LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

SUBSTANCE ABUSE COMMITTEE

Membership:

Ms M Scrymgour MLA (Chairperson)
Dr C Burns MLA
Ms S J Carter MLA
Dr R S H Lim MLA
Mr E McAdam MLA
Mr G Wood MLA

PUBLIC HEARING

Tape-Checked Verbatim
TRANSCRIPT OF PROCEEDINGS

FRIDAY 11 CTOBER 2002

Darwin Skills Development Scheme
Alcohol Awareness and Family Recovery
Larrakia Nation Aboriginal Corporation
FORWAARD
Australian Hotels Association
Council for Aboriginal Alcohol Program Services CAAPS
Australian Medical Association
Mr Robert Kennedy

Madam CHAIR: I declare open this meeting of the Select Committee on Substance Abuse in the Community and welcome David Hutchinson, Jacyn Strickfuss and Anna Pedruco, from the Darwin Skills Development Scheme Youth Wellbeing Program, who are appearing before the committee today to brief it in relation to its terms of reference.

If required, copies of the terms of reference can be obtained from the committee's secretary. This meeting is open to the public and is being recorded. A transcript will be produced and may eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be in camera. The decision regarding this will be at the discretion of the committee.

You are reminded that evidence given to a committee is protected by parliamentary privilege. For the purposes of the *Hansard* record I ask that you state your full name and the capacity in which you appear today.

DARWIN SKILLS DEVELOPMENT SCHEME

Mr HUTCHINSON: My name is David Hutchinson. I am one of the coordinators of the Youth Wellbeing Petrol Sniffing Diversionary program. I work for Darwin Skills Development Scheme, which is a service organisation that is funded by the Department of Health and Ageing for the program.

Ms PEDRUCO : My name is Anna Pedruco. I am one of the coordinators of the petrol sniffing program.

Ms STRICKFUSS: I am the program manager of the Youth Wellbeing Program.

Madam CHAIR: I am Marion Scrymgour, MLA, member for Arafura, the Chairperson, Dr Richard Lim who is the member for Greatorex, Sue Carter, MLA for Port Darwin who is unavailable at the moment, Mr Elliot McAdam, member for Barkly, Dr Chris Burns who is the member for Johnston but unable to be here this morning for this session, and Mr Gerry Wood who is the Independent member for Nelson. We always have our secretary, Ms Pat Hancock, sitting at one end of the table.

In terms of the terms of reference, if I could just indulge myself for about five seconds, the part of our terms of reference which is quite broad is looking at illicit as well as licit drugs in the community. That can be determined quite broadly. What we thought we would do however in this first part of the year, is look at and target three specific areas, those three areas being alcohol, which is still a major issue, not only in our remote Aboriginal communities but certainly in our urban centres.

The issue of cannabis, which is having a lot of impact in our remote communities as well as in Darwin and urban centres. The other one which has not been addressed and certainly has a huge impact, and we can't say that it is just in Central Australia, although it has been reported as being quite a big problem in Central Australia, and certainly a problem in the Top End, and that is with petrol sniffing. So they are the three main areas, but it does not mean that the committee is not looking at other areas. So if you would like to …

Ms STRICKFUSS: If I give an overview of the program, and then Anna and David can talk a little bit more about what is happening on the ground in the communities that we are working in. The program is funded for work in six communities in East Arnhem. They are Galiwinku, Maningrida, Milingimbi, Gapuwiyak, Yirrkala, and Angurugu is the last one. The program has been up and running in Galiwinku and Milingimbi for a while. Maningrida and Gapuwiyak are more recently involved. At Angurugu, we are having meetings with the council now about setting things up in there.

The aim of the program is to set up diversionary activities for young people to keep them away from drugs, and petrol sniffing is the biggest concern. What we have done in each community is, we have set up a youth committee of people who are interested in working with the young people, plus we have employed two

indigenous youth workers in each committee to actually do hands on work on the ground. They are supported from our Darwin office by Anna and David, they do regular visits out to the communities.

They are setting up a range of programs, it varies in each community, from things like sporting events, cook ups, but Anna and David will go more into that area.

Madam CHAIR: That is a basic overview, and if can get some of the specifics. Anna, if you want to go into some of the specifics of the program. We have just heard the overview, if you would like to go into the specifics.

Ms PEDRUCO: Yes, the biggest, yes.

Madam CHAIR: Right, Anna, if you want to go into some of the specifics of the program. We have just heard the overview, if you would just like to go into …

Ms PEDRUCO: Okay. In the communities, the sort of programs we have been doing is the cook-ups. Cook-ups are twice a week - we have implemented in a couple of the communities - and that is, basically, just to get the sniffers together. One to identify who they are, age group, female and so on; and another outcome we are trying to get from that is actually then to get them to get some health checks from the clinic. So we are working very closely with the clinic. That has just happened at Galiwinku, which is a great success. We have already put through about 20 kids through some health checks through the cook-up. Also, through the cook-up, it gives the youth workers some sort of base on where they are at with the youth, what they want to do and so on; because from them is what we are going to get the activities or implement those activities they suggest.

We do a video night once a week. Of course, starting off with our youth workers working at it, and some volunteers, but the whole aim of the video nights, as well, is to then create a sense of ownership from the target group. Eventually they can refine it and make it bigger and so on, so they get involved.

What we are finding with the communities is everything like that takes a while to get started, so David and I are out there doing these programs with the youth workers, and slowly bringing them in. What we found as well, so far in the communities, is that we can not just say it is for petrol sniffers. So, I guess we target youth wellbeing generally, and then what we have done is ask our youth workers to then focus on bringing our target group into those activities. So, we work closely with Sports and Rec and school, because it is targetted at all youth; we do not just want to aim for that particular thing, when it comes to events like video nights or discos. What else have we found?

Ms STRICKFUSS: Yes, it is just that it has been fairly well-documented that if you run programs just for the sniffers, often the other kids will start sniffing to become involved. So, the program is aimed at getting all of the kids involved, as well as the target group.

Madam CHAIR: Can I just ask a question? You have outlined a number of communities you have targetted within Arnhem Land, what is the percentage of actual sniffers in some of those communities?

Ms PEDRUCO: Well, I am not sure. I cannot say exactly but the communities, they vary. They have the average of 20 to 30 sniffers per community, and I would say 90% to 95% are males.

Mr WOOD: Age?

Ms PEDRUCO: Age, they vary from 12 to 25, but the most common ground would be 14 to 18.

Ms STRICKFUSS: I had a meeting at Angurugu this week and the problem there is so bad that the council are concerned that there is not going to be anybody around to take over from them in the future. They are really worried about their young people in that community. There is actually, the cans that they use are lying, you

know - that is the first place I have been to where you actually see them lying around all over the place. I think they also have an older group of sniffers there, as well.

Mr McADAM: I was just going to ask: most of these programs in the community, are they under the auspices of the local councils?

Ms STRICKFUSS: Yes, we have worked through the council. It is the council that decides who the youth workers will be. Our role, really, is to support the community to develop their own programs. The idea is that this program runs for two years and, at the end of it, we hope to have infrastructure in place so that they can continue to do it themselves, beyond the life of the project.

Mr McADAM: And of the 20 or 30 that you refer to in each of the different communities, what percentage would actually be attending school?

Ms PEDRUCO: Most of the communities those kids do not attend school.

Ms STRICKFUSS: Actually, school retention is quite a problem in most of them. Maningrida, for example, has a huge problem with school retention, and so does Angurugu, that I am aware of. They are doing things like free lunches, prizes for kids for attendance and things like that, and they are still not getting them there. At Maningrida, marijuana is also a big problem there, probably more so than petrol from what we have been told.

Mr McADAM: Some of these young people who come to the cook-ups, are they saying why school is not working. Do they have any views in terms of the education system? Are you eliciting any …

Ms PEDRUCO: The cook-up is an issue only just started, so what the youth workers and I we agreed on, because I have been in some of those cook-ups, is: do not do too many questions. So, it is twice a week the cook-up; during the cook-up it is more like let us just sit down here, have a chat and then throw in a couple of questions at a time. So, it is a long process, it is like a 15-week trial. We decided we only wanted to have about three outcomes out of these 15 weeks and that is: to get the health check, get some numbers, age and so on. At least we got that. But when our first one that we did, when we sat with the kids, we started to ask a few questions and we just went silent and no one talked. As soon as the meal finished they all split because, obviously, they were going: 'Okay, these guys are here for something else'. So we took a different turn; we are just sitting there with them, chat about anything they want to chat about, we do not make it too long. It is a good 45 minutes at the most, we have them with us, a couple of questions and, hopefully, we get the answers written down and so on.

Mr McADAM: Just one more, sorry. So you are based in Darwin?

Ms PEDRUCO: Yes.

Mr HUTCHINSON: Yes, we are.

Mr McADAM: And you said that you had up to two indigenous people working in the respective communities?

Ms PEDRUCO: Yes, two youth workers.

Ms STRICKFUSS: Yes.

Mr McADAM: What is the role of those indigenous workers, and what interaction takes place between the affected people; that is, you go out there, what, once a week?

Ms PEDRUCO: I go once a week for a week.

Mr McADAM: Okay. So what would then occur with regards to the indigenous workers in that intervening period? What sort of strategies are in place in terms between the indigenous workers and the kids?

Ms PEDRUCO: Well one, we have to rely on their information, that they are doing something. But every week when we fly out, I guess we leave some structure or some sort of plan for the week that you are not there. That is taking kids out to the outstation, or fishing and so on. Those things are always the common things that they can do, because there is a lot of other issues in the community with regards to transport and so on that the youth worker does not have.

So, we sort of say: 'Well, just do fishing with them in the afternoon or do continue the video night'. But we will leave with that and, I guess, that is something that we are working - you know, have to meet half way. When we leave, we hope that they follow through with that week until we come back. Sometimes it has happened and sometimes where I have gone back and like, that week nothing happened. But okay, plan B.

Ms STRICKFUSS: That is also part of the role of the committee: to be there to support the youth workers as well.

Mr McADAM: So what is plan B?

Ms PEDRUCO: Plan B is like: 'Whoops, okay it did not happen. Why didn't it happen and for what reasons and so on - let's make sure it happens again. Plan B happens all the time, but that is just reality. You have to be flexible on that, but you encourage the youth worker and that is our role: to support them. So we go back and: 'Why didn't it happen? How come? What were the reasons?' A lot of times, like I said, there are other issues in the community, so a lot of times they have reasons for it. But, again, we are there to motivate them as well and support them. So, again, it is like: 'This is your role, what about it? That means a week that you did not do anything with these kids, they could be sneaking more than last week'. So again our role as mediators and coordinators is that.

Mr McADAM: Do the youth workers undertake any training?

Ms PEDRUCO: They do. We just got them all at Nhulunbuy for a three-day petrol sniffing workshop. We are currently looking at doing small groups workshop because we are …

Ms STRICKFUSS: Train small groups.

