for the whole of the community.⁹⁶

When questioned further about the Plan's effect on the club's bottom line, the licensee stated that commercial considerations were only one factor in the club's decision-making and did not necessarily take priority. Consequently, the club was able to contemplate some falls in retail sales for particular products:

... we realise that we have an obligation to work with the communities and the community as a whole, not just the Aboriginal community, but also Alyangula. I had a look at the figures before I came to the hearing today. One product here, which was the most popular product as far as takeaways were concerned, those figures have dropped by 48%. That is one product. So there is a 48% reduction in the sales of that product in the last 12 months, so that is a 48% less of that brand that is not actually going out in the community now, and I believe that is probably to do with the restrictions.⁹⁷

This willingness to subordinate commercial considerations for the common good of the community is distinctive. A different attitude could be anticipated from licensees of other types of liquor outlets. This might be appropriate to remote communities where there are licensed clubs rather than conventional liquor outlets. The situation promises to be different in rural towns, however, where more strictly commercial licensed premises prevail. The outcome of proposed Alcohol Management Plans elsewhere will provide some indication of the significance of these variables.

A third distinctive local characteristic at Groote Eylandt also relates to its separation from the mainland: the impact this has on the movement of people. Because the present Plan relies on keeping track of takeaway alcohol purchases by individuals and any other conditions on their permit, a smaller, discrete population assists in the practical, day-to-day administration of arrangements under the Plan.

This contrasts with conditions in other remote communities where there may be a steady flow of people visiting from other communities. At present, liquor permits on Groote Eylandt are paper-based and are without photographic identification. This makes the issuing of permits simpler, as it requires no specialist technology to apply photographic identification to permits. The island's separation from the mainland also reduces but does not eliminate the number of permits needed for non-community members. In another location, numbers could be far higher, with a consequent rise in the administrative burden associated

96. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.218.

97. Mr Wood, *Transcript of Evidence*, 29 May 2006, p.218.

with the Plan. A union list maintained by the Liquor Commission is a further support to keeping track of permit holders. But the small, relatively fixed, local population is acknowledged as a benefit in administering the Plan, notwithstanding rare occasions when further identification is required:

Each week, the Licensing Commission send us an update permit list. That permit list is sent down to the Golf Club and the ARC. If they are unsure, they will check the permit against the person and they also have to provide other ID. Yes, it is small enough that they know each other, but when they don't know, when it is someone unfamiliar, they will check against the permit and ask for an ID.⁹⁸

The benefits of working with this smaller cohort of permit holders are clear. One licensee described the situation in this way:

we are in that environment where we do pretty much know everyone that we are dealing with because we are a tiny community. I know if someone is lying to me. I know if somebody has taken somebody else's card. They are pulled up on the spot and, pretty much, I confiscate their card and that is the end of it.⁹⁹

As this shows, personal knowledge of permit holders translates into a ready ability to express and enforce the parameters of the permit system, and this is vitally important to the success of any community-based attempt to modify behaviour on substance abuse.

A fourth important and distinctive factor in the success of the Groote Eylandt Plan is the presence of a large commercial enterprise, the local mining concern, GEMCO. This has a number of positive consequences. There are more resources in the community, both for individuals and for community bodies such as the local council, and most importantly, it provides so-called 'mainstream employment', which is not always available in Territory remote communities:

... we are a bit lucky here because we have got an industry and we have an industry that is going to be here for a long time.

Groote has about 2500 people all up, including the township here, of whom about 2000 are local Aboriginal people. There are about 700 mainstream jobs on Groote, perhaps 500 to 700 mainstream jobs.¹⁰⁰

While there are questions as to whether local people can gain full access to this source of employment without lifting levels of educational achievement, at least the presence of such an enterprise provides some level of stimulus making the attempt at education, there is a potential pay-off for educational effort.¹⁰¹

In total, the presence of the mine makes an enormous difference to local conditions. It was observed that in relation to substance abuse, 'long-term chronic unemployment tends to be ... a factor':

98. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.197.

99. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.239.

100. Mr Phelps, *Transcript of Evidence*, 29 May 2006, pp.250-251.

101. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.263.

... you are more likely to be involved in substance misuse if you are in that sort of situation. I would say chronic long-term lack of meaningful activity, I don't think meaningful activity necessarily needs to be mainstream employment, but for most of us in Australia, that meaningful activity is employment or raising kids as the key meaningful activities.¹⁰²

This perception is entirely borne out by evidence heard by the Committee at other locations. Across the range of situations seen by the Committee, Groote Eylandt is a positive example of the importance of meaningful activity and employment. There are many other places where the absence of employment results in an overall deficit of meaningful activity. This leads to strong negative consequences for substance abuse.

A fifth local characteristic that contributes to the success of the Plan is social homogeneity. As one witness suggested of Groote Eylandt, 'it is not such a big mix':

The majority are Anindilyakwa people if you ask any of the traditional owners, so you haven't got mixes. There are a few, but there isn't a lot. The majority is local people and they respected the elders' wishes, hence here we are, I suppose.¹⁰³

Some other communities viewed by the Committee told of huge challenges in forming working relationships between different ethnic, language and clan groups.¹⁰⁴ Such divisions create a greater

likelihood of violence but also make it difficult to identify sources of authority in a community. By contrast, the early arrangements at Groote Eylandt that were later formalised into the Alcohol Management Plan were first initiated by a request from the community council to local police. It is difficult to see how this could have had the same effect in a more divided community. This serves to emphasise the unique aspects of the Groote Eylandt Plan, and may indicate some policy challenges for Plans created under other conditions.

The Plan demonstrates many of the key enabling factors that allow remote communities to take effective action on substance abuse. Groote Eylandt has access to employment; it is relatively removed from informal alcohol supply and a flow of visitors from other communities; it has a comparatively low level of ethnic division; it hosts licensed clubs rather than conventional 'commercial' liquor retailers; and it has effective forms of local governance, with enough social cohesion to make these institutions work. There is also a notable willingness amongst the key players of council, police, clubs and the mine, to engage in constructive dialogue and to listen, in a genuine way, to local people. This is undoubtedly the linchpin of the whole arrangement. Underlying this is the fact that precursors to the Plan were all community driven moves to reduce access to alcohol.¹⁰⁵ The Plan has simply given these formal status. The actions of the women at Umbakumba are a case in point.¹⁰⁶

102. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.250.

103. Mr Bushell, *Transcript of Evidence*, 29 May 2006, p.206.

104. Mr Knight, MLA and Ms Low, *Transcript of Evidence*, 22 March 2006, p.123; Mr Cumaiyi, *Transcript of Evidence*, 31 May 2006, p. 302; Ms Rebgetz, *Transcript of Evidence*, p. 323.

105. Mr Hansen, *Transcript of Evidence*, 29 May 2006, pp.224-25.

106. Mr Hansen, *Transcript of Evidence*, 29 May 2006, pp.224-25.

The success in the formulation of the Alcohol Management Plan was to build on community-led initiatives rather than demolishing them. As in other instances, the quality of interaction between formal institutions and community-based services, in many instances, ranges from benign neglect to something more corrosive. Here, there is sufficient commitment to respecting local involvement and sentiment to provide an alternative to this.

It is for this reason that witnesses told the Committee that an early concern over the viability of the Plan came from a perception that the Plan was too closely associated with local police:

... that the whole permit system and the committee was police-run and dominated and that we basically told people who could and couldn't have permits.¹⁰⁷

If this had become too strong, the central claim of the plan, that it is a community-led initiative commanding the assent of the community, would have been compromised, signalling dangers that may threaten such a Plan.

These considerations achieve a special prominence in view of the sacrifices being made by community members in order to achieve better outcomes on alcohol.

There has obviously been some resistance from certain individuals about it, and I can understand why. I think it's a balancing act for me and the committee to balance the greater community need and well-being against individuals' rights and freedoms.¹⁰⁸

It is a fine balance. When one witness was asked whether the Plan could be enhanced, the response reflected these concerns:

I think everything is in place with what we have all discussed and everything that has been done is okay at the moment. I don't think that you can cut it down any further because it is just basically ... nearly a deprivation of liberty.¹⁰⁹

Greater control would risk Indigenous people considering that they are being dealt with unfairly:

At the moment, I think what everyone has got in place is good. I think if you push it any further, you're really starting to tread on that border line of flat out discrimination.¹¹⁰

However, witnesses stressed to the Committee that the Plan does not play out this way in practice. Following the Plan involves an emphasis on its rules, rather than on ethnicity, 'people who abide by the rules find the rules work for them. If you don't want to, you lose your permit', irrespective of ethnicity:

We have revoked lots of permits, Aboriginal and non-Aboriginal. This is not determined by race; it is determined by rules of what suits this community. I can tell you now, the majority of permits that have been revoked in this town have been non-indigenous permits.¹¹¹

All of this is consistent with the basic approach pursued in relation to the

107. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.194.

108. Sgt McMaster, *Transcript of Evidence*, 29 May 2006, p.195.

109. Ms Slater, *Transcript of Evidence*, 29 May 2006, p.241.

110. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

111. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

Plan. Central to it all is a strong sense of 'partnership'¹¹² and community assent:

I ... believe that all people were represented. It was the way we went around the consultation and it is not a big-stick philosophy; it's about managing grog and having minimum impact on people.¹¹³

The results fan out into many other aspects of community life:

You are getting people sober. Once people are sober, they can actually make rational decisions.¹¹⁴

This is what a witness in another hearing referred to as giving the community 'head space' to think about other things beyond substance abuse.¹¹⁵

In general, the Plan does what all effective, sustainable interventions into substance abuse must do and that is become part of the fabric of the target community, altering the parameters of normal behaviour and increasing the capacity of the community to express and support these new community expectations. Consequently, now that the Alcohol Management Plan is an accepted part of conditions 'once you are on Groote Eylandt', it is simply part of 'how we do things'.¹¹⁶

However, underlying this sense of the Plan as a 'known quantity', there is a persistent flexibility that allows the Plan to respond to challenges without adopting

the fixed positions that tend to result in non-compliance and harms arising from unintended consequences:

... all of our people, non-indigenous people, they believed it was an imposition of their rights and we went down the union lines, we did all of those processes and everyone - [and found that] doesn't impose on you at all. It actually is better because at times, we were having to implement across the board banning of all take-away. We don't have to do that any more.¹¹⁷

This sense of flexibility is also expressed through the different arrangements that apply, under the Plan, for the three townships involved. This augurs well for the future of the Plan and its capacity to respond to new challenges and conditions that will surely emerge over time.

YIRRKALA & NHULUNBUY: THE EAST ARNHEM REGION ALCOHOL PERMIT SYSTEM

Following on from Groote Eylandt, the Committee held hearings at Yirrkala and Nhulunbuy, speaking to people about progress with developing a similar system to control access to alcohol for the Gove Peninsula, where these two towns are located.

At Yirrkala, the Committee met with representatives of the Community Council and with local people involved in substance abuse initiatives such as the

112. Ms Anderson, MLA, *Transcript of Evidence*, 29 May 2006, pp.206, 241.

113. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

114. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

115. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.266.

116. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

117. Mr Peters, *Transcript of Evidence*, 29 May 2006, p.205.

Larrpan Watchmen.¹¹⁸ The Committee were told that there were substance abuse problems for the Yirrkala community in relation to alcohol, cannabis and kava, and that there were problems with gambling.¹¹⁹ As for other communities visited during the Inquiry, local people noted that these problems had appeared over recent decades: 'fifty years ago, there was no smoke, no petrol sniffing'.¹²⁰

At present, Yirrkala has little or no petrol sniffing, but high levels of kava use, to a degree that provoked concern among local people.¹²¹ Another view was that alcohol and cannabis were the most important areas for concern.¹²² In the face of this there was support for a coordinated approach across all substance problems so that 'the Night Patrol, drugs and alcohol, education, health, it all needs working out together'.¹²³ To support this, witnesses identified a need for information on local use of these substances.¹²⁴

Having recently heard evidence on the Groote Eylandt Alcohol Management Plan which it considered a text-book example of the importance of community engagement, the Committee was interested to see if a similar approach was being used for the Gove Peninsula. Over the course of the hearing and the one following at Nhulunbuy, witnesses gave evidence on either side of the question.