Ms PEDRUCO: Train small groups. We are about to go into the phase where we want to take the petrol sniffing workshop to the communities, with the help of our youth workers and clinic. So they have to do that before we go out and do the workshop.

Ms STRICKFUSS: We are also looking at strategic planning workshops for the committees, two-day workshops for them. We have been speaking with a provider who will be able to come to do one of those with each youth committee in each community as well.

Mr WOOD: Those training programs for petrol sniffing, have you used other programs that exist in the Territory? Not necessarily to copy them, but have you looked at those?

Ms PEDRUCO: No, we are in the process of putting the planning together and bringing resources from different ways. We have also just created a– this is more like a promotional educational one, but that is something that we created. That plus other resources we are trying to then take those to various communities and do workshops with clinic first, the school, and then the community, because we need the backup from those two areas.

Ms STRICKFUSS: We are also working closely with John Hopkins from Drugs and Alcohol. He actually presented the workshop that we had in Nhulunbuy.

Mr HUTCHINSON: I just wanted to enlarge on the plan B because there is another phase, and Jacyn mentioned it briefly, where we have formed a youth committee in each community to help manage and support the youth workers we have appointed. We have also appointed a liaison person who is paid to oversee while we are not there.

Ms STRICKFUSS: The youth wellbeing program is auspiced by Darwin Skills Development Scheme which runs a range of programs in remote areas. It does job network, Work for the Dole, the youth wellbeing and we also have a disability employment program. We have found that we are spending a fortune travelling backwards and forwards, so what we are in the process of doing is appointing a DSDS liaison person in each community to liaise with all of our programs. One of their main roles will be to work with the youth workers and to help them with the report writing and the admin side of it and organising and planning and those sorts of things.

We actually have actually one person placed already at Galiwinku and we are advertising for people in the other three communities.

Madam CHAIR: Just bringing back to those indigenous workers and your program, what connection is happening between – and you might have answered this and I might have missed it – but what connection is there or cooperation or working arrangement with the councils and the health providers and others out on the ground, given that you are in Darwin but you go out once a week and then the sustainability and ongoing program that needs to be kept in that week that you are not there. What is the level of working together with the other providers that are out there given that you cannot be there all the time?

Ms PEDRUCO: I was saying to my colleague, I think this is the year of working together, something that is a word that is going around the community all the time, everybody work together, share resources and so on. So in that respect, yes, there is. But again, the program has only been for six months and we ourselves as an individual service provider have gone to each of those departments saying we have to work together; these are the two youth workers, we have taken them around to different departments and said this is the youth worker for petrol sniffing program, if he can have help and so on.

Different communities have taken different pace to work together but I think everybody is quite cooperative and wants to work together and support them. So they do have that support. Probably the strongest link in one of the communities is probably Galiwinku where they do work together and they have other women's centre there called the Yolngu Women as well and they do support the program quite well and they support each other quite well.

Mr HUTCHINSON: That does vary from community to community.

Ms STRICKFUSS: At Yirrkala it is the Sport and Recreation person; the youth worker there works in with the Sport and Recreation person. They are based in the same office and there are a lot of links. There are a lot of links between the program and Sport and Recreation where that is operating.

Ms CARTER: Your program at the moment is concentrating on the Arnhem Land area, is that right?

Ms STRICKFUSS: Yes.

Ms CARTER: And it has been running for six months. Do people feel that petrol sniffing is getting worse as a problem in the Arnhem area?

Ms STRICKFUSS: It varies. At Angurugu I think, yes. Maningrida, I think it has become worse there in recent times. My understanding was that at Maningrida the petrol sniffing had almost stopped there and marijuana had taken over, but there seems to be an increase happening in that community at the moment.

Ms CARTER: You were saying that 20 to 30 sniffers in most communities, by that of course, you are meaning the major communities, the big communities.

Ms STRICKFUSS: Yes.

Ms PEDRUCO: Maningrida would not have that many, but you are talking about others, so yes.

Ms STRICKFUSS: It has been starting up again there.

Dr LIM: Maningrida got rid of all its petrol sources, so where are they sourcing the petrol from.

Ms STRICKFUSS: From outsiders because Maningrida is accessible by road. They had a big resurgence - a couple of months ago the church had a big fellowship function and lots of outsiders came in and the petrol sniffing actually started again during that week. That was when it was first noticed in the community anyway. That was the feedback we had and I think that there has been some continuation since then.

Mr WOOD: Are all the communities dry?

Ms STRICKFUSS: All of them – I mean Yirrkala has access– Maningrida people can have alcohol there but they have to be licensed I think, and there are only a small number of people who are able to access it and that comes in once a week or once a fortnight on the barge.

Mr WOOD: Even though they are dry, is there an alcohol problem? That is, the ones that come in drunk from outside? Is there that sort of effect? In some communities, they stop at the gate, of course.

Ms STRICKFUSS: Yirrkala there is. There is a problem there because of the easy access to Nhulunbuy. Also, I think, Angurugu. We have only really just started working there, but then, they have this access to Alyangula and to the licensed premises there, as well.

I don't know how much of a problem it is in the community. I think in Yirrkala it is, but in the others, I don't know.

Ms CARTER: From your experience, why do you think they are sniffing?
Mr HUTCHINSON: That's a big question.

Ms STRICKFUSS: Do you have some feedback on some of the young people …

Mr McADAM: Come up with some new ones.

Ms PEDRUCO: Sorry? Come up with some new.

Ms STRICKFUSS: Lack of money seemed to be a big one on the feedback sheets that you had, where they …

Madam CHAIR: Because petrol is accessible, it doesn't cost anything? Is that what they …

Ms CARTER: Whereas marijuana costs money? Would you think they would prefer to use marijuana if they could, over petrol? If they could afford it?

Ms PEDRUCO: They themselves would know that that is probably bigger damage to petrol, but the feedback – especially on this CD here, we talked to a few kids, the youth workers and so on, and the quotes there are: 'I'm hungry, mum's not giving me any money, or mum is always drinking and gambling. I'm sniffing because I can't go out with that boy, because he is the same colour skin'. Most of those comments …

Ms STRICKFUSS: Parents fighting is another one.

Ms PEDRUCO: Parents fighting. A lot of those comments are quite interesting that they actually didn't say: 'I'm bored'. That is an interesting thing, because a lot of people always say that they sniff because they are bored. But no, there is a lot of issues in the community and there is a lot of issues within the family itself. You know: 'I can't sleep. I don't have a room to sleep, so I stay up at night, so meet up with colleagues and sniff'.

Mr HUTCHINSON: In a place like Maningrida, it is interesting to see and notice that the extended family system is starting to break down - for various reasons; not because of petrol sniffing. Petrol sniffing is a result of that. As Anna said, some kids don't have anywhere to sleep and that is very unusual and very sad in an Aboriginal community, because their family structure is so big. For whatever reason their immediate family is not there, and relatives have taken in the kids. But they may have kids from other families as well, so that the actual family structure is really overloaded. They are finding children sleeping in the parks and on the roads now, which has only recently happened.

Madam CHAIR: Sorry, David, if I could ask: when you say - and I pick up on the question whether they would rather smoke marijuana than petrol, if that option was available - how many of those kids you are working wit, or you've seen, are actually dual users? Because a lot of the time they have access to marijuana and, when they don't have that access, they are actually petrol sniffing. So how many of these kids that you are actually picking out, are dual users, and they are using one to deal with the other, and if not both at the same time?

Ms PEDRUCO: I can't give you numbers, but there are dual kids that are doing that. The youth workers will say: 'Oh that one smokes and sniffs, or that one sniffs and is now smoking', and vice versa. But right now, I couldn't tell you a number, but youth workers have been pointing it out.

Mr McADAM: Can I just ask one question because you said that most of the people you were talking with did not equate boredom with their activities in terms of petrol sniffing or ganja or whatever. Do you have an approach in regards to talking to say, mothers, fathers, aunties, uncles, to try and involve - rather than a big community approach? Do you know what I mean? A big pan community thing, where the community accepts responsibility, and sometimes that is way out, it just doesn't work anymore? Do you have strategies in place that target specific family groups, so that the problem - if we can call it that - the issues confined within that family group. Then strategies are put in place in terms of responses from a family perspective - or aunty, uncle or whatever – then the person who is affected?

Mr HUTCHINSON: As Anna said, we are working with John Hopkinson, NT Health Drugs and Alcohol and he has done programs for families, for parents. We are in the process of organising the same sessions in the other communities; he did those in Yirrkala. We have not done any as such but we have talked to the families and to get them interested and to get their interest in the program.

Ms PEDRUCO: Again, because the program is so new and obviously we are new to it, it is like it is a yes or a no. Obviously we thought about it and we are in the process of working with people who can deliver those things for us. But again, that is where we rely a lot on our youth workers because they are obviously out there. It is their plan or their community, and we have spoken to them and started to talk about let's target from the family point of view.

It takes time because we are slowly starting to walk with our youth workers to meet the families. They are slowly pointing out this is the family, the kids' needs whatever, and we just say hi and that is it. So approaches are starting but it is going to be a slow approach because, as an outsider, I am not just going to walk in and all of a sudden start talking to a family that I do not know and not quite understand what is there.

Mr HUTCHINSON: Families often do not want to be involved. There is the shame thing too, they do not want to admit; there is a lot of denial on behalf of families that the kids are doing it. Because petrol sniffers do not differentiate between whether their parents have or have not sort of thing. I mean some very influential parents have kids who are petrol sniffers and it is a bit of a problem.

Mr McADAM: That is a problem within itself, the fact that respected families think that way.

Mr HUTCHINSON: Yes.

Mr McADAM: Because too often we say it is the education system, it is the teachers not teaching our kids, or it is the health system not fixing up our but it is an actual family or an individual, sort of thing, and the blame should be back in that area.

Ms PEDRUCO: In one case, you know, the youth worker said, 'I cannot put that person's kid's name down on your list because it is from a respected family', and they do not want – so there are a few things like that too.

Ms STRICKFUSS: There is also some - in one community that you are working at there were a couple of key people who were the ringleaders of the sniffing who were trying to involve other kids in it as well.

Mr WOOD: What about those kids who do not indulge themselves in petrol sniffing? Have you spoken to them and said, 'How come you do not follow the rest?' Are there youth there who are strong enough to go their own way and see a different way, or does it generally pick up everybody, these problems?

Ms STRICKFUSS: That is not something we have …

Mr HUTCHINSON: We cannot say we have …

Ms STRICKFUSS: That is a good idea actually.