118. Mr Marika, *Transcript of Evidence*, 30 May 2006, p.270.

119. Ms Djerrkura, *Transcript of Evidence*, 30 May 2006, p.273.

120. Mr Burarrwanga, *Transcript of Evidence*, 30 May 2006, p.273.

121. Mr Burarrwanga, *Transcript of Evidence*, 30 May 2006, p.278; Ms Djerrkura, *Transcript of Evidence*, 30 May 2006, p.273; A Witness, p.274, Mr Marika, p.279.

122. A witness, *Transcript of Evidence*, 30 May 2006, p.274.

123. A witness, *Transcript of Evidence*, 30 May 2006, p.272.

124. Mr Marika, *Transcript of Evidence*, 30 May 2006, p.274.

Early in the hearing, one witness indicated that he believed the Committee was there to brief local people on the details of the arrangements to be put in place for alcohol.¹²⁵ This left the Committee with concern that local people had not been fully engaged. This raised questions over levels of participation and ownership by local people, a factor that had been so important on Groote Eylandt.¹²⁶

As a result, Committee members described key elements of the Groote Eylandt Plan, giving witnesses the opportunity to compare those arrangements with those on the Gove Peninsula, which are:

- that the determination of policy settings for alcohol had been driven by Aboriginal people;
- that there had been an extensive series of drafts for the Plan until all players were satisfied and supportive of it; and
- that the risk of widespread drug substitution was addressed.¹²⁷

Committee members asked a series of questions to check whether the two sets of arrangements were similar in these respects. Had Aboriginal leaders from Groote Eylandt visited local people in Gove to speak about the Plan? Would arrangements developed by local people in Gove be supported by people working in the Harmony Group structure? Would non-

125. Mr Marika, *Transcript of Evidence*, 30 May 2006, p.269.

126. Mr Marika, *Transcript of Evidence*, 30 May 2006, pp.270-71.

127. Ms Anderson, MLA, *Transcript of Evidence*, 30 May 2006, pp.271-72.

Indigenous people be 'actively involved' in the Plan as they were at Groote Eylandt?¹²⁸

Responses to these questions and descriptions were equivocal. One local witness spoke of plans for further consultation at community meetings, while another suggested that community meetings were not effective.¹²⁹

Arrangements were intended to apply to all people, Indigenous and non-Indigenous, but at the time of the hearing, they governed only people in the smaller Indigenous communities outside of Nhulunbuy.¹³⁰

The Committee continued to explore the level of consultation with Aboriginal people on the Gove Peninsula at the following meeting with members of the East Arnhem Harmony Māwaya Mala Group at Nhulunbuy. The Harmony Māwaya (peace) Group is a key player in developing the arrangements for alcohol in the region. Throughout this meeting further ambiguity was raised regarding the relationship of proposed arrangements to Indigenous people, as well as what effect they would have on Indigenous and non-Indigenous people overall.

A witness from the Harmony Group emphasised Aboriginal membership of the Harmony Group, that its Chair was an Indigenous man and that 'nothing happens until it goes through the communities'.¹³¹ However, one option proposed was that

local people from communities would sit on the Committee only when members of their own community were under consideration, in effect providing them with a lesser role in the process.¹³²

The Committee was told that despite the current high level of alcohol harms, under the proposed arrangements there would be 'nil restrictions on quantity and type and liquor which can be purchased, unless a community deem otherwise, or for persons coming before the Liquor Permit Committee to resolve behavioural issues'.¹³³ While it could be argued that this allows communities freedom to determine local settings, it runs contrary to a key message coming from the Groote Eylandt Plan that arrangements must be comprehensive in order to be effective. Arrangements on the Gove Peninsula, by contrast, allow for very different levels of restriction for different areas in ways that exceed the 'flexibility' displayed at Groote Eylandt.

The Committee considered that the essential difference between arrangements at Groote Eylandt and the Gove Peninsula was that the former has accepted the 'prevention paradox': that substance abuse occurs in a minority of a population, but must be addressed by the whole population.¹³⁴ At Groote Eylandt, the Plan's success is founded on the acceptance by all parties that a reduction in freedom of access to alcohol is necessary to reduce harms in general.

128. Mr Mills, MLA, *Transcript of Evidence*, 30 May 2006, pp. 278, 284 & 285.

129. Mr Marika, *Transcript of Evidence*, 30 May 2006, p.272; Ms Djerrkura, *Transcript of Evidence*, 30 May 2006, p.286.

130. Ms Djerrkura, *Transcript of Evidence*, 30 May 2006, p.285; Mr Marika, *Transcript of Evidence*, 30 May 2006, p.277.

131. Mr Cook, *Transcript of Evidence*, 30 May 2006, p.289.

132. Mr Cook, *Transcript of Evidence*, 30 May 2006, p.293.

133. Mr Cook, *Transcript of Evidence*, 30 May 2006, p.292.

134. Loxley, W., et al. *The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence*, 2004, The National Drug Research Institute and the Centre for Adolescent Health, p.6, 01/09/06, [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-mono-prevention-cnt.htm/\\$FILE/mono_prevention.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-mono-prevention-cnt.htm/$FILE/mono_prevention.pdf)

Following on from this presentation and discussion of proposed alcohol arrangements the Committee was given a presentation on another project being undertaken by the Harmony Group. Titled *Raypirri Rom* (discipline and law), the project is being developed by a sub-group of the Harmony Group called the *Family Wellbeing Group*. It was described as supporting 'Yolgnu people using traditional methods of conflict resolution to resolve issues their way'¹³⁵ as a means of improving communication between communities and non-Indigenous agencies such as Police and the like:

For instance in the situation of a child abuse matter, it is providing a way in for FACS to conduct an investigation in the culturally appropriate way and to come up with a resolution which will hopefully be more satisfactory toward parties. Rather than has been the situation in the past where FACS get a notification and come into a community cold and conduct an investigation which, without any sort of lead-in and preparation, is hard work to get a positive outcome.¹³⁶

A member of the Committee queried if using traditional lines of authority for communication in communities could in itself lead to the covering up of child abuse, as 'the leaders could be the problem and intimidation in those communities is fairly high.'¹³⁷

In response, a witness stated that caution was needed not to 'demonise Aboriginal men':

There are some Aboriginal men who are doing exactly what you are saying. Nobody has 'perpetrator' written on their forehead, but I feel very comfortable in working with those men and women who have been involved in this project, and God knows it has got to be better than sitting on our hands and maintaining the status quo.¹³⁸

All members of the Committee are adamant that traditional laws and different ways were never an excuse for child abuse and were keen that this be acknowledged at the meeting.

To quote the Chair of the Committee:

'Just remember one thing. There is not a black way or a white way of doing things, but there is the right way. When it comes to children, I think that we really have to remember that.'¹³⁹

Conclusion

While acknowledging that the process underway at Nhulunbuy was not completed, the Committee still had concerns that it did not include adequate consultation with all players.

However, there are signs of more positive elements in arrangements at Nhulunbuy, such as developing structures to counter siloing between services and reduce conflict.

135. Mr Hedstrom, *Transcript of Evidence*, 30 May 2006, p.285

136. Mr Hedstrom, *Transcript of Evidence*, 30 May 2006, p.285

137. Mr Knight, MLA, *Transcript of Evidence*, 30 May 2006, p.288

138. Mr Hedstrom, *Transcript of Evidence*, 30 May 2006, p.288

139. Ms Anderson, MLA, *Transcript of Evidence*, 30 May 2006, p.290

There are also the technical innovations in the management of liquor permits.¹⁴⁰

The Committee considers these to be of lesser significance than the twin issues of whether Aboriginal people have a stake in the Plan and whether sacrifices are shared between Aboriginal and non-Aboriginal people to achieve better conditions.

CONCLUSION - TOP END

The Committee saw the basic principles of good practice on community-level substance abuse interventions in Central Australia. Its hearings in the Top End served to clarify and strengthen these principles. Here again, effective practice rests on following a coordinated, three-pronged approach to substance abuse, and the effective engagement of the community residents. Successful programs are able to engage a range of incentives and sanctions to guide client behaviour away from substance abuse.

The further information gained in the Top End also went beyond these service-level considerations. Many of the external factors identified as key matters for concern in Central Australia were confirmed in the Top End. A particular example of this lies in the Committee identifying employment as a pivotal element in substance abuse. In Central Australia this was often signalled by the absence of employment. In the Top End, it was confirmed by consideration of communities, such as those on Groote Eylandt, where employment was

available. The success of the community-driven, consensual approaches to the regulation of substance use on Groote Eylandt underscores the importance of this part of the overall substance abuse 'equation'. Employment, or the possibility of employment, is clearly a major motivating force that engages a system of 'carrots and sticks' of its own, as well as being one of the most profound bases for that sense of personal worth that is the best possible counter to substance abuse. Where employment is possible, there is a more readily perceived reason for youth to persist with education and a generally higher level of personal resources and well-being that filter throughout the community. This is ultimately reflected in a better capacity for the community to respond, collectively, to other challenges.

Despite variations in local conditions between communities and between Central Australia and the Top End, the Committee's Inquiry strengthens a sense that there are important underlying factors. These speak volumes on the best way to respond to substance abuse. As for the services considered in Central Australia, the Groote Eylandt Alcohol Management Plan confirms the importance of genuine consultation and partnership in creating sustainable solutions. Like other Australians, Aboriginal people respond well to having a real say in their own affairs. Without that, they are unlikely to participate in, or comply with, any new arrangements, particularly in view of a legacy of government policies that excluded their input. Similarly, practices at the Angurugu Substance Misuse Unit follow the

140. Ms Howard, *Transcript of Evidence*, 30 May 2006, p.300; Mr Hedstrom, *Transcript of Evidence*, 30 May 2006, p.299; Mr Cook, *Transcript of Evidence*, 30 May 2006, p.298.

same elements of good practice displayed in testimony from Central Australia. Here, culturally appropriate people and practices in communities, together with providing constructive educational and recreation activities, and harm minimisation, amount to a well-rounded program of response.

These emerge as clear, robust elements of good practice. Government could do more to capitalise and increase the benefit arising from these approaches, which have developed over time and now form a standard on how to approach substance abuse. But, as for Central Australia, government lags in terms of its support for these programs and principles. They exist on a slender thread of funding, which is usually some kind of blend from a range of sources from different agencies and different jurisdictions. While there are some virtues in diversity, in that this allows a range of approaches to be considered for funding, there is too little weight given to considerations of program longevity and consistency within the funding process. The information brought before the Committee shows that this is wasteful not only in terms of lost opportunities that better-funded programs could otherwise take up, but also due to the loss of impetus and community morale when programs are terminated on an apparently arbitrary basis. While it is likely that government agencies see present funding arrangements as a way to achieve accountability, they are a blunt instrument. Their impact on programs, and the communities they serve, is negative and funding processes need to be refined to give better support while still ensuring accountability. The necessity for this becomes even more clear when the

social dimensions of substance abuse are considered, as they are in the following chapter.

Chapter 5 - Social Factors

INTRODUCTION

This chapter examines social factors in substance abuse in Territory remote communities, corresponding to clause 1(e) of the Committee's Terms of Reference. Up to this point, the Report has discussed substance abuse from two perspectives, first, the state of affairs for each of the main substances of abuse in the Territory and second, the state of services responding to the problems they create. It has also touched upon the social effects and contributing social factors in substance abuse. This chapter elaborates on this in such areas as housing, health and education. It also considers how deficits in these areas contribute to substance abuse harms.