Dr BURNS: Well, that whole issue of resilience in drug taking is a very important theme in terms of prevention. It has been picked up by research and trying to be incorporated in school curriculum and approaches to drug use by youth. And certainly, there are many levels to that resilience. One of them is at the community level and the other one is at an individual and group level. You are right, it is something probably very interesting you might explore because in any community, even when petrol sniffing was rife at Maningrida and there were large numbers of petrol sniffers there, there was still a very identifiable group who did not sniff. These were often high achievers at school but they had their own group and they were people who were interested in employment. Which brings me to my question in terms of Maningrida because I am alarmed to hear this evidence. It is the first time that I have heard that petrol sniffing has started up at Maningrida. I just wonder, apart from your program, are there employment strategies there that you are trying to link young people into to employment and training?

Ms STRICKFUSS: Well, there is the CDEP program, and Darwin Skills Development Scheme which is the organisation that auspices us also provides job network services in those same communities. There is also the Work for the Dole and we are looking at putting in Work for the Dole projects that support the youth wellbeing programs. We are looking at things like – I know that school retention is a big problem, so they are looking at talking to the Work for the Dole coordinator who is talking to communities about what sort of things they could maybe do as a Work for the Dole project at the school to get the kids more involved in coming to school. So some long term …

Dr LIM: Where does kava fit into all this?

Ms STRICKFUSS: I don't know a lot about kava. I know there are certain places where there are licenses to sell it. I have heard some talk about people at Milingimbi who use it, but I haven't had any contact.

Dr LIM: The youth you are working with are not into kava at all?

Ms STRICKFUSS: Not that I am aware of.

Ms PEDRUCO: Kava is used at Yirrkala.

Dr LIM: Okay. You talk about family disruption, and parents are otherwise occupied, so the young ones go off and do their own thing with petrol or whatever else. Has kava featured in this, where the family is more dysfunctional because of kava, and henceforth the children then go off on to petrol sniffing because their parents are otherwise occupied, you know?

Ms STRICKFUSS: That's something new.

Ms PEDRUCO: Yes, there is that part in the community, yes.

Dr LIM: Have you identified which are the communities where kava has featured in a major way?

Ms STRICKFUSS: Well, we haven't done a lot of work at Ramingining, but I believe it is a fairly major problem there with kava. I actually had meetings organised with the councils and when I got there, there was no one there because in the afternoons apparently they …

Dr LIM: In Central Australia when we discussed petrol sniffing, it is a major issue down there as well, some families admitted that once their children get really heavily involved with petrol sniffing, they are literally no longer part of the family in the sense that this child has lost its soul, it might be physically my child, it has the appearance of my child, you know, the mind is not there, the soul is not there and really it is just an attachment to my family, but my family has no responsibility for this body because it is no longer part of us.

I don't know whether you consider this aspect of the ownership of the child, and abrogation of responsibility for the child because, from a supposedly cultural perspective, this child is no longer part of them.

Mr HUTCHINSON: Could I comment on that?

Dr LIM: Please.

Mr HUTCHINSON: Several weeks ago, we had a meeting in a community where there is quite a problem, it is Gapuwiyak, and there is one young man there who is the leader and he is a real problem. His mother is in dire straits for us to do something, not only us, but anybody who can do something. John Hopkins, we have talked about, had organised to take him away but when they went there to get him he wasn't to be found. I spoke to his mother yesterday to find out if the boy was still in the community, and she said he was. John had said to me 'Look, I know you are going out there on Monday, if you can get him take him out to the Homeland'.

So I said to his mother, is it okay if I get this young guy, and she said 'Look, it's up to him if he wants to go'. That is a really interesting statement because I have been in this thing a couple of months, I know a little bit about Aboriginal families and what goes on, but I didn't realise the strength the children have, I mean, that's a decision he has to make, not for his parents. His mother would love to get him out of the community, but it's not for her to say yes or no, it's for the boy to say yes or no.

Madam CHAIR: And how old is he?

Mr HUTCHINSON: He is 17 and he is a real problem. But if he doesn't want to go, I can't force him to go, and the community would like him to go. Two weeks ago there was a big problem, the police came and sorted it out, but they still couldn't get rid of this one young man. The other petrol sniffers were taken to Bathurst Island and to other places, but it is really only him, but he's a real recruitment person for petrol sniffing. So far, nobody has been able to do anything with him because he has such a strength in the community. So that cultural thing is quite interesting.

Dr LIM: A strength in his status, is what you're saying, in status? Strength in status?

Mr HUTCHINSON: Yes. This particular boy was in Yolngu Boy, the film, so he's got quite a following, yes.

Mr McADAM: I was going to ask one question back. You talked about work for the dole, how do you consider applying this?

Ms STRICKFUSS: Well, work for the dole projects have to be something for the community. They have done them on Elcho Island already.

Mr McADAM: It wouldn't be painting rocks and …

Ms STRICKFUSS: No, no they actually did a work for the dole project there to renovate a building for a youth centre, which is almost finished.

Mr HUTCHINSON: We are going to Gapuwiyak on Monday to organise greening the oval, which …

Ms STRICKFUSS: Yes, they cannot use the oval because it is not grass, so they are looking at doing up a project for that.

Mr WOOD: I was going to say go to Yuendumu, they do not use grass there.

Mr McADAM: I was going to say - I did not like the term 'Work for the Dole' but why didn't we just apply it to the things that the community might need? Can't we more innovative in terms of applying the program so that it is tailored more towards the individual? There must be linkages between the money associated with Work for the Dole and the individual and how you get that money in there in terms of self-esteem, personal development, and training?

Ms STRICKFUSS: They do include training. Work for the Dole does include training. I have not had a lot …

Mr McADAM: Yes, but I was not talking about training in that sense, because training – that bloke was over-trained. Simple. The point I am trying to make is sometimes we do not think outside the square. We just say oh, okay the committee needs that so we will apply Work for the Dole through these kids who happen to be petrol sniffers, for that purpose. How do we then turn it back so we then apply something specific tailored to the individuals requirements linking that in with a whole lot of other options?

Dr LIM: I would like to address Gapuwiyak situation. You mentioned, David, the *Yolngu Boy* film and the status this young man had. I have travelled in that area quite extensively and I have heard is that in the film this boy in fact was portrayed to die from petrol sniffing and here he is walking around alive and well and looking reasonably okay, and that many of the children from East Arnhem Land were actually brought into town, watched the film and that has created this mythology that petrol sniffing does not kill you. In fact, you are now resurrected and you are pretty good now. Has that been looked at seriously? Because if that is the case, then there is a message out there saying petrol sniffing is fine. You can sniff, you can appear to die and you can get up again and start walking all over again. Now, so there is a problem there and whether that sort of myth has been broken down.

Mr HUTCHINSON: It is serious. The film did create a problem. In a place like Yirrkala the elders saw the film, some kids saw the film and they said we do not want this film here. I cannot talk about other communities, but I think the same thing happened on other communities and it did set a precedent for kids thinking that petrol sniffing is okay and you can become a super hero from it. Particularly in Gapuwiyak where this kid …

Dr LIM: Yes, and I just wondered whether something should be done to try to break this down because this is a wrong message to be out there.

Mr HUTCHINSON: Well, broadly …

Mr McADAM: And about five hundred thousand other videos that have …

Dr LIM: Fair enough. But I think this is quite specific about petrol sniffing.

Mr HUTCHINSON: It was a good film but the message was misconstrued obviously by a lot of people. It did do some damage; there is no doubt about that.

Ms STRICKFUSS: I know there was an increase in sniffing at Yirrkala after the film.

Ms PEDRUCO: The same as Galiwinku.

Mr HUTCHINSON: The youth wellbeing petrol sniffing program is part of what is involved in addressing that problem.

Mr WOOD: Just going back to Elliott and talking about employment. Even though you have Work for the Dole and CDEP, are there still quite people unemployed, and do these people, males between 12 and 25 are they generally employed or not?

Ms STRICKFUSS: I would say probably not. There are not many employment options in most of the communities. That is one of the big problems. In some, CDEP may be the only option. In the bigger ones there are other things. I know with our job network, a lot of the job placements, the people actually have to move from where they live. GEMCO has a pretty good relationship at Angurugu. I think that about 17% to 20% of their workforce is actually local indigenous people, and the CDEP and the civil works have a problem there because as soon as they get someone trained up and get their licence, they go and work at the mine, which is great you know, and they all encourage that of course because the people are getting good jobs out of it at the end of the day.

Mr WOOD: Say housing for instance. Do many people employ anyone in building houses and also renovating houses?

Ms STRICKFUSS: From what I have seen a lot of that sort of work is done by external contractors. Almost all of that sort of thing is done by outsiders.

Mr WOOD: And just one other question. There is the question of suicide and we have come across it in another community we just visited recently and it is very serious. Is suicide an issue that occurs on these communities? Youth suicide? Or not only youth suicide …

Ms STRICKFUSS: Yes it is. I do not know to what extent but I know there are.

Mr WOOD: Is there an association with petrol sniffing and marijuana and maybe alcohol, do you think, with this? I am not saying it is necessarily a cause on its own but, is it part of the system, part of this problem?

Ms PEDRUCO: We just had one in one of the communities where the young guy tried to commit suicide from where his mum was working, because he wanted $100 and she wouldn't. So, he had a rope and was about

to jump and one of the ladies cut the rope. But yes, in that sense again, in the sense that you are wanting, I cannot tell you. But part of it, yes definitely.

Mr McADAM: Can I ask one more question of David, in reference to this person at Gapuwiyak? Was this person committing offences? Was it just, basically, antisocial behaviour or was it actual offences against people, property?

Mr HUTCHINSON: I can't say specifically. I know that two weeks ago there was a break-in to the school, the shop, and they stole a kitchen knife. The police were called in from Nhulunbuy. So yes, that was an offence. He completely trashed his parent's house and, in conjunction with other kids, other parents' houses. And I mean break everything: furniture, windows, cupboards, the lot.

Mr McADAM: I would describe that as an offence, wouldn't you?

Mr HUTCHINSON: Yes.

Mr McADAM: So what role then, does the police play in that? Would the people go to the police and make a complaint?

Mr HUTCHINSON: In the past they haven't, but two weeks ago it was so bad, they had to. They have been trying to control it within the community, with the elders, but it has gone beyond that now. The elders cannot manage it. Some of them do not want to manage it; some of them find it too difficult to manage.

Gapuwiyak is probably the most dysfunctional community that we have to work with, so far, apart from Angurugu, which I have not been to or had anything to do with. It is very new in our program. But Gapuwiyak is definitely a problem in that respect, yes.

Ms STRICKFUSS: I do not know that I would call Angurugu dysfunctional. I don't know it well enough to comment, but I do know that the council is very concerned there, at the way things are going. One of our staff was out there and was talking to an old lady whose son was a sniffer, and I think he ended up with brain damage. Now her grandson is sniffing and she said that she just wants to die, she cannot deal with it, with all this.

Madam CHAIR: Just picking up, before I allow Gerry. When you say dysfunctional, what is the interpretation, as workers going into that community? Because communities probably look at their community and say it is not dysfunctional, there is a level of things happening. What is the interpretation of dysfunctional where you are trying to do this program?

Mr HUTCHINSON: My interpretation of dysfunctional for that particular community is, for instance, several weeks ago, we had a meeting. We brought some people from Centrelink from Canberra up and we had quite a good meeting with members of the council, people from the school, health, health centre - quite a big group - and there were a number of strategies worked out. One of the main things was to have a meeting with the council alone the next day. Both John Hopkins and I were to attend that meeting with the council and, when we went there, none of the council came at all. We could not find anybody.

That seems to be a problem. We have been out there a number of times to have a meeting with the council and no one has turned up. On occasions, we have spoken to one council member only. It is very difficult to get council members and other people together to talk about the problem in the community. The community is extremely dirty, with a lot of dogs in very poor shape, pigs in poor shape. It is not unusual in communities, but in Gapuwiyak it is really noticeable. People do not seem to take pride at all in the community. There are small groups – there are some houses you go to that all the rubbish has been cleaned up and they clean the yard – but, by and large, probably 90% or more of the houses are just in an awful state. It is difficult to get things done in Gapuwiyak. It is just so hard to organise things and get a responsibility …

Madam CHAIR: So in terms of the leadership, do you tap into - one of you has mentioned elders before and working with elders or going to talk to elders.

Mr HUTCHINSON: Our youth worker there - there are two, husband and wife, Alfred and Carol - they take the kids out to the outstation, Ramingining, and they are doing a great job. That part of the program works really well. When the kids are rehabilitated they learn more culture, they get well and they come back to that community. That is where the problem lies in that community and that is where we are trying to do our work. But the outstation part of it works really, really well. That works in all our communities pretty much.

Mr WOOD: In some of the communities there was some discussion about whether sniffing petrol should be made illegal, well petrol is the poor man's alcohol. Have you heard, throughout the communities, has there been anything discussed about whether it should be illegal?

Mr HUTCHINSON: No, nobody has talked about it at all. In some communities they flog the kids pretty hard, I mean physically, and that does help sometimes, because they are the kids that sniff a little bit, just part time, that will stop them sometimes. Full time sniffers, it doesn't make any difference, they are so far out, so far gone, that beatings and things like that don't work, but as far as illegality of it, no.

Madam CHAIR: Given the debate that is going on now, and the issue of child abuse, we will steer away from that, but do you think, is that an answer? Because we have had that raised, and looking at that issue. There is legislation for the dry areas legislation, in terms of alcohol, communities can apply to make their dry area in terms of alcohol, and banning alcohol. Do you think that that is a role that maybe government has a responsibility, because of the impact of petrol sniffing, that you do make petrol illegal in the community?

Mr HUTCHINSON:: In a white community, you've got an age limit for drinking alcohol, or for taking drugs, which is illegal. You mentioned something there about the poor man's drink, drugs or whatever, with petrol. That in a sense is the problem. It is almost cheap, and while it's so cheap and it's free, the kids will do it. Now, in our community, kids will rebel. Some kids will and some kids won't. Like the question that was asked about school. Some kids are high achievers. In our society it is the same, the high achievers often do really well, they don't abuse a lot, and there are groups of kids that do, they sniff paint, they take drugs, they drink alcohol, whatever. It is similar in a sense in the Aboriginal communities. There are kids that won't go to school and there are kids that will go to school and do very well. Kids that won't get into trouble, for whatever reason, cultural, families, hungry, all sorts of things. Making it illegal is a big question. Whether the government should do it or shouldn't do it, I can't answer that question, but they are the sort of questions you have to look at, because, even if it is illegal, some kids are going to do it anyway.

Mr McADAM: It provides a mechanism for the community, doesn't it?

Mr HUTCHINSON: Maybe.

Dr BURNS: Just a comment about Gapuwiyak. I was there about a year ago, and about 18 months before that I did quite a lot of work out there. Even as late as last year, I found it to be quite a functional community, and the council to be very helpful and supportive, and certainly the two Manungu brothers there. The health worker there, and I have spoken about it in adjournment debates, has been very innovative in terms of some of the programs around sexual health and men's health, and when I was there I went and spoke at the school. The school had quite good attendance to the kids about drugs and drug abuse, so once again, its a bit like the other ones, it is sad to hear that things have gone down there, and it just opens up the question, no doubt, about the cyclic nature of communities and what goes wrong in these places?

Mr HUTCHINSON: It may relate to the movie. That movie came out last year. That may have been a turning point for Gapuwiyak particularly. I can't say that for certain, but that is a possibility, because it has got worse.

Madam CHAIR: And it brings me back to what Elliott was saying, I mean, all the other videos have come out, do we blame them? One of the things I have noticed about our communities, is a lot of our kids have adopted the American culture, a lot of that has come through videos, so do we then look at the censorship of videos and not just [inaudible].

Look I am conscious of time, and I do thank you for your evidence to the committee and thank you for coming.

ALCOHOL AWARENESS AND FAMILY RECOVERY

Madam CHAIR: I declare open this part of the Select Committee on Substance Abuse in the Community and welcome Father Paul Sullivan, who is the Director of Alcohol Awareness and Family Recovery; and Ms Rosemary Murdoch, who is the training officer, who are appearing before the committee today to brief it in relation to its terms of reference.

If required, copies of the terms of reference can be obtained by the committee secretary. This meeting is open to the public and is being recorded. A transcript will be produced and eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be in camera. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to a committee is protected by parliamentary privilege. For the purposes of *Hansard* record, I ask that you state your full name and the capacity in which your appear today.

Fr SULLIVAN: My name is Father Paul Sullivan. I am Director of Alcohol Awareness and Family Recovery, and I have the second hat which is Director of Aboriginal Islander Alcohol Awareness and Family Recovery.

Ms MURDOCH: I am Rosemary Murdoch and I am a training officer for Alcohol Awareness and Family Recovery.

Madam CHAIR: I am Marion Scrymgour, member for Arafura. I am also the Chair of this committee. Dr Richard Lim, member for Greatorex; Sue Carter, who is the member for Port Darwin; Mr Elliot McAdam who is the member for Barkly; Dr Chris Burns who is the member for Johnston; and Mr Gerry Wood who is the Independent member for Nelson. We also have in attendance our secretary, Ms Pat Hancock.

Fr SULLIVAN: Good morning, Madam Chair, and committee members. We are very grateful for the opportunity to come this morning. We have presented a submission on behalf of our organisations. However, this morning I would like to identify a few issues, rather than go in detail into the submission.

My intention would be to identify what I would see as some emerging issues and try and build on the good. The first point is about the supply and the availability of alcohol. In the recent few years, we have seen a number of attempts by Aboriginal people working in partnership with communities, to respond to issues around the supply and availability of alcohol in communities. We have seen that in Katherine, we have seen it in Tennant Creek, we have seen it in Alice Springs, and it is actually happening in other states.

So listening to what is happening on the ground, this is an issue that is happening. So people are very much aware that an open-ended supply and availability of alcohol is having a devastating impact on communities and families, as well as the person abusing the substance. Whether it is influencing the hours of trading, or the days of hours, or the types of alcohol, whether communities are dry or not; they are some of the issues around the supply.

Some people believe that, by influencing the availability and the supply of alcohol, we can reduce some of the social, economic and physical impact on families and communities. Here I would like to refer to a study undertaken by Curtin University, the title is 'Preventing Harmful Use of Drugs in Australia'. They have written quite extensively about influencing the supply and availability of alcohol.

A lot of our attention is given to the demand for alcohol; trying to reduce demand by education and treatment and training - and Rosemary and I are both in that side of the business. Well, we need to continue that, I think we also need to broaden our horizon and shift the focus, and also address a rather complex and challenging issue of the supply and the availability of alcohol and drugs. What this does mean is inviting all the key players in the community to come together. It involves the council, the police, the Liquor Commission, the pubs and clubs, and health services and drug and alcohol agencies. It can be a difficult and demanding question, but I think it has been interesting for some places to work through that.

So it is the old question of supply and demand. If we just simply focus on demand, and the individual person, we can easily slip into blaming the individual; we can be scapegoating the police who have closed the club; or the Liquor Commission for not doing their job; or we can slip into racism and blame people for not being able to deal with their alcohol and drugs.

In the study in Alice Springs, as Dr Lim would probably know, there have been significant changes in the patterns of alcohol consumption. But it is interesting to see some of the social benefits in terms of 11% reduction in alcohol-related accidents, protective custody has dropped by 15%, the ambulance call-outs through alcohol has dropped by 5%, and presentations to the emergency department at the hospital has also lowered. So we start to get a significant reduction in social and health problems.

When I was at Port Keats when the club was closed, the doctor, Dr Elizabeth Moore, who happened to be record the weight of children in the clinic, noticed that while the club was closed there was an increase in the weight of children recorded at the clinic, simply because money was being channelled from alcohol into food.

So while there are issues around people changing their use of substance, we also need to identify the social and the health benefits from changing the availability and the supply of alcohol. I know it is a difficult question to look at but, perhaps, we need to consider that as a realistic option.

Kaylene Hazelhurst, in her book, 'A Healing Place', says that a lot of our systems work towards nursing along the existing ills, rather than a transformation. So all I am trying to do is name that there have been some good things happening, and let's see if we can build on them.

The second issue I would like to raise is around families. This is the issue that Mr McAdam was addressing to the previous group that were here. The business that we are in, is Alcohol Awareness and Family Recovery, with the emphasis on involving all members of the family in the business of recovery. Again, it is a question of focus. Traditionally, our focus has been primarily on the person with the substance misuse. Parents and family members have been left out of the loop. Parents and family members are now placing pressure on policy makers and governments to include all family members in the loop of dealing with responses to alcohol and drug treatment. In fact, I would like to name the family as a key resource in the whole process of prevention, treatment, and intervention.

Madam CHAIR: I just wonder if I can just cut in there for a minute. I need to excuse Elliot as well as Gerry, because they have a function which they have to have to race to and then come back.

Mr McADAM: Our apologies, and I am sorry to have miss this session. We will try and catch you at some other time.

Mr WOOD: Yes, I know we can.

Fr SULLIVAN: There is a family group formed in Sydney, called Family Drug Support, and this is formed by the parents who've lost a son and a daughter to drugs. They are rattling the cage politically and nationally, to say that whenever their son or daughter was in trouble with the law or the agencies, the response was to deal with the individual person, and the parent was somehow or other left out of the loop, and left feeling quite

frustrated about involvement, and participation. So the intention is to support the parent with skills and coping strategies when dealing with addiction within their own family network.

There has been a fair amount of research work done on supporting families. I'd like to refer to a work by Janice Fairbane, who researched the work on the Holyoak Program in Perth. What Fairbane found, that where coping skills and strategies were given to the partner or the family member of the drinker, where the drinker has not even entered into treatment, there is a reduction in the consumption of alcohol and reduction in the level of family violence. Fairbane goes on further to indicate that the family members themselves, there is a reduction in depression and anxiety, and an increase in self-esteem and coping skills. So that is fairly challenging evidence to say that working with the other family members is not only beneficial for the person with the problem, but is enormously beneficial to the family members themselves because, in one sense, they have a right to assistance as well as the person with the addiction.