This is an important and complex area. A major characteristic of problems with substance abuse in remote communities is that they are multi-factorial. There is a complex set of interrelationships between housing, health, employment, education, recreation and the other areas considered here, which has been a challenge for policy. Without reasonable prospects of employment, for example, it is difficult to engage youth in education; and without education, it is difficult to be employed. Further investigation shows other similar effects that exacerbate substance abuse harms. For community residents, a lack of housing emerges as a key factor, but this also has an important part to play in limiting the ability of communities to provide services. At times it is impossible to house and therefore attract skilled persons for key positions. Flow-on effects are to reduce the availability of services such as recreation activities, because no workers are available. This in turn means that the community has one less line of protection against

substance abuse, which increases the need for services such as health and police.

Consideration of these relationships leads to questions around social cohesion. There is a range of assets within a community that provide for resilience. These include the willingness of people to participate within the community, serving on various bodies and thus contributing to the general health of the community. The importance of this is emphasised in the positive stories told to the Committee during hearings. Similarly, their absence is evident where things are not going well. Appreciating these differences goes toward a more complete answer to the original question of the Inquiry, that is, on differences between communities on the 'western side of the north Stuart Highway' and those 'to the eastern Plenty'.¹

It will be remembered that remote communities to the west are demonstrably more vulnerable to substance abuse. Looking more closely at the characteristics of these communities, there are a number of common factors. The western communities started as mission stations, bringing together a number of different groups, away from Country, largely to be fed on rations. This contrasts to the eastern Plenty communities, which are more culturally homogenous and where there has been a consistent history of employment. The western communities suffer higher levels of internal conflict between different clans and linguistic groups. Living away from homelands and the maintenance of culture is made yet more difficult by the absence of a clear cultural consensus. This presents a

1. Ms Anderson, MLA, *Transcript of Evidence*, 21 March 2006, p.48.

further obstacle to the community's ability to govern its own affairs effectively. It becomes difficult to identify leadership that is likely to gain support from the whole community:

If you have a look at all the communities where we've got devastation with petrol sniffing and destruction - family destruction as well at places like Papunya, Hermannsburg and places in the Anangu Pitjantjatjara Lands, Yuendumu and it's places that have had too many different clans put into these communities and people haven't been able to work out their leadership role because of too many different cultures and laws put in, you know.²

Here, competition is more likely than cooperation, and it is difficult for people of authority to express and enforce social norms and get agreement on what constitutes acceptable behaviour. This is of key importance for a community's power to regulate substance abuse. Contrasts with the more cohesive communities of the Eastern Plenty confirm the picture:

... they've got their leaders all sorted out and those communities are really led by - and the communication between the council and the community people are also at the level that people want them. So we've seen a very different contrast on the Eastern Plenty to what we've seen at Papunya.³

A number of witnesses attested to the effects of this in detail. Several people

cited inter-group violence as an associated phenomenon in Wadeye, for example. While people within the community attempt to reduce the antagonism arising from these differences, there are influences working in the other direction. Youth were inclined to follow the example of violence they had themselves witnessed:

It is because there are problems that have been going on for a long time, fights. It is either here around the community, or at the school; young children fighting each other, imitating the older boys outside. In the school the children now form their own gangs, so other children just went home and did not bother to go to school because that is where more accidents happen. That is the problem with school; children fighting each other, imitating their brothers, and they are out of control.⁴

A further dimension of this pervasive violence, 'fighting between families' was also described as a significant feature in a number of communities.⁵

This violence, or threat of violence, has a negative influence on the degree to which communities can draw upon their own resources to minimise harms from substance abuse. Witnesses commented, for example, that community services can be deterred from caring for particular community members due to the potential for payback if something goes amiss.⁶ It was a shift in community attitudes over

2. Ms Anderson, MLA, *Transcript of Evidence*, 22 March 2006, p.81.

3. Ms Anderson, MLA, *Transcript of Evidence*, 22 March 2006, p.81.

4. Mr Cumaiyi, *Transcript of Evidence*, 31 May 2006, p.300.

5. See discussion between Ms Anderson, MLA, Ms Low, and Mr Johnson, *Transcript of Evidence*, 22 March 2006, p.123.

6. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.28.

payback that was instrumental in allowing the Mt Theo program to happen.⁷ This signifies both the importance of these matters and that attitudinal change is possible under the right conditions. Witnesses flagged this as a priority in moving toward a better state of affairs.⁸

These effects are compounded by other factors, such as a lack of role models for young people. One witness noted the importance of role models in the community, but also indicated the challenges that communities may face in this respect.⁹ Low life-expectancy and high fertility result in an age profile that is heavily-weighted toward youth, leading to a lower availability of older people who can perform in this role:

The big thing that has happened, we were mentioning the tribal elders ... is the imbalance. You have 50% of your population under 20, and the average life expectancy for a male is 49, the number of elders related to the amount of population is very small, so the social structures become quite imbalanced.¹⁰

This causes a vacuum, where other, less positive role models come into play:

... you have your role models in the community being the leaders of the gangs. That is all the young kids are seeing as the role models out there, so what do they try to do? We walk into the yard duty at lunch time, and there are two little kids

having the same fight as they see their brothers, and sometimes sisters ...¹¹

The words of one witness sum up much about the difficulties that emerge:

We live in the community here and we are not talking to each other. We are all part of the community and we need to be worrying about the whole community here.¹²

Under such conditions, it becomes difficult for the community to marshal the resources it has on hand, particularly its human resources. The socially corrosive effect of substance abuse may itself prevent this. Where communities reach an impasse in this respect, astute interventions by external players may be important.

Governance & social norms

Even amongst the challenging conditions outlined here, of communities divided by inter-group rivalries and resentments, there are techniques that can be adopted at a local level. The case study on the Angurugu Substance Misuse Unit showed how appropriate mechanisms and staff dealt with clients from different groups in the community. This meant that all key groups were represented on staff so the appropriate people could deal with individual clients in question.¹³ A similar approach can be taken resolving conflict in communities:

7. Ms Low, *Transcript of Evidence*, 22 March 2006, p.124.

8. Ms Patterson, trans. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.20.

9. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.325.

10. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.325.

11. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.326.

12. Mr Butcher, *Transcript of Evidence*, 20 March 2006, p.18.

13. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.192.

What you do is you get the nearest council members that are related to that family that you have got the problem with, always on a nightly basis to go and talk to that whole family. It doesn't have to be on an official capacity, it can be an unofficial capacity, like in the evening go and spend 1 hour and talk about the problems with that whole family. If you try and resolve the family at that level, then you start seeing the benefits that Brian is talking about, at that community level, that school level and the participation which they have in talking about driving their community abroad.¹⁴

And to ensuring that governing bodies and committees are representative:

When we elected the council, we always elected councils from each family group, so that each family group had a representation on the council, so that you got the views from everybody. That way you didn't have any conflict about someone coming in and saying 'there is only a few people deciding what happens in this community'.¹⁵

A similar principle was applied to service providers in the community:

... to always have a member of the police force, the principal or the principal's nomination, the nurse in charge or the nurse's nomination, always attend a council meeting. That way you are always assured that everybody's in on the loop, everybody is discussing the

same problems, not necessarily talking about council business, but talking about community business.¹⁶

This is consistent with the approach in some other communities considered during the Inquiry:

... all council meetings are open and ... no decisions are usually made until the community talks about stuff and people will come in and I will talk to them and they will go away and they will come back and pass their opinion ... it has always been very important that ... the community people have the chance to talk about issues that they want to see and not just have certain people making decisions.¹⁷

This approach is consistent with contemporary best practice in engaging community residents and achieving effective service delivery. Without full representation in the process, disengagement and withdrawal from services and contributing to the community are likely. With it, however, the quality of the social fabric can improve and residents are more likely to take a more active role in their community.

Evidence shows that some communities are more able to regulate their affairs than others. A key element in this is the presence of positive social norms. These are values held, and expressed, within a community that work to steer individuals away from destructive behaviour. That some communities are able to express and enforce these attitudes is clear from testimony:

14. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.35.

15. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.35.

16. Ms Anderson, MLA, *Transcript of Evidence*, 20 March 2006, p.34.

17. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.49.

... we heard at Atitjere [Harts Range] today that when they were talking about petrol sniffing problems or something like that, the community thought that it wasn't the responsibility of the Council or of the office, it wasn't their responsibility to sort it out, that the community would sort it out themselves.¹⁸

Witnesses were asked in this instance how such things would be dealt with in their home community (Engawala) and answered, using the illustration of a recent dispute between families, that the community was well able to deal with matters itself.¹⁹ This supports the contention that there are powerful social assets in many remote communities that are often overlooked.

When it comes to substance abuse, some communities simply will not allow certain practices to take place. Sanctions consist, for example, in the community's power to exclude individuals who refuse to conform to these rules:

if people want to continue to drink or smoke ganja, this community will just say well, you're not welcome here. You go and do it somewhere else.²⁰

However, there are other communities where these do not come into play so strongly. Papunya was one community, at the time of hearings, which clearly faced challenges in this regard. One witness, a police officer, expressed concern at an apparent lack of action by adult residents

when faced with substance abuse by younger people:

... from what I have seen ... there are sniffers walking around the streets pretty much unnoticed and nothing is said or done to stop these kids from walking around with an empty Coke bottle full of petrol.²¹

He suggested, 'as a starting point' for improving the situation, that people in the community

... need to be willing to stand up and say 'look this is what's happening' and to also be strong enough to say to the kids, if they are sniffing in the house or in the streets, to take the fuel off them instead of walking past and not really doing too much at all.²²

He argued that this should extend to the community's response to suppliers of abused substances:

... people need to be willing to stand up and say 'look this person here is bringing the fuel in' are you willing to make a statement.²³

Evidence presented to the Committee sheds light on this inaction. An important characteristic of social norms is that they are dynamic. Where challenges are too great, people who hold opinions that could be regarded as social norms will not express them. This could be the result of threat of violence or other negative consequences for the individual, or simply because the level of problematic behaviour

18. Mr Knight, MLA, *Transcript of Evidence*, 21 March 2006, p.67.

19. Unnamed witnesses, trans. Ms Anderson MLA, *Transcript of Evidence*, 21 March 2006, p.67.

20. Ms Anderson, MLA, *Transcript of Evidence*, 21 March 2006, p.50.

21. Const. De Vos, *Transcript of Evidence*, 20 March 2006, p.16.

22. Const. De Vos, *Transcript of Evidence*, 20 March 2006, p.16.

23. Const. De Vos, *Transcript of Evidence*, 20 March 2006, p.16.

is beyond what community believes it can control. Cultural conventions preserving the personal autonomy of others can also contribute to this,²⁴ as can the demographic trends that see communities with fewer older people to express these rules.²⁵

All of these factors are implicated in weakening social norms. The other side of the coin is that there are conditions, most particularly a sense of safety, that allow those holding 'protective' attitudes to express them. These conventions can then regenerate. The 'carrot and stick' approach described at Mt Theo is an example of this.²⁶ In terms of substance abuse, all elements of the three-pronged approach to substance abuse; supply reduction, demand reduction and harm minimisation, play a key role toward this end. Contemporary thinking is that every user who is placed into rehabilitation represents a reduction in harms,²⁷ and lower levels of substance availability have a similarly protective effect, if paired with access to rehabilitation.

The key importance of social norms for substance abuse was addressed by a witness at Wadeye in comments on the role of the justice system:

... a lot of people around this camp are in denial, they think they do not have a problem here, and this [threat] is just in the corner of this beautiful place, hidden somewhere. If the justice could be very strong and tell them that; 'you must know you have got a problem'. I do not want to send them to jail; instead I send them to Makura Wunthay to get some education. I would like to see that happen because we cannot force people ourselves to come here; they say no, but the police and the judge can. The more people who come here for us to work with, the better.²⁸

This statement proposes a combination of hard and soft measures, court order and education, to achieve less harmful behaviours. It reflects a consensus view that changing the climate around social norms in any community is a dynamic process that draws on 'carrots and sticks' to edge community members back into community-sanctioned ways of behaviour.

With these questions in mind, it is useful to consider interventions, and consider how residents and service providers in remote communities view them. What interventions are rated as valuable from within communities? What things are missing that could make a difference, in strengthening social norms around substance abuse? First, there is evident support for and an appreciation of the effectiveness of supply reduction measures such as the Remote Area Drug Strategy, particularly the use of police sniffer dogs to intercept cannabis shipments on regional airlines.²⁹

24. Mr W. Tilmouth, *Transcript of Evidence*, 22 March 2006, p.101. See also Maggie Brady, *Heavy Metal: the social meaning of petrol sniffing in Australia*, Canberra: Aboriginal Studies Press, 1992, pp.75-77..

25. Ms A. Rebgetz, *Transcript of Evidence*, 31 May 2006, p.326.

26. Ms Cole *Transcript of Evidence*, 22 March 2006, p.120.

27. 'There are important intersections between the aim of population-level prevention of drug-related harm and what has traditionally been considered to be treatment,' Loxley, W. et al. *The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence*, 2004, The National Drug Research Institute and the Centre for Adolescent Health. 01/09/06, p.xiv.

28. Mr Cumaiyi, *Transcript of Evidence*, 31 May 2006, p.301.

29. Ms Clarke, *Transcript of Evidence*, 29 May March 2006, p.184; Ms Berida, *Transcript of Evidence*, 31 May 2006, p.295.

Second, service providers confirm the 'balloon effect' apparent in connection with supply reduction.³⁰ On Groote Eylandt, the Committee was told of positive and negative effects. On one hand, the implementation of the Alcohol Management Plan has had, as already discussed, a marked effect in reducing alcohol harms and, at the same time, the Remote Area Drug Strategy has reduced the availability of cannabis. This is apparently without an increase to petrol sniffing in its place.³¹ In tandem, these interventions have reduced substance abuse on Groote Eylandt overall.³² However, the Committee was also told that there has been some substitution of alcohol for petrol sniffing and there were suggestions of a movement of people out of the community, to places where both cannabis and alcohol are more available:³³ although not, by report, from Umbakumba.³⁴ Others who have stayed on Groote Eylandt have struggled to cope with withdrawal from higher levels of alcohol intake. This echoes other reports suggesting that supply reduction measures in the Territory are not paired with rehabilitation interventions services in the best possible way.³⁵

Third, while night patrols have been part of the remote community landscape for many years, they have fallen into dilapidation in many instances. There were representations made to the Committee

on this at Papunya and Wadeye. Both communities were sorely in need of further services such as night patrol, that could reduce harms and social disorder from substance abuse.³⁶ The historical reliance on CDEP to staff night patrols has made these services vulnerable to more recent policy changes. In theory, shortfalls are to be made up by police, but this has not always been confirmed in practice.³⁷

Fourth, when local people involved with the Makura Wunthay alcohol education service at Wadeye were asked what would help them most, a clear priority was better access to training. They wanted better skills to tackle substance abuse,³⁸ and training for local people to increase their capacity to participate in local law and order matters, particularly as Aboriginal Community Police Officers.³⁹

These all have a close connection to social cohesion. Residents and service providers in remote communities are aware of the importance of supply reduction and appreciate these measures when they are effective. They are also aware of the need to address the unintended consequences of supply reduction. These factors influence levels of social cohesion in communities, as does, in a very direct way, the presence or absence of night patrols. All of these things, if attended to in a constructive manner, will reduce the fracturing effects of substance abuse. The desire for training

30. Buxton, J., *The Political Economy of Narcotics*, Fernwood Publishers, Nova Scotia, 2006, pp.181,182.

31. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.184.

32. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.185.

33. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.184.

34. Mr Herbert, *Transcript of Evidence*, 29 May 2006, p.225.

35. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.185; see also Mr Dwyer, *Transcript of Evidence*, 31 May 2006, pp.308-09.

36. Mr Ward, *Transcript of Evidence*, 20 March 2006, p.35; Ms Berida, *Transcript of Evidence*, 31 May 2006, p.299.

37. Mr W. Tilmouth, *Transcript of Evidence*, 22 March 2006, p.101.

38. Makura Wunthay volunteer, *Transcript of Evidence*, 31 May 2006, p.301.

39. Mr Lantjin, *Transcript of Evidence*, 31 May 2006, p.298.

and development voiced by local people working for Makura Wunthay in Wadeye shows that there are local people who want to come to grips with community problems. They are more interested in acquiring skills to do so than simply receiving money from government.

It is not uncommon for people from outside of communities to wonder at the lack of initiative and engagement on the part of local people in resolving their community's problems. The evidence given to the Committee shows that the readiness to engage and take responsibility is dependent upon other factors. Obstacles are often too discouraging to allow for this. This would indicate a need for strategic interventions where appropriate, to reduce obstacles so that communities can take a more active stance.

This provides an important alternative to the simplistic view that government must either prop-up communities or withdraw. It also places renewed emphasis on the question of how government can best play a constructive role in communities. It is possible for governments to behave in ways that undermine, rather than strengthen, communities' capacity to act, so there is cause for serious consideration of these matters.

Health

In this complex web of interrelated effects, connections between substance abuse and health in remote communities are key. Closer inspection shows that these effects go far beyond the obvious immediate impacts on the individual substance user and affect the

health and well-being of the people around them. Levels of substance abuse in remote communities also place a huge burden on health services that do exist, effectively reducing the availability of treatment for other medical needs in communities.

This amounts to a considerable burden on the health of community populations. Costs to communities emerge as community members need higher levels of medical support and are less available for other constructive activity within the community. As noted, it also results in life expectancies reduced to the point where there is a reduced pool of people to provide leadership in communities.

There are references to the health implications of substance abuse in remote communities throughout this Report, but while a diversity of front-line drug and alcohol organisations have appeared before the Committee, specialist information on the health dimension of substance abuse has been largely provided in one instance alone. Representatives of the Port Keats Health Clinic provided a detailed picture of the health effects of substance abuse in the remote community setting. This testimony underscores the variation between sites indicated at the opening of the report. It shows that in Wadeye high rates of cannabis use are a particular feature, more than any other drug:

Ganja is a big problem. In our male health surveys when you ask; 'Do you smoke ganja', probably 80% - 90% of the males say yes' ...⁴⁰

40. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.308.

Another witness agreed, saying that 'it appears that ... most males over 30 use cannabis quite regularly'.⁴¹ This high prevalence has a number of effects, including mental illness:

I know there are certain groups that are heavily into the ganja, and we see acute mental problems. People with a past history of psychiatric illness who are in to the ganja are far more likely to go psychotic, and we see that on a regular basis. Those people are flown in to town, and within 48-hours they are sent back. There is a core group of mental health patients and their relapse tends to be related to ganja use.⁴²

However, behavioural problems, particularly in the sense of 'social disorder', appear to be more obvious after the cessation of cannabis use:

It does seem that when there is a lot of cannabis in town, Wadeye things tend to be reasonably quiet, but it is when the supply gets disrupted that the riots and disturbances begin ...⁴³

There appears to be some kind of link between cannabis use and violence, often noted at Wadeye, that warrants further investigation.

Other specific health effects from high rates of cannabis use provoked strong concern. Witnesses from the Clinic reported a most disturbing connection between cannabis use and poor child health outcomes, by virtue of the financial pressures involved with maintaining a cannabis addiction:

One of the ways it impacts is that there is a generational thing happening where the younger males are likely to stand over their parents, particularly the women, to get money for ganja. There is a fair bit of that happening, and that impacts on younger children. It means that usually they have made (inaudible) agreements and there have been definite instances in the last few months, where babies have come into the babies' room and they are failing to thrive, but it is beyond that; they are actually starving...⁴⁴

The witnesses agreed that 'the amount of money spent on ganja' was high, with the result that 'the families do not have enough tucker'.⁴⁵ This is considered 'a significant problem' for infant health,⁴⁶ implicated in 'six to eight' babies failing to thrive at the time of the hearing.⁴⁷

Witnesses identified a critical 18-month period (from six months to two years) during which this kind of nutritional deprivation would result in particularly high levels of long-term health consequences:

The problems start with weaning, when you have to actually provide food so most children grow well for six months, and then they plateau out. All the action in infant health is really between six months and two years; if you have not allowed the child to grow at that time, the child will always be smaller than what they would have been if they had

41. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.308.

42. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.308.

43. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, pp.308-09.

44. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.309.

45. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.309.

46. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.309.

47. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.309.

grown at in a normal fashion. What I am talking about is 10% - 15% ... [in] real problem families for a variety of reasons; young mothers, educational things, and that is where our focus is; on that 6 months to 2 years.⁴⁸

These financial stresses interact with high food prices in remote communities '50% higher than Darwin' to produce further negative effects.⁴⁹ A range of fresh food is available, but 'it is the quality that gets to a lot of the children that is the problem'.⁵⁰ While 80% of other children are considered to 'grow well', the consequences of malnourishment are dramatic:

... if you have a child that is failing to thrive, who gets gastroenteritis; they become critically ill fairly early. The same with a child who is failing to thrive and gets a chest infection, so the admissions to Royal Darwin Hospital are very high.⁵¹

These are clearly very important concerns. However, poor child health outcomes are also attributed to another significant negative factor; poor housing. As with so many elements in the broader picture on substance abuse, the resulting harms are multi-factorial. Ill effects from one are compounded with those of another. According to witnesses from the Clinic, housing shortages are a major cause of poor health in children in the community:

The child health picture is poor, and a lot of that is related to the environment of people living in over-crowded house.⁵²

This interacts with the age-profile of remote communities to produce a situation where young people are at particular risk from these conditions:

If you have 30 people in the house, you are not going to be able to live in a way that stops you getting a lot of skin sores; infectious disease just circulates. You have to remember that 50% of the people are under the age of 20, so a lot of people in that over-crowding are young children.⁵³

Seen over a longer-term perspective, witnesses offered a sobering reflection on this:

These problems have been well recorded in Aboriginal Health the whole way through. It is disappointing they are not improving, and they are exactly the same as when I worked at Bathurst Island in the 1970's.⁵⁴

This evidence suggests that housing is a fundamental, long-term problem in remote communities, which warrants a high level of priority in government policy. Money can be spent here to good effect. It is characteristic of the complexity of the environment that interactions between housing problems and substance abuse harms occur at several levels. Drug use clearly reduces the financial resources available to families, which reduces their capacity to change their circumstances, including for housing. Lack of housing also means that drug users and

48. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

49. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

50. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

51. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

52. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

53. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

54. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.310.

non-users are obliged to share domestic spaces, which is detrimental to families and children, in particular. These effects, with respect to housing, are considered at greater length in the following section.

The health centre, as a service, faces a number of further challenges that compromises service delivery to community residents. Substance abuse is one of a number of interrelated factors, notably public violence, that lead to residents being reluctant to approach the health centre at time of need:

People are afraid to access health services when they should. We see a lot of instances where a baby comes in with the early days of pneumonia. We treat it, but it needs to come back the next day for an injection, and the next day, and the next, however we will not see it for three or four days. Suddenly they present the baby at the end stage of pneumonia, and you have to fly them to Darwin. If they were able to access the clinic, they would come every day to have those injections and it would never have got to that stage, and we see quite a lot of that.⁵⁵

Clan and family divisions lead to perceptions of the health centre as not being a neutral facility, in effect further reducing availability of service.⁵⁶

The violence notoriously associated with Wadeye is related to substance abuse in a number of ways. This includes interpersonal violence, or threat of violence,

in order to acquire money for cannabis, and more generalised outbreaks of violence when cannabis availability is low. This leads to conditions in which the resources of the health clinic are consistently over-extended by the need to attend to night time call-outs and other challenges arising from high levels of violence, as well as mental health problems arising from substance abuse. The result is that the health service is locked into a reactive pattern. It has little discretion to pursue the preventative approaches witnesses see as more promising in the long term.⁵⁷ This includes forms of intervention, such as antenatal care and health screening in various forms, that are considered basic elements of health care in more urbanised parts of Australia.⁵⁸ Under present conditions, however, health care imperatives are reduced to 'just treating all your acute stuff and trying to do the best you can'.⁵⁹

For health, as for so many other areas considered in this Report, opportunities for development for local people emerge as a fundamental issue. Health centre witnesses were adamant that local health workers at the clinic were pivotal in its effective operation.⁶⁰ The people performing in this role were commended for their long-term dedication in the face of difficult circumstances. Yet, under present conditions, it is difficult to train-up and maintain sufficient numbers in this role. This is even more the case for local people aspiring to higher levels of qualification

55. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.312-13.

56. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.312.

57. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, pp.311, 312.

58. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.312.

59. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.312.

60. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.312.

as a registered nurse. They would, it is suggested, face 'substantial' obstacles in following such a path.⁶¹ As for all services considered here, health services stand to gain considerably by having culturally skilled people working with them. Finding improved ways to encourage and develop local people into these roles could result in significant benefits to communities.

In summary, witnesses from the Port Keats (Wadeye) Health Clinic gave their view on the health consequences of substance abuse, especially in relation to high rates of cannabis use, in their community, indicating children's failure to thrive and inadequate nutrition as one of the key effects, compounded by poor housing and other factors. The health of the adult population is clearly also adversely affected. Causal links to mental illness and social disorder are apparent to local health providers.⁶² These are grounds for working toward a better focus on cannabis use in remote communities and applying a higher level of concern than it has attracted to date.

The relationship between all substance abuse and health outcomes is complex. The scenarios considered in the case study, in relation to cannabis, can be extrapolated to each of the other two main drugs of choice in remote communities. The purchase of alcohol brings similar financial, and therefore health, consequences as the purchase of cannabis. Similarly, scenarios in which the effects of overcrowding and cannabis use are combined in day-to-day life are echoed in testimony that outlines negative interactions between petrol

sniffing and domestic households.⁶³ High rates of domestic violence involving alcohol suggest that the same pattern is played out in relation to drinking. In terms of mental health, chronic intoxication using any substance, not only cannabis, is unlikely to promote genuine well-being. As for all services, the heavy pressure placed on the health clinic as a result of substance abuse means that much of the present capacity is devoted to acute and reactive activity, leaving a relatively smaller capacity to be devoted to the planned, preventative program elements that would otherwise contribute to long-term positive change.

Housing

The current crisis in remote community housing has a number of effects. Inadequate housing and overcrowding first places residents under great stress and second, multiplies the ill effects of substance abuse through close proximity. It is a contributing factor to difficulties in service delivery because organisations face severe problems in accommodating workers they wish to hire. This adds to a range of factors that lead to service positions remaining un-filled, significant in view of the need for a sufficient set of services within a community. Finally, poor housing leads to adverse health outcomes.

Witnesses from a variety of communities told the Committee that problems in this regard are some of the most important faced by residents. Acute housing shortages result in very large households, with high consequent wear-and-tear to dwellings. The Committee was told of this

61. Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.312.

62. Dr Rebgetz, Mr Dwyer, *Transcript of Evidence*, 31 May 2006, p.308.

63. Ms Clarke, *Transcript of Evidence*, 29 May 2006, p.182.

at Papunya, Angurugu and Wadeye, with a similar situation reported at Docker River, Nyirripi and Willowra.⁶⁴ All of these support the argument that housing shortages have severe negative effects on residents' health, amenity, and services. At Angurugu, the Committee were told of housing shortfalls to the extent of 'approximately 80 houses':⁶⁵

We have about 110 community houses, but we are 285 bedrooms short of bringing it to a level of two people per bedroom.⁶⁶

'At worst', this amounts to 'three bedroom houses with 20 odd people in them', a situation common in other communities considered in this Report, 'however it averages out to about 11 people per house'.⁶⁷ The fact that Angurugu is, even so, better off than many communities puts this into perspective.

Policy settings on housing maintain this situation. This includes rules and caveats attached to new house funding under current schemes:

We have had a number of houses built over the last 18 months, but that really has not alleviated the problem as it was through the NAALAS project which requires houses to be removed and replaced rather than newly erected. We currently have five IHANT houses under

construction. Four should be completed by beginning of June, and the other one by the middle of June.⁶⁸

A fundamental problem is the high initial cost of building. Again, the average cost quoted for building a house at Angurugu reckoned at 'at least \$291 000 for a three bedroom block construction, core filled, and built to IHANT standards'. High though it is, is considerably lower than unit cost quoted for other locations.⁶⁹

Further obstacles for councils wishing to improve the situation are structural arrangements that impose high costs on maintenance:

Simply because, most of our money, because we pay for trades persons to come in and it goes in transport and travel expenses. An enormous amount of money goes in just that, getting people to travel in and out of here, it is an enormous amount of money.⁷⁰

As a result, and due to other constraints such as tenants' capacity to pay, 'the economic base for attending to our housing is ... barely serviced by the rent we collect'.⁷¹

The debilitating effect of housing shortages on service delivery was described at some length by CAYLUS personnel. The Committee was told that at Docker River, for example, where a successful youth and recreation program was being delivered, 'youth workers ... have been housed at the

64. Mr Mills, MLA & Mr Knight, MLA, *Transcript of Evidence*, 20 March 2006, pp.20; Mr Perry, *Transcript of Evidence*, 29 May 2006, p.38; Mr Arnott, Mrs Miller, MLA, Mr Knight, MLA & Mr Mills, MLA, *Transcript of Evidence*, 29 May 2006, pp.178, 179-80; Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, pp.314, 315 ff.; Mr McFarland, *Transcript of Evidence*, 5 April 2006, p.145; Mr Ray, *Transcript of Evidence*, 5 April 2006, pp.154-55.

65. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.179.

66. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.179.

67. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.179.

68. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.179.

69. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.180.

70. Mr Perry, *Transcript of Evidence*, 20 March 2006, p.38.

71. Mr Perry, *Transcript of Evidence*, 20 March 2006, p.38.

expense of the aged care program',⁷² with the result that too few aged care workers had been hired into the community.⁷³ In this, and a number of other instances, the Committee was told that 'housing is the big impediment' in recruiting to these positions, as it 'is possible to get wages money from various programs, but what stops communities getting it is that they have got nowhere to put them'.⁷⁴ In relation to a current program worker of the time at Willowra:

... we happened to get a really good one who is married to the clinic manager, so they're accommodated in Health housing. When they leave, we won't be able to recruit on merit because there will be no house. So we will have to either choose someone who happens to be in the community, which is not a great way to go, or house them in Yuendumu, I don't know. So that will be the end of the program, just because of housing in Willowra.⁷⁵

On the other hand, witnesses told the Committee that housing stands vacant in these communities, out of reach due to siloing between government agencies:

Lots of people have empty education houses because we just can't get - they sit empty and we just can't put staff in them, despite trying so hard.⁷⁶

Similarly:

Batchelor have two houses at Nyirripi that have never been lived in, beautiful houses, and Nyirripi has no recreation

program - zero, nothing. They have a community hall that is used for various things, but they have got no recreation program whatsoever.⁷⁷

Housing shortages in communities have direct and indirect effects. Direct effects reduce the health and amenity of local residents, and indirect effects further reduce them by limiting the availability of services within communities. Services are not only provided by people from outside of communities. Where they are provided by local people, both of these effects come into play, as the Committee heard when it spoke to local teachers from Our Lady of the Sacred Heart School (OLSH) at Wadeye. They were told that teachers faced significant problems with housing and that sustained attempts to resolve this over time had not been successful. The Committee was told, for example, that one teacher

has written a letter and had her name on a housing list for 10 years. The whole time she has been a fully-qualified teacher, and we have just had six new houses built for our non-indigenous staff.⁷⁸

Impacts on teachers in this predicament are dramatic in that they do not have access to basic amenities that would support them in their work at the school. A number of the Indigenous teachers told the Committee that their dwellings housed many more than were built for and that they were in a poor state of repair.⁷⁹ This often entailed having up to twenty people live in a three-bedroom house:

72. Mr Ray, *Transcript of Evidence*, 5 April 2006, p.154.

73. Mr Ray, *Transcript of Evidence*, 5 April 2006, p.154.

74. Mr Ray, *Transcript of Evidence*, 5 April 2006, p.154.

75. Mr Ray, *Transcript of Evidence*, 5 April 2006, p.154.

76. Mr Ray, *Transcript of Evidence*, 5 April 2006, p.154.

77. Mr Ray, *Transcript of Evidence*, 5 April 2006, p.154.

78. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.315.

79. Ms Tipiloura, *Transcript of Evidence*, 31 May 2006, p.315 ff; Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

In my house, there is only my brother and his three kids, I have four rooms. I have got my son and his girlfriend. He has four children, and all his children are living with me.⁸⁰

Attempts to move away from these conditions are frustrated by high demand for housing, insufficient housing stock and the pressures of extended family. The Committee heard that this was such a problem that it made it necessary for teachers, on some occasions, to move out of their houses:

At the moment I am not staying at my place. I am staying with my brother in the other house. Just trying to protect my grandchildren, I moved away from my house. In my brother's house he has his own family, his two girls, and now he has me and my son and his kids, and my son's girlfriend. That will be maybe 10, and it has only got three rooms, but I am living in the lounge room with my family.⁸¹

This pressure is intensified as housing stock is damaged in outbreaks of communal violence.⁸² There are also times when people are obliged to move house when, as a direct result of violence, houses fall into no-go areas.⁸³

There are financial pressures, too, due to money in other parts of the family being diverted to the purchase of cannabis and alcohol. Under such conditions, it is most often women, such as the teachers who appeared before the Committee, who

ensure that children in the family are fed and cared for:

There are a lot of other things that worry me too. My family on ganja, plus all my brothers go out to Peppimenarti [to purchase alcohol], and there are only two of us. That is my sister sitting next to Ann. All of the children, and we are supporting our brothers, but their kids are like our own grandchildren. Their monies are spent maybe on ganja and grog. When we get our pays we buy food for our own family, but we have to support the rest of the family too. It is hard to save money these days.⁸⁴

These teachers are also obliged to tolerate bouts of substance abuse within the confines of their homes, when 'about 20 men are smoking at our homes', who refuse to leave and expect to be fed.⁸⁵ This makes it 'hard for you to get out of your room and cook food for the kids'.⁸⁶ As a result, teachers are obliged to go onto school premises during weekends to plan their classroom activities, because it is the only place quiet enough to work.⁸⁷ Taken together, these factors lead to a level of concern and anxiety, on the part of teaching staff, in direct conflict with the mental focus they need for teaching:

Each morning I have to get up and go to work to teach the kids. While I am teaching I am thinking about my family at home with the problems that are going on, and it is really hard.⁸⁸

80. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

81. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

82. Ms Tipiloura, *Transcript of Evidence*, 31 May 2006, p.316.

83. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.316.

84. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

85. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

86. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

87. Ms U. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

88. Ms S. Kintharri, *Transcript of Evidence*, 31 May 2006, p.317.

Under these conditions, morale suffers:

The depression aspect really starts to get to people when they see they are living in a house with 20. Roseria has said to me; 'I have been trying this for 10 years, I may as well give up. It is not going to happen'. I said; 'How can you give up?' ... When you have worked in a school for 30 years ... and lived in the conditions that are just third world, appalling ...⁸⁹

In summary, the housing crisis in remote communities is a substantial problem in its own right, with a number of important negative effects. It is a multiplier of substance abuse harms. Considering the predicament of the teachers of OLSH at Wadeye shows just how damaging this is. These are among the best-trained, most dedicated local people in the community, yet they appear not only to go relatively unrewarded and unrecognised, but are also, in some sense, penalised in their current roles.

At a broader level, however, housing is also a signal example of the frustrations engendered and the opportunities lost by insufficient levels of coordination between players in these communities. Greater coordination and communication along more rational lines could produce better results.