Just recently, a fellow by the name of Orford worked together with Territory Health and they did a study called Worrying for Drinkers in the Family. This was part of an international study looking at the impact on family members in Britain, Brazil and Arnhem Land, and they identified enormous cultural pressures for family members of the like you were talking before with the previous group. So there is work being done in this area that is worthwhile referring to.

Just a comment about marijuana and Aboriginal communities, you've probably heard this one enough. Marijuana is now available to all age groups within communities, including the elderly, young women, young children. Marijuana is used in homes on the verandah or under the tree, it doesn't matter where it is used. Unlike the sale of alcohol, marijuana is sold by Aboriginal people or non-Aboriginal people with family connections to the community. Marijuana for some people is becoming like an economic activity, like a business or an industry, or a source of income. Some adults sell marijuana to young children to buy their own alcohol, and then young people pressure parents for money for marijuana, and so we have an enmeshed set of relationships competing for money and triggering enormous tensions and conflicts within the family, so it becomes like a vicious circle.

Again, Aboriginal people asking for assistance to do something about the supply and availability of marijuana, but find it very difficult to act because family members or relations are sometimes caught up in the network. This is made even more difficult when some of the key people of influence hold positions of power and have legitimate cultural authority in the community, and when these same people have an attachment to alcohol, like any attachment that any of us might have, there is a resistance to action that will threaten the supply or the availability of alcohol or marijuana, so it is a very difficult issue to deal with, even though the supply of alcohol and marijuana is having devastating social and educational impacts on the community.

I would like to refer to the work of Noel Pearson, who has done a fair amount of work with regard to addiction, and I would also like to refer to the work of a Cape York justice study that was done in 2001, which looked at the impact of alcohol and drugs in the Cape York Community. There are a number of very helpful recommendations in there about resourcing communities to do with issues about the control of supply and about the reduction of demand, and I found that a very helpful document to work with.

Over the last couple of days, I have attended a restorative justice conference, and recently the government moved to diversion programs, and now our organisation is part of juvenile diversion programs where a parent and family member is involved in a response to the issue of crime for the young person. I found that very helpful and supportive of the family system that I am encouraging, and I would like to support and encourage any further development of those restorative justice principles that underlie diversion programs and encourage any further working of that.

I would like to refer to a term that I found helpful in understanding what's going on, and that is the term 'political economy'. That is used by the people in here, called Saggers and Gray, who have worked in this field for about 20 years. Saggers and Gray use a term called 'political economy' and invite us to raise some

reflections about the supply and the availability of alcohol and other drugs. Who is making the decisions around the supply and the availability of alcohol, and who is making the money from the supply and the availability of alcohol? Follow the decision-making and follow the money.

We do it in lots of areas of life but, sometimes, it is very awkward to do it in the same area. It is a bit like how do we assess communities, local clubs, police, pubs, health workers, to try and address this fairly complex issue? I am just naming it as an issue that I found helpful to work with.

Saggers and Gray also invite a reflection on our western culture. We do a lot of reflection on the Aboriginal culture, but they actually invite us to have a look at our own western culture, and where we are coming from in this issue. They actually go back and they quote John Stuart Mill on liberty in 1859. Mill writes that: 'Mature people should neither be forced to do anything because it might be good for them, nor prohibited from doing anything because it might be bad for them', encouraging minimal intervention by government'.

This debate - Safgers and Gray would indicate - underpins a lot of where our western culture comes from. If I could apply that to alcohol and families we, as a culture have an enormous reluctance to interfere with anyone else's business. Fundamentally, that is a good principle. How do we raise that issue for our culture when the issue of alcohol and drugs is having a devastating impact on families and on children, and we have a reluctance to enter into an area that culturally - our western culture - makes this very difficult to enter that arena? It is like a sacred cow for our culture. Only recently we have been able to raise the issue of alcohol and drugs in the workplace because of work health and safety issues, legal issues and because business is realising that substance misuse has an impact on work performance and profit.

There is a deeply ingrained cultural attitude in our western culture that is the heart of what we are trying to wrestle with here. It is a very difficult and challenging issue for a select committee to address. I have not got the answer, but I have seen someone who names it - the framework of political economy, who are the power brokers and who are the profit makers. Rather than sort of give up and do nothing, let's maybe wrestle with that issue.

To sum up, I suppose what I see as happening is there has been an intention to address the issue of supply and availability of alcohol in the communities. Maybe we need to resource that and go down that track a bit further. Our priority is identifying the family as a central role in the whole process of intervention, prevention and treatment. Perhaps the best way we can support young people is actually support parents in coping and dealing with issues. The principles of restorative justice I found helpful; the concept of political economy, I have also found helpful.

Madam CHAIR: Did you want to say anything quickly, Rosemary?

Ms MURDOCK: No.

Madam CHAIR: Thank you for that, Father Paul. If I could ask a couple of questions. In terms of the communities that your organisation works for, if you could just tell us which communities that …

Fr SULLIVAN: Sure. We are involved with the family-based program here in Darwin that we are taking to all cultural groups. It is a bit like the Holyoak Program in Alice Springs, Dr Lim. We are involved in community-based programs in Wadeye, Nguiu, Ranku, Pirlangimpi and Milikapiti. So it is mainly Melville Island, Bathurst Island and Port Keats.

Madam CHAIR: In your experience in the work that you are doing – and I will allow other members to talk in a minute – but just to put it into perspective, a lot of the communities that the committee has gone around, people have highlighted the ganja issue of – the marijuana issue out at the communities. What do you think? Alcohol is still the scourge; is still the demon that we are yet to tackle. How would you see - in terms of your program and where you are working - that alcohol is still the number one menace that it is causing the

dysfunction and problems within our communities; and marijuana and petrol sniffing and other things are just a result of what alcohol has done. So alcohol is still that overriding …

Fr SULLIVAN: The dominant trait, yes. Well, I suppose what we have been doing is supporting the person with the problem with the people around the problem, so that the health and wellbeing of the other family members is increased, and actually supporting those people to make interventions and support their own family members and relations. So the theory is to support people, with the confidence and the skills to support family members who are experiencing domestic violence, or trouble with their own family member - whether it is alcohol or drugs. So …

Dr BURNS: I have question. Can you elaborate further on restorative justices you have mentioned a number of times.

Fr SULLIVAN: Okay, well we are involved with juvenile diversion programs. When a young teenager is caught by the police, the police will then hold a family conference. That involves the police talking through issues with the young person; the police have the file with the person's name on it. They invite the parents and family members to come along and they talk about the harm that is done to the parent. The parent is quite up-front with the harm and the pain that they have experienced, in front of the young person and the policeman and ourselves as referral agency. That is all up-front and out in the open.

The harm is named to the family and that is the key intention. Restorative justice means restoring the important relationships of that young teenager, rather than punishment and blaming a young person. It is trying to use the family network and the support system of the family to restore that, rather than to go down the track of crime and punishment. The young person is given the option of going to court, or referring for a place like ourselves, for some kind of educational coping program. We make it a requirement that both the young person and the parents attend. They do separate content programs, but they come together once a week for five weeks, to talk about how things are going.

Ms MURDOCK: Can I just add to that, Paul, that one of the focus of our program there is to somehow strengthen the relationship between the young offender and their parents; to find some thread of something happening there, because they are only with us for five weeks for one-and-a-half hours. But with the parent, that is a big focus for what we do in there. All of our programs work the same way; that is, trying to restore the family relationships and strengthen them in a way that may carry the family forward. So, I guess we would like to see the same thing happen for communities - transfer that from a family to a community system thing. As Paul said, on the communities where we are, it seems that we are able to help individual families, and individuals have been able to gain some strength and make some changes in their lives. But they are in isolation, within the community - little pockets of isolation - because of the other structures that are in there, that benefit from things staying the same. It does not come from the very core of the community, and I guess that is what we are looking at now.

Fr SULLIVAN: Can I give an example from Port Keats, Marion - the same? So we would negotiate and do the same thing at Port Keats and Bathurst. A young fellow was referred to the program - now he voluntarily, of his own accord, brought his two brothers along with him, so that they could support him in doing this program. There was no offence from the brothers, but it is that family network. He just instinctively said: 'I want to do this with my two brothers', and they came along and willingly did it with their brother. So, I guess the relationship is central to the Aboriginal people and they just did it off their own bat. To encourage that way of working, where we are not dealing with the person in isolation, but we are trying to restore relationships in the process of dealing with the offence and the harm that is done.

Dr LIM: Father Paul, how do you reconcile John Stuart Mills with other cultures?

Ms CARTER: If you make the assumption that that man speaks for us all.

Dr LIM: John Stuart Mills has a huge influence in our lives, from euthanasia, anyway, let us not bring other side issues into it. John Stuart Mills has a huge influence in Western society, how do you reconcile that with the other cultures that are being affected by other problems?

Fr SULLIVAN: Well, I think Aboriginal people have a strong sense of autonomy, but they also have a very strong sense of the community as a group, and I think we could have a clash here.

Madam CHAIR: Do you think that is part of the problem? I will pick the Tiwi Islands, where there is a huge problem. Youth suicide is quite a big issue over there at the moment. A lot of the community, I mean individuals over there and some of the leaders are saying that the gunja problem is something that has just overtaken the life of Tiwi, and also alcohol. Do you think that that conflict is what is happening now? Is it the clash of two cultures?

Fr SULLIVAN: I think it is part of it. I think there is a cultural clash there, and I guess some how or other, how do we get down to resolving some of those issues on the ground, and somehow or other, how do we come together to work together. So, we can blame the policeman for shutting the club, we can blame the liquor commission for not doing anything about it, or we can blame the council for not doing anything about it, or these programs for not doing anything about it. The Aboriginal people drew a fishing net, and all the knots in the net were all the different agencies, but they tore the net because they were not working together. So one of the issues that the people see, we have all those different bits and pieces, all the knots in the net, but the net is torn because it is not connected. And that is the issue, that is the picture that the Aboriginal people used of what they see, and the people I am working with. How do we get those groups together to own it, and I found that it was interesting that in the Cape York Justice Study has a heading Resource and Communities. I am aware that as we treat families, we can sort of do the family level, but the community level is another issue. How do you get the community also responding positively to it without getting into the blame of you, or you, or you are not doing it, you are not doing it? How do you get cooperation rather than blame?

Ms MURDOCK: Well, I think in the past it has been a bit fragmented because of funding. We had to say we were doing the best alcohol work, so someone else did not get the alcohol money, and so that really broke some of the net, in a way, that it is very hard to get agencies for us all to make a safety net for our community. Talking about Tiwi, because a lot of our work is done in Darwin, and for our own families, in Darwin as well, for our Aboriginal families and our non-Aboriginal families. Exactly the same things on a bigger scale are happening, as what is happening on Tiwi Islands, and there are many, many influences in that, it is not just the clash of culture. If we look back 20 years, and see the availability of alcohol, for a start, and the availability of other drugs, like the video or other communication so that people have far more influences on what is happening. It is a bigger thing than all of that, but we do see, or we would like to see, more focus put, I know the young people, it is seen, are our future and so we focus on trying to help these young people who are petrol sniffing and drinking and drug taking.

However it is, we would like to see some of that focus put on to young families so they can see what influence their drug abuse is having on their baby, or before they have their baby. We have got to not disregard the people who are already affected, but we do have to move back and back further to be able to, how can we get access to parents, and some of the people before us said that, when we are all running for cover because we think that we are to blame for what is happening to our young people. So when we hold a program for parents it is seen as 'Oh my God, they are going to stop playing cards or stop drinking because my kid is sniffing petrol'. That blame has to come off the parents.

I mean constantly we hear it is the parents' fault because the kid is hungry, the kid is this, the kid is that, so you do not have access to parents while that blame exists. And as a parent, as most of us here are, it is very frightening to feel like it is your fault that your kid is going to kill themselves and it is just terrifying. So we really need to keep stepping back and back to find a middle ground – not to stop programs for young people I do not mean. But it seems that our community focusses in on that rather than stepping back to where the people

who are having a 24-hour a day influence on these young people and to be able to somehow resource that and put a lot of focus on that.

Dr LIM: How do you disabuse the parents of the concern that they feel; how do you disabuse them of their guilt? Ultimately, it is their time with their children and if their time is being diverted into gambling or kava or alcohol, whether you tell them it is their fault or not their fault, they are going to say I have less hours for my children because I am doing other things. Me, I am here 24 hours a day for seven days of the week and my children are in Alice Springs. There are all those issues as well, how do you disabuse the parents that there should be no guilt?

Ms MURDOCK: And how does the parent feel and deal with how they are feeling about what is happening to them and their children without it being a blame or a guilt thing? I can remember nearly 20 years ago seeing this kid with DBs and tattoos sitting on the gutter and the headline was 'Why do parents kick kids out' and at that stage of my life I thought, 'Well, just ask me, I know why'. Sometimes they are just very difficult and so we need to get that blame out of – that the parents are, if you like, a product of the community, what Paul has been saying about where the focus is and how our attitudes have changed. So if you like, you can blame that. But we do not want to go there …

Fr SULLIVAN: I think it is a really important issue, so in Darwin about 50% of our clientele would be the parents of a young adult. We often do not see the young adult, it might be somewhere up to 35 years of age, who is still using drugs. I guess to quote some of the information from this family drug support program from Sydney, when there is guilt the parent often gives up out of despair, 'I do not know what to do', so there is a tendency to give up. So rather than going down the track of giving up, how about you offer the parents some awareness about what addiction is, so there is some understanding of what goes on; some information about their feelings and their guilt and their anger and their shame and perhaps their unhelpful responses, rather than get into the fight mode and try to find the right time to communicate; and give them some coping skills and strategies about dealing with their son or their daughter, and that is where the change takes place. But it is working with the starting point of the parent which is the guilt and also the shame, this huge shame.

Dr BURNS: Paul, you have mentioned political economy a couple of times. I felt that you went around the outside of it a little bit. I am interested to hear you expand on that.

Fr SULLIVAN: I might need to refer you to Saggers and Gray. But I suppose it is where are the issues of power and decision making within the community and where is actually the money being made, and I suppose I am aware of this as a family program. We can influence so far, however there is another ceiling up here where issues around the availability and the supply of alcohol, and hours of trading, is just up there in a circle that we just do not know what to do or how to deal with it.

Dr BURNS: I have thought about this issue of political economy at an Aboriginal community level. I have given considerable thought to it, I suppose as most people have, not just in relation to substance abuse.

Fr SULLIVAN: Yes.

Dr BURNS: This committee is focussing on substance abuse, but I believe the genesis of substance abuse and a whole range of other problems come back to wider issues about employment, about governance. I have often used the term 'a system of influence and preferment' that operates within Aboriginal communities - local power brokers, some of them non-Aboriginal, some of them Aboriginal, and the whole complexity of structures and organisations that this fishing net you talked about before, in some cases you might be amazed that it is being imposed on Aboriginal communities, by government, and you know, I am not trying to be offensive here, but by other organisations including the church, with the best of intentions and this is the whole picture of political economy.

It is a very important issue and although we are looking at substance abuse, that is why I picked up on what you had to say. I do not know whether you want to expand on probably what I have thrown out on the table here, but …

Fr SULLIVAN: Well, I only read this after I put my submission in so that is as recent as that, but I found it made sense to me. I found it a helpful framework in which to think and it tries to avoid - well name the historical issues. There is a system, just exactly what you are talking about, and how do we get together. And I think it seems to be what is named in the Cape York justice study too, when one of the key recommendations is around resourcing communities so that groups of people, the fishing net, can function. Now, that is a really hard and complex question and I don't think I have an immediate answer. But at least it seemed to name it for me as one of the tracks that we can go and I got the impression that is what Minister John Ah Kit was talking about in the middle of the year when he raised an issue that got a fair bit of debate within the community that we are starting to name some of those issues there. That also made sense to me.

Ms MURDOCK: I don't think the economics of the sale of alcohol on communities and if someone needs to go to a conference in Melbourne or something, you can ask the club for the money. It has become a part of their very framework of places, of communities, and it is seen as they get drunk, they come home and smash the house, the club builds the house or fixes the house. The money comes from the alcohol to maybe try to send people in for training on substance abuse, you know? Like it is there, it is a resource that is a very big part of some Aboriginal communities and possibly, in our community as well. And the same with the marijuana, I mean the economics for an Aboriginal community, it is a business type of, you know, it is really pyramid selling often. You know, if you can get your drug and sell it to your friends and that is the way it goes and you can sort of make some money.

It is something that is part of our community now and how to do that. And if someone can sell some marijuana go get a better coffin for their relative, you know, it is all that value and the way of thinking now has changed. We talk in Darwin about the places that put an advert out on the streets that we would like TV's this week so we know what we are going to lose out of our house this week, so you know, that the kids can get their marijuana or whatever from selling stuff. So it has become very much a part of our whole economic system to do it that way and the Aboriginal people are doing the same thing.

Dr BURNS: I have a question about, you could call it success rate or outcomes that your program has. Did you want to speak a little bit about that in terms of families and young people?

Fr SULLIVAN: Yes, the program was evaluated by Living with Alcohol, as it was then called; this is the Five Mile program that was in existence, and at a three month follow up it recorded a reduction in drinking, some was from pretty heavy - there was about four levels - a minor reduction to a medium drinking to some people who were abstinent, so there was a fair range in that outcome.

The biggest outcome for me was in the family or the partner whose shift of focus was being that obsession with the behaviour and the worry for the drinker. Aboriginal people use the word 'Worry sickness'; you get sick from worrying too much. So shifting from worrying about the drinker to then taking some greater care of themselves and their children. So there was quite a significant shift on that.

In terms of the diversion program, I don't know whether that has been going long enough to …

Dr BURNS: Do you want to talk about that anecdotally?

Fr SULLIVAN: Well, Rosemary, you would know more than me on that one.

Ms MURDOCK: I am always really heartened by it, because some families are blended families as well. So you will get the offender in there and the partner who is not the birth parent often is saying, 'This kid has to get out of the house, it is destroying my marriage and doing this, this and this,' and to hear that changing over the

time, and to hear parents saying, 'Well since we have been coming here we are getting on better'. To hear that that relationship between the young person and sometimes, what happens is that the parents end up continuing some sort of counselling for their relationship, because there was a problem there before you start with the children. So in conjunction with us, or when they have finished there, you will see that the parents will continue on in our programs or seek marriage counselling, because there is sometimes a problem within the family, other than the child's acting out.

So, I am really heartened. There are some difficulties emerging in as much as the kids are going to be saying they have an option of whether to go for a diversionary program at a drug and alcohol centre, or go to court, and what they are saying is I would rather go to court and get a slap on the wrist than spend six weeks or sometimes twelve weeks if we are not satisfied with what is happening with you guys, you know, sitting in counselling for that length of time, it is a real pain. So, they are discovering some difficulties with that, and whether that is going to be tightened up, so that the young people don't have that choice, that they do need to seek the other part to the way, we do not take juveniles on their own, that police only refer people when parents are able to attend with them. There are other agencies that can see the juvenile on their own, but because of our limited resources we will only see juveniles whose parents will attend, and their brothers and sisters often.

Fr SULLIVAN: Can I give you another brief example. We have been working with a family where the mother is the drinker. Now, we will be working with the husband and about four adult children, and we have not seen the mother yet. But the mental and emotional health of those other adults has significantly improved, simply by some awareness and understanding and some understanding what addiction is. Yesterday, we were talking to the Department of Health and Community Services about what we call a Family Coping Program, and the previous group to us were talking about a family program out in some of the communities. So part of the purchasing agreement that we are negotiating with to be the trainer of those community-based people, in conducting family coping programs, which uses this common model of working, of supporting the family member around the person with the problem.

I am happy to share this little book with Dr Burns.

Madam CHAIR: Thank you Father Paul and Rosemary for coming and giving evidence.

The Committee suspended.

FORWAARD

Madam CHAIR: I declare open this meeting of the Select Committee on Substance Abuse in the Community, and welcome Mr Leon James, Director of FORWAARD, who is appearing before the committee today to brief it in relation to its terms of reference. If required, copies of the terms of reference can be obtained by the committee secretary.

This meeting is open to the public and is being recorded. A transcript will be produced and will eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be in camera. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to a committee is protected by parliamentary privilege, and for the purposes of the *Hansard* record I ask that you state your full name and the capacity in which you speak.

Mr JAMES: Thank you, Madam Chair. Leon James is my name and I am the Executive Manager of FORWAARD, and FORWAARD stands for the Foundation of Recovery with Aboriginal and Related Difficulties.

I have written down some of the points that I would like to cover and to determine what substances and misuse are the main concerns, ones for concern for FORWAARD and the organisation allows me the opportunity to just provide an overview of how we see what the current trends are.

Just as a bit of a historical thing. FORWAARD has been an incorporated body since 1975, and the purpose of the establishment is to help indigenous peoples with alcohol problems. In 1975, the main drug of abuse was alcohol, hence the establishment of half-way houses for alcoholics, which was the main thrust of the day.