Employment

Over the course of the Committee's inquiries, employment came to the fore as an important factor in substance abuse. It is prominent among a group of factors that can be considered under the term 'meaningful activity' and which includes education

and recreation. It became clear over the course of the Inquiry that considerations of employment are crucial in answering the Committee's original inquiry question.

A key distinguishing feature of resilient communities is an ongoing history of employment. However, the Committee heard that even in these communities there was great concern about the future of employment. Certainly, at Engawala, when one witness was asked about their primary area of concern in relation to young people into the future, there was little hesitation in identifying employment.⁹⁰ That this was voiced even in a community that has a large pastoral company, wholly owned by the community, to provide employment underscores yet further the high levels of concern on this issue.⁹¹

Other witnesses were also clear about the explicit link between employment and substance abuse:

I think, importantly, if you want to do something on substance misuse, find people meaning in their lives. Find people activity in their lives and - bang - down goes the substance misuse.⁹²

Speaking about Groote Eylandt, where the GEMCO mine generates direct and indirect employment opportunities on an unusual scale for a remote community, the same witness gave a clear indication of its implications for substance abuse:

We have an opportunity here to get people into the mainstream western

89. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.326.

90. Mr C. Tilmouth, *Transcript of Evidence*, 21 March 2006, p.69.

91. Mr Neal & Ms Anderson, MLA, *Transcript of Evidence*, 21 March 2006, p.68.

92. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.250.

non-welfare economy ... When you talk to those young men who are working full-time ... and have meaningful lives, they turn around and say: 'I have cut my ganja smoking by 80%', no education about ganja, nothing. I have now got things to do in my day that I feel good about, that I enjoy doing and I don't have to sit around and smoke dope'. That is the bottom line as far as I am concerned ...⁹³

This is one of the many statements by witnesses confirming the links between employment and positive outcomes on substance abuse. However, the background to this is that, in this instance, these young men were on 'CDEP plus top-up', and that indicates a vulnerability to external events.⁹⁴ Although, as this witness suggests, 'there are all sorts of issues about whether that is an ideal system or not', this is the most common arrangement for employment in remote communities overall.⁹⁵

As a scheme that is undergoing significant change, amid controversy as to its status and value, considering the (then) present-day status of CDEP is instructive. Elsewhere, this Report has already touched upon the risks to local services that changes to CDEP may represent, given their heavy reliance on the scheme as a means to staff services and programs, provoking questions as to how services will be delivered after CDEP.

In terms of the scheme's implications for employment, the most notable thing to emerge from witness testimony is the

positive impact of the scheme. One instance has been already shown above, where it had a direct effect on substance abuse, where CDEP schemes were described as 'very successful' and where both cannabis users and petrol sniffers had reduced or ceased their intake.⁹⁶ Indeed, in this instance participants had requested greater working hours and achieved higher levels of self-esteem through their employment.⁹⁷

The CEO of Angurugu Council described the scheme there in similarly positive terms, with '105 participants and ... a number of host employers engaged', the program being one which 'will expand and continue to show success'.⁹⁸ A further enhancement is that Council 'have tradesmen on site' for housing maintenance, an arrangement which is considered 'unique' in remote communities.⁹⁹ These are then available to 'assist the CDEP participants with training to up-skill to a tradesperson or a trades assistant'.¹⁰⁰ This represents a capacity to resolve those dilemmas faced by other remote communities where 'you have got a work force but you can't use them'.¹⁰¹

There is also an expectation that CDEP is 'going to wind up at some stage', and a sense of urgency about finding alternatives when half of all people of working age are employed under the scheme.¹⁰² Chiefly, these efforts focus on placements with community organisations and businesses

93. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.251.

94. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.249-51.

95. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.251.

96. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.251.

97. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.249.

98. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.178.

99. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.178.

100. Mr Arnott, *Transcript of Evidence*, 29 May 2006, p.178.

101. Mrs Braham, MLA, *Transcript of Evidence*, 20 March 2006, p.20.

102. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.46.

in lieu of CDEP-organised work activities.¹⁰³ However, these challenges are given a more positive colour by new Northern Territory Government interventions that aim to discover the 'potential for economic development' in regions, and to facilitate the rise of local enterprises, in this instance arts and furniture-making businesses, a development that is welcomed at the local level.¹⁰⁴ Similarly, there are discussions from the same quarter about using local labour for housing repair and maintenance.¹⁰⁵

Overall, statements by witnesses and observations by the Committee left little doubt as to the importance of employment in substance abuse outcomes. Higher levels of availability of employment reduce levels of substance abuse. Lower levels raise a community's vulnerability on this score. There are further levels of interrelation that will be considered in the conclusion to this chapter. The Committee notes there are significant challenges involved in generating employment pathways. Some communities have them because there are mineral resources in their local areas, or pastoral industries, while for some it is a challenge to envisage economic opportunity. Questions of employment remain difficult for those communities.

This leaves a limited number of avenues through which employment can be created. Where there are substantial enterprises, such as mining, there is some variation in willingness to engage local people. Engagement should be encouraged, and there are positive instances that can

be used as templates for activity in this area. Second, structural arrangements can be changed, within government's current area of activity, to allow the service requirements of remote communities to be met using local people. Again, housing repair and maintenance provides a clear example. Third, and most challenging, is the business of exploring new types of employment activity that are appropriate for remote locations and their residents.

For this last area, where levels of risk may be considered greater by government, important future options were relayed to the Committee during a briefing on research into the engagement of local people in Natural Resource Management (NRM). In his briefing, Professor Altman made the case that NRM represented a substantive need, in both Territory and national terms, which residents of remote communities were well placed to perform.¹⁰⁶ A case in point are grass-burning programs to reduce fuel load during the Top End dry season, designed to reduce the carbon outputs of naturally-occurring fires later in the season.¹⁰⁷ Traditional owners of Country have the local, environmental knowledge to perform this work effectively.¹⁰⁸ The economic argument is that the outcomes delivered are a public good and that it is reasonable for government to purchase these services from local people, thus generating employment.¹⁰⁹

103. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.46.

104. Ms Cole, *Transcript of Evidence*, 21 March 2006, pp.48-58.

105. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.56.

106. Prof. Altman, *Transcript of Evidence*, 23 March 2007, pp. 350, 355-56, 364.

107. Prof. Altman, *Transcript of Evidence*, 23 March 2007, p. 355.

108. Prof. Altman, *Transcript of Evidence*, 23 March 2007, p.359.

109. Prof. Altman, *Transcript of Evidence*, 23 March 2007, p.355.

Education

Education, the second element of the three aspects of 'meaningful activity' treated here, clearly has a direct relationship with employment. As for many of the factors discussed in this chapter, this is made more complex because it is reciprocal. Among the connections between them, two in particular stand out: first, that without a level of education, it is difficult for residents of remote communities to access employment. Second, without a reasonable prospect of employment after schooling there is little incentive to engage in education at all. This comes into play particularly in relation to the role models youth observe while they are of school age. At present, the question must arise as to whether these will send a signal that education brings rewards or whether, all too often, they offer a prospect of an uneducated future in which the person in question remains a passive player in the employment market, vulnerable to substance abuse and other risk factors.

Statements by witnesses before the Committee show that some community members hold education in high regard. One witness conveyed a sense of urgency about education felt by many:

Our children's problem is they need to go to school for their education, learn more English and writing. That is the main basic for our children to learn before it is too late.¹¹⁰

On the other hand, another consistent strand of evidence showed that there could be, in some communities, low levels

of participation in education, creating a genuine challenge for those wanting to see better education outcomes: 'the school is there, but they don't go to school'.¹¹¹

This suggests something of the range of conditions to be seen on education in communities. By contrast with the situation described at Papunya, for example, levels of participation at Umbakumba were considered very good for this kind of setting, quoted at 80 out of a total of 100 Indigenous children attending.¹¹² This was the result of a deliberate set of interventions to increase attendance and the community's sense of ownership in relation to the school.¹¹³ However, this good outcome did not cancel out local frustration at staffing levels.¹¹⁴ According to reports, student numbers had increased but resources with which to educate them had not, despite ongoing attempts to access them.¹¹⁵

The importance of retaining youth within the education system was highlighted at Harts Range. The Committee was told of the broader social consequences of leakage from the system, where young people find themselves in a kind of 'gap' before employment programs can engage them. In the meantime, they are at a loose end, both in financial terms and in terms of 'meaningful activity':

... if we lose them at Year 9 ... we don't pick them up for another two years, when what we have to offer is CDEP, in

110. Mr Lantjin, *Transcript of Evidence*, 31 May 2006, p.302.

111. Mr Butcher, *Transcript of Evidence*, 20 March 2006, p.20.

112. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.227.

113. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.227.

114. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.227.

115. Mr Hansen, *Transcript of Evidence*, 29 May 2006, p.227.

that two years we've lost it altogether ... you just have to wait until you go on CDEP or you are just going have to like sponge off everybody, because there are no other options ... ¹¹⁶

The other important factor identified at Harts Range was the absence of technical or vocational training on site which reduced, again, options for youth to stay in the education system until they are in a better position to support themselves.¹¹⁷

There are deeper, structural issues that underlie these challenges to education delivery in remote communities. These were brought to light in the testimony of teaching staff from Our Lady of the Sacred Heart (OLSH), Wadeye. In a number of important ways, their testimony goes to illustrate not only educational challenges, but ways in which the difficulties experienced by communities interact in practice, so that they have a much wider significance overall. Perhaps nothing in witness testimony signifies more about the dilapidated state of incentive in many remote communities than the mismatch between people making a contribution and an absence of reward. This can only send a negative signal to young people looking on about what education and effort bring.

The Committee spoke to a group of Indigenous teachers from OLSH Wadeye, and the non-Indigenous co-principal, who told the Committee that these were:

all qualified teachers ... At the school we have nine fully-qualified indigenous

teachers. This is probably the highest of anywhere in the Northern Territory, if not in Australia ...

... they are very professional about their approach. Amidst all the fighting and everything, they are always at work, and very rarely do they miss a day. I cannot remember many days off that you guys have had, so they can have horrific nights sometimes, but still come to work the next day.¹¹⁸

Further indicators of professionalism are the information-gathering practices employed by staff, seeking to identify effective approaches, at other schools, that can be used at OLSH.¹¹⁹

In spite of these achievements and good practice, these teachers cite a 'lack of recognition of this work' as a major problem.¹²⁰ This chiefly takes the form of inferior conditions being available to them, particularly housing, relative to other workers in the community.

The Committee was told that whereas present day Wadeye is notorious for gang violence, this was not always the case. In the 1990s there had been a transition from a peaceful community where school attendance rates were high, to a falling attendance due to the dual influence of spreading violence:

The attendance was high at that time, but then it dropped because of all the violence, and like young kids were joining in those gangs. We would see them with our own eyes during the night,

116. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.43.

117. Ms Cole & Mr Knight, MLA, *Transcript of Evidence*, 21 March 2006, p.43.

118. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.315.

119. Ms U. Kintharri, *Transcript of Evidence*, 31 May 2006, p.318.

120. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.315.

or even during the day. Some of the other kids would be at the school doing work and those kids were the good ones, but the ones that stayed home just were not interested to come.¹²¹

And a rise in drug use:

Yes. Most young kids would smoke; the ones at the school no, but they see it at home. Young boys sitting around with the bucket, and they see them smoking and that is what they do.¹²²

However, when asked to remember 'the time before ganja', the witness recalled a time when 'there were lots of kids', that is, attendance rates were high.¹²³

This suggests a connection between low attendance, violence and drug use. Drug use itself is both a cause and an effect for low attendance at school. On one hand, school staff are aware of drug use amongst students, and its role in causing low attendance:

In terms of substance abuse, at school we have not caught many kids who are actually smoking ganja or drinking at school, but when you mark the roll in a senior class, and say to the kids where is so and so, [and they reply]; 'They are on the ganja', or that person is staying home because her boyfriend might be smoking ganja, or she is, or whatever. The kids are quite open about telling you, and they know what the others are doing.¹²⁴

Not attending school increases the vulnerability of youth to drug use:

A lot of the problems that come in the community are because the young people feel alienated from the school process, and they leave school. There is not much to do, so then they start smoking ganja or they do other things.¹²⁵

The witness continued:

If we could re-engage those kids, you would not have the problem of vandalism as much. A lot of that is their inner anger of what is happening ... at the moment, it is at this level where there is a lot of fighting and yelling and screaming, and not too many people getting hurt, but property is getting hurt.

This year it has escalated, and that is why there has been a lot of attention; us crying for help ... if you go two years down the track, it will escalate further and who know what will happen in the future. It will not just stay at houses getting hurt; it will be more people getting hurt. There is great worry about the educational levels of kids coming through, and education is their key to the future, so these are very real issues.¹²⁶

These factors constitute an enormous obstacle to making progress on education matters in the community. Teachers from the school clearly maintain a constructive, problem solving attitude, but local conditions are a constant check on making substantial progress:

A few weeks ago we had a march to school day, it was part of the National

121. Ms U. Kinthari, *Transcript of Evidence*, 31 May 2006, p.318.

122. Ms U. Kinthari, *Transcript of Evidence*, 31 May 2006, p.318.

123. Ms U. Kinthari, *Transcript of Evidence*, 31 May 2006, p.318.

124. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.314.

125. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.316.

126. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.316.

Walk to School thing, and we decided we would do this march around the community. We went into houses and pulled kids out, and even doing that the biggest concern was about the fighting ...

Until the fighting is fixed, or calms down which seems to be happening now, and people feel there is some control, they are very reluctant to let their kids come if they think it is going to lead to a fight. Then that fighting is related to the ganja a bit, isn't it? ¹²⁷

Another witness, not from the school, also suggested that violence under these conditions develops a momentum of its own as the younger children imitate the older youth. This has, again, immediate impacts on attendance:

It is because there are problems that have been going on for a long time, fights. It is either here around the community, or at the school; young children fighting each other, imitating the older boys outside. In the school the children now form their own gangs, so other children just went home and did not bother to go to school because that is where more accidents happen. That is the problem with school; children fighting each other, imitating their brothers, and they are out of control.¹²⁸

Among other things, the testimony at Wadeye shows, as one witness suggested, 'what it is like to come and do your job as a teacher all day, and then go home to that situation', of overcrowding, drug use, and

financial distress.¹²⁹ Yet it is these local people who are in effect the foundation of the school, who provide continuity and consistency so that the school program can be sustained:

In terms of the stability in education, it is these people that keep it going, because most non-indigenous staff come in, stay a while, and then go.¹³⁰

It is problematic that these local women, perhaps the most highly educated local people in the community, receive little reward beyond their immediate pay, and are obliged to live in conditions that undermine their ability to discharge their professional obligations. That they continue to do so shows a high level of commitment. Not only is reasonable reward lacking but others take advantage of their earning capacity. Indirectly, their wages are used to sustain substance abuse that does harm in the community. Considering the potential role of these women as role models, this must send damaging signals to youth. Rather than bringing tangible rewards that would lead young people to follow in their footsteps, the conclusion could be that educational achievement and a commitment to a professional vocation puts individuals under intense pressure, personally and professionally. This is entirely the opposite of what should be the case if young people in the communities are to be encouraged to higher levels of educational achievement and professional aspiration.

The aggregate effect of the factors considered here is that many children in

127. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.323.

128. Mr Cumaiyi, *Transcript of Evidence*, 31 May 2006, p.300.

129. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.316.

130. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.316.

the community simply do not receive the education that would prepare them for an independent and productive adult life. As one witness suggested, 'every kid deserves an education and has a right to it, and at the moment they are being denied that right'.¹³¹

The fact there is a law that says kids should attend school is a joke. It is not an enforced law, and until that law is enacted, how are we going to protect children's rights, because you are talking about their rights being neglected.¹³²

That is as plain a statement as could be made about the current situation in Wadeye. Although the challenges are complex, the goal is not, and it warrants a high level of priority. The factors contributing to these conditions are also a matter of concern. As noted, housing is a pivotal issue in education in communities, affecting residents and services with equal severity.

It is clear in reflecting on the factors covered in this section that there are many obstacles to improving educational outcomes in remote communities and these tend to reinforce each other. Low school attendance is closely related to drug use and violence.

There is also a complex relationship between drug use and violence, most readily seen in increases in community violence in Wadeye when cannabis is in short supply. However, cannabis intoxication plays a bigger role than this alone, particularly when used in combination with alcohol. There is also evidence that significant levels of intra-family

violence, and threats of violence, are fuelled by the need for money to service addictions.

The part played by the housing crisis in remote communities would seem to be one in which other pressures are engendered and exacerbated. If there are financial pressures created by drug and alcohol abuse within the extended family, these are made significantly more dramatic when the different parts of that family are living in close quarters, under the stress of over-crowding. Under these conditions, it is the people who have most to contribute financially; professionally; and to the community at large who bear special burdens. This, in turn, raises questions as to what signals this sends to young people who could look to them as role models. This is surely a matter for concern in an environment where, all too often, there is already an absence of incentives to draw residents toward more constructive outcomes.

Recreation

Organised recreation forms the third component of 'meaningful activity' in remote communities. This refers to recreation programs and centres, with staffing to lead activities for young people.

Where recreation centres are in place and they are suitably staffed, there are important dividends in preventing substance abuse. Witnesses from CAYLUS argued that recreation programs, properly staffed and resourced, are an integral part of demand reduction for substances of abuse.¹³³ It was also suggested that, as demand reduction

131. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.321.

132. Ms Rebgetz, *Transcript of Evidence*, 31 May 2006, p.322.

133. Mr McFarland, *Transcript of Evidence*, 5 April, pp. 144-45, 147.

measures, recreation programs are applicable across the various substances of abuse, that is they are not limited in their effect to particular substances.¹³⁴ This is important in view of potential new substances of abuse that could be introduced to remote communities in the future.

However, in spite of a consistent thread of testimony indicating the importance of recreation programs in remote communities, these are often the last to attract funding and the first to lose it where financial constraints are introduced. One witness suggested that sport and recreation is simply 'not given a high priority'.¹³⁵ The evidence emerging from the Committee's inquiry suggests that this leaves a vital part of communities' resilience unsupported.

Witnesses cited the recreation program at Docker River as an example of the dividends that result from a successful program, diverting children and young adults away from the 'dead time' that can make them vulnerable to substance abuse.¹³⁶

Witnesses from the Mt Theo program also gave evidence showing the positive impact of such programs in creating a system of incentives and penalties ('carrots and sticks') in relation to substance abuse.¹³⁷ Under this program, petrol sniffing in the home community immediately leads to time spent at the Mt Theo outstation, away from valued recreation centre activities.

Abstinence, on the other hand, assures continued access to these activities.¹³⁸

Recreation programs and centres are not present in all communities,¹³⁹ but they are considered of high importance.¹⁴⁰ Communities face a number of obstacles in improving these services. First, providing accommodation for program staff is often a problem:

The reality of it is that we really need accommodation to have a sports and recreation officer that whether it be an outsider to start with and then become a local person is really up to the community. We desperately need that to happen ...¹⁴¹

Closer inspection of evidence also shows that gaps in amenity are regarded as important. Witnesses at Harts Range were concerned that there were particular parts of the youth population that were in urgent need of activities:

it really needs to be focussed on the youth and the young kids ... The older kids ... are organised, they have got themselves sorted out - they do their footy, it is really the younger kids ...¹⁴²

Where some focus of activity has been provided, response has been strong, again suggesting both the importance of recreational activity, and the existence of unmet demand:

when we ran the program on Tuesday afternoons at 4 o'clock, we would all

134. Mr McFarland, *Transcript of Evidence*, 5 April, p.148.

135. Mr Thomas, *Transcript of Evidence*, 29 May 2006, p.188.

136. Mr McFarland, *Transcript of Evidence*, 5 April, p.145.

137. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

138. Ms Low, *Transcript of Evidence*, 22 March 2006, p.120.

139. Mr C. Tilmouth, *Transcript of Evidence*, 21 March 2006, p.66.

140. Ms Cole, *Transcript of Evidence*, 21 March 2006, pp.51, 59.

141. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.51.

142. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.51.

get on the basketball court and ... and the kids, it was just like there were 50 people would turn up, and then the adults started to come. It has a huge impact. It gives kids something to do. It keeps them active. It wears them out and sends them home to bed.¹⁴³

Remote communities often have difficulty sustaining these promising beginnings due to lack of resources. Harts Range, at the time of hearings, had no dedicated recreation officers and a very modest facility described as a 'spare shed', which was not considered adequate to the task.¹⁴⁴ However, Harts Range did have a culture of participation in recreational activities, including sport, with young people. At that time, Council had an active application for funding for new facilities and were hopeful of success.¹⁴⁵

A contrasting situation was described at Wadeye, where at that time there were considerable obstacles to participation in sport and recreation. Witnesses testified to the pervasive influence of community violence in preventing this kind of activity, thus denying the community their evidently positive effects, individually and socially:

... they have had football games here but the police say they just end up in a big brawl. They even have games of footy at school, and one kid will knock another kid over as part of the game of football, but if the kid gets hurt the kid who knocks him over runs home because he is worried he will be to

blame. Before you know it, you have two families at school arguing. Sport is really important, but it is not being able to be done here since I have been here anyway. The police said they would be willing to referee and everything, but at the moment the level of angst is such that it would end up in a brawl.¹⁴⁶

Similar factors, expressed in not so dramatic a fashion, were reported in other communities. At Angurugu, witnesses told the Committee of difficulties in getting local people to help with recreation programs. There is apparent concern over the sense of responsibility this entails.¹⁴⁷ This possibly reflects an underlying and often justified anxiety about payback in the event of adverse eventualities. This echoed similar problems at Wadeye. At Angurugu, this reluctance is at odds with the need to involve the community so that it can become a more sustainable part of community life.¹⁴⁸

Here again there was a strong sense of linkage between recreation and moves to counter substance abuse. Successful moves had been made to engage petrol sniffers with outdoor recreation activities.¹⁴⁹ There was a strong sense that the anticipated advent of Opal in the community would present an important opportunity to bring recreation interventions to bear on petrol sniffers. The Committee was told this would constitute a three week 'window of opportunity' before users move to a substitute drug.¹⁵⁰

143. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.51.

144. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.59.

145. Ms Cole, *Transcript of Evidence*, 21 March 2006, p.51.

146. Dr Rebgetz, *Transcript of Evidence*, 31 May 2006, p.313.

147. Mr Thomas, *Transcript of Evidence*, 29 May 2006, p.188.

148. Mr Thomas, *Transcript of Evidence*, 29 May 2006, p.187.

149. Mr Thomas, *Transcript of Evidence*, 29 May 2006, p.187.

150. Mr Thomas, *Transcript of Evidence*, 29 May 2006, p.190.

These elements underscore the relationship between substance abuse and recreation as a part of community life. Recreation is consistently indicated by witnesses as an important defence against substance abuse, contributing to individual well-being and that of the community. Conversely, where other factors in community well-being are not in a good state, it becomes difficult to mount these interventions and to achieve full benefit from them.

Witnesses suggested that this was part of a larger tendency to withdraw support for a range of preventative measures:

The withdrawal of funding for juvenile diversion programs by the federal government and the withdrawal of Living with Alcohol programs by the federal government, there have been a whole heap of programs that have underpinned that preventative side that have been reduced or withdrawn...¹⁵¹

If, as the witness suggests, this is the case, it is clearly at odds with the reigning consensus on best practice in the management of substance abuse. This recommends balanced interventions on supply, demand and harm reduction. With this in mind, the comparative low priority accorded to recreation and other preventative measures and over-reliance on supply reduction measures, must be a matter for concern.

Conclusion

Recreation, as for the other factors considered, can only be sensibly addressed as part of a holistic system if we are to make significant, sustainable progress in reducing substance abuse in remote communities. The complex relationships between the different factors implicated in substance abuse shows just how necessary it is to move away from present arrangements to a more coordinated evaluation of needs and delivery of services.