Currently, our organisation treats people with a number of substance misuse problems. Alcohol is still the main presenting problem with clients who attend for treatment. Over the years, cannabis use has presented itself in a big way and is now a major concern in the drug and alcohol field. It would not be unfair to say that smoking marijuana is harmful to people. A number of years ago, when I was working in the alcohol and drug field, I can remember reading a report on the harmful effects of cannabis use, and the bottom line was that if you smoked cannabis, and if you were young enough and for long enough, you will end up suffering mental health problems, and unfortunately this is the case with a lot of cannabis users when manic depression and schizophrenia can be the end result. I just caught the end of a story on the *ABC News* on Wednesday evening, 9 October, and it depicted the sad state of affairs on indigenous communities with experience with alcohol, marijuana and petrol sniffing. I think that has been touched on by a couple of the previous presenters.

Besides substance abuse being a concern, there are other factors that affect the quality of life amongst society, and that is indigenous and non-indigenous. You know there is cigarette smoking and gambling. I think gambling has also been touched on a bit here today too. The reason I include these two in society is that we find it difficult sometimes to focus on the true objective. If we have a tendency to be influenced by external factors in our own lives, the availability of liquor outlets and the hours of trading is a significant factor of why we have alcohol misuse problems to the degree that we do in the NT.

Worldwide studies are being conducted on availability and how detrimental this is to society. Papers such as the Professor Hawkes' Conspiracy of Silence, Professor Hawkes was seconded to the World Health Organisation to study availability and its effects on society, demonstrates what availability and the negative consequences this has on people. And the bottom line is, the more available alcohol is, the more problems society has. The more outlets, the more the problems. It appears the drinking scene over the years has changed now to the degree, where with trading hours, the way that it impacts on the way people socialise, that is, people can drink until all hours of the morning, like, 20 years ago, you could go out at say, 8 00, 9 00 pm at night and rage until about 12,30, 1 00 am and that would be it, and then you would go home, you'd be cactus, but these days it is, people aren't going out until at least midnight, and then going through until 4 30 in the morning.

Ms CARTER: And making sure they are pretty out of it before they leave home.

Mr JAMES: Exactly. So all that has to have a detrimental effect on people's health and society. This has an effect on the NT way of life, periodically, reports come out in newspapers where, in the NT, per capita, we have some appalling results from alcohol related incidences or issues, and when it gets recorded every now and then you'll have a big alcohol awareness blurb in the paper, and this is what it has done, you know, the statistics in the prisons, or health related things. In my experience, I have about 23 years experience of working in drug and alcohol, and it hasn't really waned at all, if anything, it has increased. The problems have a tendency to increase.

With those alcohol related incidences, unfortunately persons may die from say a heart attack and this will go on his or her death certificate, there will be no information indicating the person may have abused alcohol for the past, say 15 years to the degree that it affected his or her heart. So the actual problem has been a heart attack

where it hasn't actually been drinking. So, in other words, these alcohol related deaths are not recorded in the true sense. Health data collectors need to record more relevant details.

I remember one time there, I went to work for the Katherine Drug and Alcohol Association down the track there, and I used to go to Katherine Court every Thursday, I think it was on, and that's increased now, it is on every day of the week, but anyway, as the alcohol related incidences showed in this particular instance, that two thirds of the DUI offenders were by non-indigenous people, but the excuse of one of the letter writers in the paper said, that that is because more say non-indigenous people own cars than indigenous people. It wasn't the fact at all, it was just that the people were getting caught and that was who was getting caught. So that is just a sort of excuse, a way of abusing the, say, black drinker as a good thing to not look at yourself, and that is sort of how people can stand in the bars and look at all the countrymen in the long grass saying, look at that mob over there getting, you know whatever, and they are not looking at themselves. They are up there pointing three fingers. Point one finger, there is always three pointing back.

Dr BURNS: I haven't heard that, Leon.

Madam CHAIR: I like that. I will have to remember that for a debate coming up next week. That's quite a useful thing that, I want a recording off the transcript for a debate coming up.

Dr LIM: Don't you starting point a finger at me then!

Madam CHAIR: No, I'll do five hands, my whole hand.

Mr JAMES: I would just also like to touch on the illicit substances, which were also part of the hearing. In our experiences at FORWAARD, where we have predominantly been alcohol rehabilitation, we do not have the large exposure to illicit drug users but we do have people who present with poly-drug use issues such as alcohol, marijuana, valium and heroin. Our experiences indicate the increase in poly-drug use for indigenous people appears to be one so being exposed to factors they have never been in their life. So what I am saying is that now indigenous people being exposed to these other drugs, those people are now starting to come into treatment more so, whereas say 20 years ago it was not an issue.

It also appears like society is not happy with indigenous cultures being allowed to function in a manner …

Ms CARTER: Excuse me, Leon. With regard to poly-drug use, why do you think it has increased over the last 20 years?

Mr JAMES: Well, just because the availability, I suppose, and I mean the way society has changed. Non-indigenous society has changed and in a lot of ways, it is having detrimental effects to themselves and also that has been introduced to indigenous society. It is like someone was saying before, the videos and all that that come out, everyone is all walking around like this, they walk around like this with three fingers pointing down, whatever, and I mean it is a thing that we are very influenced by, all that sort of stuff.

I can remember when the rockers came out in the 1950s, and my older brothers used to wear purple socks and lime green pants and all that, that was the American influence and it is still the same today. So if you look at, say, some of those videos and people in Harlem there – they brought the slums out on to videos actually, and that is portrayed throughout the world actually, to be quite honest with you. So, unfortunately we pick up a lot of that negativity and run with it, and I do not know why that is, it just seems to be a thing.

As an Aboriginal person myself, I mean I can remember that alcohol has come in and influenced our way of life. We have been introduced to all sorts of different things in our society, and even fast foods and everything like that. It is all sort of how society has started to move on very quickly and indigenous society is also trying to – or is being influenced in the same way. I can remember when I first came up to Katherine back in the 1970s, you could sort of throw a stone down the street and you would not hit a car and now, I mean they have got traffic

lights and rah, rah, rah. It is just progress, but who knows – it is not really progress for the better in some instances. I am not saying we have to live in the 1930s, but I am just saying that.

That is the other things, is where non-indigenous society is encouraged by, say, indigenous society to use substances. It is like going back to the 1960s when indigenous people were granted citizenship within their own country, there appeared to be a push to say, okay you mob, go ahead and drink to your hearts' content. But people did not go up and say, well look, we as a non-indigenous society, this is what alcohol has been doing to us. If you want to drink, you can cop the horrors, you can cop the grog shakes, you can cop the mental problems that go with it, and the legal problems and the whole social thing that goes along with abusing alcohol.

That was not put in the package when they were saying you can now go and drink as a normal person. So hence, say 20 years down the track, or 30 years down the track, or even 40 years down the track, you have all these educational programs saying, do not do this, do not do that, we are 40 years, 30 years too late in some instances. I am not saying we are too late, but I mean we are playing a lot of catch up.

Ms CARTER: But at that time when alcohol became available to Aboriginal people, non-Aboriginal people were not ready to grasp that there were problems either. That sort of came about 15 years later, that everyone started to look and go, oh heck, what a mess, and then I guess it was not until the late 1980s and early 1990s that the real social impacts like domestic violence – like here in the Territory I can remember when the domestic violence program kicked in and prior to that it was just basically cool. It just was not an issue to participate in domestic violence until society said not to do it. So all of us have seen that change over the years. It was an unfortunate timing situation as well.

Mr JAMES: It certainly has been. Then you try and look at ways of try and help improve people's, say quality of life. But like I said, going back there to the days of citizenship and, they did not prepare at a time when society should have been saying to the Aboriginal peoples, look at what grog has done to us and do you wish to have the same experiences. Like illicit drug use, the people who suffer from their addiction should be saying to the general population, do you wish to have all the down side effects of using such a drug. In other words, society has progressed in their knowledge of what alcohol and drug use can do to you, but more so than what was evident 40 odd years ago.

Our experience is at FORWAARD is that we do have people now coming in more so with say that problem with mainly marijuana on top of their alcohol, and that causes all sorts of problems for them. It has been said here today, the amount of people, now there are suicides and all that around today, I mean, were not there years ago, so why should there, all of a sudden, be bang, a change in why people want to go out and say 'neck themselves'. Why should that be all of a sudden? Is it just because, oh something did not happen for me today? There has to be some sort of lead up to that.

Dr LIM: When I asked this question in the Tiwi Islands, it is now accepted as part of the tantrum practice that 'I want this, you don't want to give it to me I am going to kill myself', and they carry through with it. That is part of that 'culture' whatever that means, and there was no evolution of it. It was something that happened suddenly, and then it has just been copied by everybody since then.

Ms CARTER: We had a presentation from Rob Parker earlier on in this activity, about three or four weeks ago, and he is concentrating on the Tiwi Islands and the suicide situation there. His view was that the people tending to commit suicide at the moment were born into a generation that was the first generation of children to be affected by parents who were drinking, and so they were born into a dysfunctional family situation and have not really had that structure to begin with. So he sort of saw it as a fairly steady build-up from the 1960s and 1970s.

Mr JAMES: I think unfortunately for indigenous cultures and societies, traditionally we have had ways and means of how to deal with things, going right back, right before our grandparents and that were born, so there were ways and means of how to deal with those issues. But then, coming up to say the current trends,

traditionally there has never been anything in our culture to deal one, with alcohol for instance, and how we deal with that. How do we deal with that in a traditional way? We say, if people marry the wrong way, or they have done something the wrong way, they got proper punishment, but there is none of that now and I would presume the same would be said for, say other drugs like marijuana and that. There isn't any really sort of traditional way there to deal with it. So people sort of say they pick up this now, they say ' grog, oh yeh, that is our culture, or smoking ganja, oh, that is our way now' but it really isn't. It is an excuse to say, to try and justify why they are doing it, because it really isn't the way at all. It is just the way, it is an introduced way into indigenous societies in particular. That is what I am talking about at the moment.

But again, coming back to non-indigenous society and the problems they have with dope and all that. I mean, if they didn't have those problems they would not be talking about it. I have got a 30 year old daughter who is a manic depressive or schizophrenic, because she started smoking dope say, at 15 years of age, see and she has carried that through, and now she is in the back ward of a mental hospital in Sydney, and her whole life is dysfunctional because for the main fact is that she smoked dope. So, to sort of say that is has not got a harmful effect on people I think is a real furphy. And even in my experiences in the drug and alcohol field and reading lots of documents and just watching the trends, I started doing this work back in 1979, so watching the trends over the years has shown me how people who come into treatment, how things have changed over the years, and how people have reacted or whatever, or responded to various drugs in their lives.

I have worked with heroin addicts and what-have-you in Melbourne, at Cresswell Rehab Centre and people who have been on all sorts of stuff, you know, people who shot up on Vegemite and all sorts of things. I have worked with a very large cross-section of, say, addictions or addicts, including alcoholics. My main focus has been on alcohol over the last, say, 20 odd years, particularly up here in the Territory, but that is just those experiences, nobody wants to listen to that, I'm not saying nobody wants to listen, but they just say 'oh yes, rah, rah, rah, you're waffling on', but you're not, I'm just talking about reality and how things really are, and facts.