As the Committee has heard repeatedly, the absence of programs and facilities in this regard is a critical factor in leaving remote communities vulnerable to outbreaks of substance abuse. However forbidding the existing landscape, the Committee has also heard of encouraging elements and these have been discussed in the Report.

At a practical level, the Inquiry has given people in communities the opportunity to come forward with reports of practices that achieve better results. In many instances, these show genuine promise for a framework of effective mechanisms. These include, for example, the practice of ensuring that programs, committees, and governing bodies appoint representatives from all key groups in communities and make a point of sharing information with them. Of similar importance are methods of working through family and appropriate kinship relationships in order to engage program clients.

These are important individual elements, which touch upon the matter most

151. Mr Phelps, *Transcript of Evidence*, 29 May 2006, p.253.

consistently raised by all parties as being of importance: that members of community are able to have a sense of ownership over the arrangements that affect their daily lives. Consideration of statements by witnesses, regarding programs that succeed or fail, show that where communities are not represented in arrangements that concern them, services are likely to be under-subscribed. This will also occur if services are insufficiently appropriate to local conditions, most especially those relating to cultural issues. It is not only that interventions that fail to achieve 'ownership' tend not to attract the confidence, and therefore the patronage of residents, but also that it is difficult for such projects to gain sufficient local knowledge to allow them to target local demand effectively.

As to how external players, especially government, can bridge this gap is another question. There is little doubt that government bureaucracies and local grassroots services, for example, have quite different organisational cultures. This difference has contributed to poor results for the funding of services. This needs to be resolved if other obstacles are to be overcome.

Appendices

APPENDIX A:

Register of meetings, hearings and witnesses before the Committee

Meeting	Venue	Date	Participants	Witnesses Name	Position / Title
1	Parliament House	Tuesday 23 August 2005	Committee Members only	Nil	
2	Parliament House	Wednesday 12 October 2005	Committee Members only	Nil	
3	Parliament House	Tuesday 29 November 2005	Office of Alcohol Policy and Coordination Racing, Gaming and Licensing	Dr Ian Crundall Ms Elizabeth Morris	Director Executive Director
4	Parliament House	Wednesday 22 February 2006	Committee Members only	Nil	
5	Papunya	Monday 20 March 2006	Papunya Council and Community Members	Mr Brian Perry Mr Lance McDonald Ms Linda Anderson Mr Dalton McDonald Mr Sammie Butcher Mr Matthew McHugh Constable Deanna Collins Constable Rob De Vos Mr Reggie Lankin Mr Michael Nelson, AM Mr Hughie Ward Mr Dennis Manor Mr Syd Anderson Mr John Parkinson Ms Punata Stockman Ms Betty Brown	Chief Executive Officer, Council President, Council Vice President, Council Councillor, Council Youth Lifeskills Program Outside School Hours Carer

Meeting	Venue	Date	Participants	Witnesses Name	Position / Title
6	Atitjere (Harts Range)	Tuesday 21 March 2006	Atitjere (Harts Range) Council and Community Members	Ms Donna Cole Ms Marie Sharper Ms Vanessa Petrick Ms Jacinta Bush Ms Natalie Petterick	Chief Executive Officer, Council
7	Engawala (Alcoota)	Tuesday 21 March 2006	Engawala (Alcoota) Council and Community Members	Mr Marcus Schwartz Mr Arthur Turner Mr Clifford Tilmouth Mr Cameron Neal	Chief Executive Officer, Council
8	Alice Springs	Wednesday 22 March 2006	Tangentyere Council and Larapinta Valley Town Camp Members	Peter Lowson Mr William Tilmouth Ms Astri Baker Ms Leonie Sheedy Mr Mervyn Rabuntja Mr George Close Mr Tristram Malbunka Ms Janelle Ebatarinja Mr Paul Finlay Ms Kathy Broadbent Ms Susie Low Ms Peggy Brown Mr Ubik Freeman Mr Barry Abbott	Coordinator, Tangentyere Youth Services Executive Director, Tangentyere Social Services Manager, Tangentyere Yarrenyty-Aritere Community Coordinator Yarrenyty-Aritere Community Elder Yarrenyty-Aritere Community Support Worker Yarrenyty-Aritere Community CDEP Worker Yarrenyty-Aritere Learning Community Committee Manager Program Manager Manager Program Founder Outstation Coordinator Youth Worker and Trainer

Meeting	Venue	Date	Participants	Witnesses Name	Position / Title
9	Alice Springs	Thursday 23 March 2006 (In Camera)	Nyangatjatjara Pitjantjatjara Yankunytjatjara Women's Council	Ms Yanyi Bandicha Ms Daisy Ward Ms Muyuru Burton Ms Elsie Wanatjura Ms Imuna Fraser Ms Pantjiti McKenzie Ms Nellie Patterson Ms Maringka Burton	Chair - Finke Executive - Warakurna Executive - Amata Executive - Mutitjulu Executive - Kenmore Executive - Ernabella Member - Alice Springs Executive – Railway Bore near Indulkana Coordinator Executive Liaison Officer Manager, Youth Programs
10	Parliament House	Tuesday 28 March 2006	Committee Members only	Nil	
11	Parliament House	Wednesday 5 April 2006	Central Australia Youth Link Up Service (CAYLUS)	Mr Blair McFarland Mr Tristran Ray	Coordinator Youth Worker
12	Parliament House	Wednesday 3 May 2006	Department of Health & Community Services	Ms Jo Townsend Mr Andris Bergs	Director, Alcohol & Other Drugs Program Unit Senior Policy Officer, Alcohol & Other Drugs Program Unit
13	Angurugu	Monday 29 May 2006	Angurugu Council and Community Members	Mr Greg Amott Ms Michele Clarke Mr Paul Thomas Mr Jason Mamarika Mr Daniel Amagula	Chief Executive Officer, Council Substance Abuse Manager, Council Sport & Youth Worker Community Worker Community Worker

Meeting	Venue	Date	Participants	Witnesses Name	Position / Title
14	Alyangula	Monday 29 May 2006	Anindilyakwa Land Council Northern Territory Police GEMCO Groote Eylandt Milyakburra Youth Development Unit Alyangula Recreation Club Umbakumba Council Members Milyakburra Council Members Northern Territory Government	Mr Waiter Amagula Sergeant Dean McMaster Mr Rick Peters Mr Mark Bushnell Ms Melanie Strang Ms Ida Mamarika Ms Lena Mamarika Ms Jennifer Fry Mr Geoff Wood Mr Richard Herbert Mr Keith Hansen Ms Usher Castillon Ms Ida Mamarika Ms Lena Mamarika Mr Graham Phelps	Vice Chairman Officer in Charge Government, Community and Aboriginal Liaison Manager Indigenous Affairs Officer Coordinator Chair Board Member Juvenile Diversion Case Worker Licensee Chief Executive Officer Coordinator Chief Executive Officer Regional Coordinator, Groote Eylandt and Bickerton Island
15	Yirrkala	Tuesday 30 May 2006	Yirrkala Dhanbul Association Inc.	Mr Timmy Burarrwanga Mr Donga Mununggurrrij Mr Djuwalpi Marika	Chairperson Community Policing Town Clerk
16	Nhulunbuy	Tuesday 30 May 2006	Indigenous Coordinating Committee	Mr John Cook Mr Maurie Burke Ms Rosa Howard Mr Nick Hedstrom Ms Simone O'Meally Ms Leanne Thomson Ms Jenny Djerrkura	FACS

Meeting	Venue	Date	Participants	Witnesses Name	Position / Title
17	Wadeye	Monday 31 May 2006	Makura Wanthay	Ms Stephanie Berida Mr Jan Wetzel Mr George Cumaiyi Mr Adrian Lantjin Mr Richard Tchern Sister Yvonne Dr Pat Rebgetz Mr Terry Dwyer Ms Ann Rebgetz Ursula Kintharri Roseria Tipiloura Zaverine Bunduck Scholastica Kintharri	Coordinator Centacare Coordinator Remote Area Nurse Co-Principal Assistant Teacher Assistant Teacher Assistant Teacher
18	Parliament House	Thursday 24 August 2006	Committee Members only	Nil	
19	Parliament House	Thursday 19 October 2006	Office of Alcohol Policy Coordination	Dr Ian Crundall Ms Elizabeth Morris	Director, Alcohol Policy and Coordination Unit Executive Director, Racing, Gaming and Licensing
20	Parliament House	Thursday 30 November 2006	Committee Members only	Nil	
21	Parliament House	Wednesday 14 February 2007	Committee Members only	Nil	
22	Parliament House	Friday 23 March 2007		Professor Jon Altman	
23	Alice Springs	Thursday 19 April 2007	Committee Members only	Nil	

Meeting	Venue	Date	Participants	Witnesses Name	Position / Title
24	Parliament House	Thursday 3 May 2007		Associate Professor Dr Alan Clough	
24	Meeting 24 contd.	Friday 18 May 2007	Committee Members only	Nil	
25	Parliament House	Thursday 26 July 2007	Office of Alcohol Policy and Coordination, Department of Justice Northern Territory Police	Dr Ian Crundall Brevet Sergeant Scott Mitchell Commander Jeanette Kerr	Director, Alcohol Policy and Coordination Unit Officer in Charge, Drug and Alcohol Policy Strategic Planning Command

APPENDIX B:

Report structure and the Terms of Reference

Table 1. Terms of Reference to Chapters

Terms of Reference	Chapters	Notes
1. The Select Committee on Substance Abuse in the Community be empowered, unless otherwise ordered, to inquire into and report on the issue of substance abuse in the community, in particular:		
(a) Ascertain community <u>concern</u> about the use and abuse of licit and illicit substances;	Chapter 2	See also - Case studies, Chapters 3 & 4
(b) current <u>trends</u> in the use and abuse of licit and illicit substances in the Northern Territory and, as far as possible, taking into account regional, age, gender, other demographic characteristics and ethnic factors;	Chapter 2	See also - Case studies, Chapters 3 & 4
(c) the social and economic <u>consequences</u> of current patterns of substance abuse with special reference to the well-being of individuals and communities and to the demands placed upon government and non-government services;	Chapter 2	See also - Case studies, Chapters 3 & 4
(d) the <u>services</u> currently available within the Northern Territory by both government and non-government agencies to deal with issues directly or indirectly related to substance abuse;	Chapters 3 & 4	See also - Case studies, Chapters 3 & 4
(e) <u>factors</u> which directly affect the level and nature of substance abuse in the Northern Territory community or parts of that community, including, without limiting the generality of the foregoing:	Chapter 5	See also - Case studies, Chapters 3 & 4
(i) the accessibility/availability of licit and illicit substances within communities;	Chapter 2	See also - Case studies, Chapters 3 & 4
(ii) the demographic and ethnic structure of the Northern Territory; and	Chapter 5	See also - Case studies, Chapters 3 & 4
(iii) the correlation between socio-economic conditions and substance abuse; and	Chapter 5	See also - Case studies, Chapters 3 & 4
(f) appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory.	Findings and Recommendations	

Table 2. Chapters to Terms of Reference

Chapter	Title	Terms of Reference
	Findings and recommendations	1. (f) 'appropriate policies and services'
Chapter 1	Introduction	
Chapter 2	Three Key Substances	1. (a) 'Ascertain community concern'; (b) 'Current trends' (c) 'Social and economic consequences' (e) 'Factors': (i) 'the accessibility/availability of licit and illicit substances'
Chapter 3	Services in Central Australia	1. (d) 'Services currently available' (case-studies)
Chapter 4	Services in the Top End	1. (d) 'Services currently available' (case-studies)
Chapter 5	Social factors	1. (e) 'Factors which directly affect ... substance abuse': (ii) 'the demographic and ethnic structure of the Northern Territory' (iii) 'the correlation between socio-economic conditions and substance abuse' (also addressed in Chapter 2)