Dr BURNS: Leon, I am interested in the work of FORWAARD. Obviously, you have a few more things to tell us about FORWAARD.

Mr JAMES: Yes, FORWAARD was first established by some ladies up here in Darwin, in the early 1970s, and it became incorporated in 1975. It was to help a lot of the long grassers. A lot of people from out on the communities come in, and they sort of picked up that people weren't looking after themselves too well, so they established FORWAARD which stands for, as I said before, the Foundation of Recovery With Aboriginal Alcohol Related Difficulties, and the people there of course, over the years, I mean, it's in Charles Street in Stuart Park. I presume that if you try and sort of get it there these days, put a centre these days, nobody would want it there. We run a program that basically addresses healthy lifestyles and, you know, we're trying to get a bit of manageability back into people's lives.

Dr BURNS: There are a few things I'd like to ask you about. One is, we have interns as parliamentarians who do research projects for us, and Reece Mitchie did a project for me to identify all the drug and alcohol services in the Darwin area. It was just an outline, a scoping project, but I was just absolutely amazed to learn just how many different services there are. Do you think there are too many? Do you think there could be better links between them? What is your view on that?

Mr JAMES: Well, say just from the indigenous point of view, I mean, you've got CAAPS, that's the Council for Aboriginal Alcohol Program Services, and they deal with the family, they bring the people into a family setting. That is out on Boulter Road in Berrimah, so they're looking at, as Rosemary and Father Paul were talking about before, in terms of sort of looking at the problem from a family perspective, where we more or less deal with people that are say, single people mainly, and that's how we're sort of set up. I would say that if there are too many … I wouldn't say there are too many services, I'd say that a service like ours needs to be moved into the modern era. I mean, we were alright for the '70s, where we were, but now we're finding that we're in suburbia, we're dealing with a lot of people from traditional communities, and people even from WA

and that, but we're not in a very suitable setting. We're trying to relocate out to Yarrawonga, which is opposite Robertson Army Barracks. That's because we consider that then is more culturally appropriate for our client.

Dr BURNS: When you said about the changes, you mentioned before about poly drug use. Are you also saying that, probably in terms of your counselling, that you probably need to shift a bit more into this poly drug use?

Mr JAMES: Well, that's the way we are actually progressing at the moment because, even with our funding arrangements, alcohol and other drugs have set down that in the year whatever, your counsellors have got to have certain certificates in alcohol and other drugs, and I think it's a good idea too, and we're going through that process at the moment of getting all our people up to certificate fours in alcohol and other drugs. We are not just predominantly just dealing with alcohol, it's a whole variety of various drugs that we're dealing with, so that then makes our treatment team better informed in how to deal with people with those problems.

So you will find that, say if things don't change over the next 15 years, you're alcohol counsellor isn't going to be your alcohol counsellor, he's going to have to be your substance misuse counsellor. It is just the way that the trend is moving.

Dr BURNS: Can you give us a bit of an outline of the numbers that you treat, and have you got any ideas about the outcomes that you are getting there? It is a very difficult field, I know.

Mr JAMES: I did have a document that I had this morning, I had it on my thing and I left it at home. I have got all these papers and I left the wrong paper at home.

Dr BURNS: Just an outline.

Mr JAMES: We had about, say 230-odd people who came through last year, through our centre, that was male and females. I cannot think now the percentage of male or females. I mean the males outweigh the females, probably by 70% I suppose to 30%, roundabout figure.

Dr BURNS: The sort of profile – obviously most people are Aboriginal.

Mr JAMES: We do treat non-Aboriginal people there.

Dr BURNS: So how many people from out of town, or is it mainly …

Mr JAMES: We had a very large percentage, because I have only worked there since June last year, so I am going on the time that I have been there, and just looking back at some records, but in this 12 months from June last year to July this year, and around that Christmas period, we had a large number of people from Western Australia.

Dr BURNS: Why is that, do you think?

Mr JAMES: Well, they have heard about FORWAARD and been referred over here, and actually I got three chaps who rang me up the other day and said they would like to come back.

Dr BURNS: I know I have cut you off in terms of – but I am also interested in your referral system. How do you get referrals?

Mr JAMES: What we do is, we might get a contact from say a legal service or a health service in WA, or legal service in Katherine, or a community agency here in Darwin or whatever it might be, and we have a referral document that we send out to them and have the client complete the document. Within that document

we also have, one of the sheets is called a MAST, a mission and alcohol screening test, so the answer is like, have you ever woken up with a grog shake or something like that.

Dr BURNS: Do you ever leave your notes at home?

Madam CHAIR: When you say you get referrals from the legal system, or from legal aid or whatever, is that part of a condition of bail, or is it before they go to court?

Mr JAMES: It depends on what the courts put down. It might be a condition. Like you have gone to the magistrate, for argument's sake, and he is sitting up there and writing down everything that needs to happen, and he will say you go to Berrimah for three months and then part of your sentence is suspended on the condition that you enter FORWAARD for their program.

Madam CHAIR: The majority of that is Aboriginal male?

Mr JAMES: Yes, and then you will just have people from corrections may refer somebody to you. They might have been released on a good behaviour bond on the condition that they have a look at their problems with alcohol. Corrections may ring us up and say, we would like to refer this person to your program. So they can refer them there if the person wants to come into our treatment program as a resident, they can do that, or they can attend on a day client basis. So that is for people within the legal system. We get referrals from the hospitals and Cowdy ward.

See, one of the problems with the Cowdy Ward, when we are talking about marijuana and other drugs and the mental health issues, it also creates, is that we have a tendency to be used as a bit of a top up service for mental health patients, and we are not mental health workers. I feel very sorry for the people there, and they have got lots of drug and alcohol issues, but once we are able to tackle that – that mental health problem, though, is something that we are not versed with, and unfortunately there are not a lot of places around for people like that to go.

Dr BURNS: That is a very good point Leon, because there is this dichotomy between mental health and people in your field and, really, I have heard from both sides that things need to come together, but anyway we have got limited time to discuss this.

Mr JAMES: That is all right, but the bottom line of what I am saying there for, look if we send you this form that says – and you address their alcohol or drug history on it, and if that fits in with say depicting that their main presenting problem is that, well yes, fine, we will bring them into the program if we have got the bed space and things like that. So we do not discard people from the program, but we would like to make it horses for courses, as they say, because otherwise we are doing the people a disservice really.

Dr BURNS: But can you see a way forward of bringing the mental health aspect together with the substance abuse, or the alcohol problem - making it more integrated? Take reasons, presuming the resources were there, do you see a way forward with this issue I just mentioned?

Mr JAMES: Well there are and there aren't ways it could go forward. There is a lot of training up of people who would want to work in the field - like drug and alcohol workers. Because sometimes you can also cloud the issue, too, with something else, and then people aren't really looking at your specific problem of why you are here. It can be farmed off to say: 'They have a bit of a mental health problem, more so brought on by something or other, blah, blah, blah', and where the real main presenting problem may be booze; they might be a boozer. The thing about people who come into rehab, particularly with alcoholics: they don't really want to be there in terms of saying: 'Well, nobody really likes to look at their problems, they have a problem'. We are not saying they don't really want to be there, but sometimes they look for a good excuse not to be there. If that is one of the excuses, such as mental health, that can get to opt out very quickly.

Dr BURNS: I understand.

Madam CHAIR: In terms of the dient, with FORWAARD, and I wanted to take it further with Father Paul. I will ask you as someone directing an organisation, supply versus demand in terms of your clientele: do you think in Darwin - we know the issue is out in remote communities and there is a lot of our mob, and I will keep this question as well for the Larrakia Nation - the supply and demand of alcohol, in terms of Aboriginal people in Darwin ...

Mr JAMES: In regards to say…

Madam CHAIR: Well, you are picking up. There is that cycle. I have seen a number of Aboriginal people who go into court, and into CAAPS and there is that continuing cycle that they go in, they do the six week program, they come out, then there is pressures and other things and they are back in. It is like the spin dryer, we are just putting them in, and pushing them out again.

Mr JAMES: That is why we have extended our program, for argument's sakes, for three months. We offer people at least a three month minimum stay, because there has been statistics - I remember years ago when this lady came out from America and they were saying that people are most susceptible to pick up the drink at the 6 week period, the 12 week period blah, blah, blah. Here we are, we have people in for six weeks and we want to churn them out when they are at their most vulnerable. So, in coming back to in terms of when people do come out, now I often say this as an analogy: you could be sitting on the nature strip in Katherine and a countryman will get off the bus. He might be all cleaned up, he or she, and looking very smart, and they have been away for a while. Well, there are either three places you have been: you have either been in jail, in rehab or in hospital. So, straight away they know them mob have got money; so it is like a radar. Unfortunately, there is that cultural pressure on them, mate, eh?

So what we try and do with people is to give them ways of saying no and things like that. It is very hard, but we try to do that with people. But it is a very big presenting problem in going back to your old environment. See, that is where the problems lie. It would be like me saying to Dr Lim: 'Now, look, I don't want you to drink today, or for the next week; and I'm going to sit you in Petty Sessions'. There is an old saying: if you sit in a barber's chair long enough, you'll get a haircut. So, you'll either end up with a haircut, or if Petty Sessions is still there - I don't know, I don't frequent the place - but if it is still there, he'll end up either drinking, because I know he is not going to get a haircut. But it is just that thing there; if you go back into your old environment, and your old environment is pressure from countrymen - not just Aboriginal society, in all societies - if the pressure is there, the old environment is there, most chances are that, nine times out of ten, you will pick up the drink or a drug. That is the sad fact of life.

Somebody was talking about communities before, and I've been to lots of communities around the Katherine region. Some are very well run, some are fairly dysfunctional, and sometimes you would probably say the Katherine community itself may be dysfunctional on odd occasions. Depends if Jimmy is saying something or not, but anyway. It is there in society in general, and that is the hard thing about it. There is an old saying: stopping drinking is the easy part, staying sober is the hard part. That is what we try and educate people with at FORWAARD. We have young people in there that aren't even alcoholics; they might be in the gaol system. I see them and say: 'Look, you are not really in the class of an alcoholic, but see that old fellow over there, look at him. If you want to look like him in another 20 years or something'. 'No, no', 'Well, maybe you need to look at your drinking and learn ways of doing it'. So we try and teach people from that, so you have got prevention, intervention, rehabilitation, we try and encompass the whole lot into our program. We are not just sitting there saying: 'Repent you sinner and don't drink ever again'.

Dr BURNS: Getting back to referrals, do you think the referral system is adequate? Obviously, you are picking up people who have been through the court system or the prisons, but there are people who might be presenting at the local hospital, and they have had alcohol problems. There are many forms of intervention. One is for the doctor or whoever to tell them that they go about their alcohol use and how it might threaten their health and wellbeing, to the fact of someone repeatedly presenting, getting referred to somewhere like

FORWAARD or an adequate place. Do you think there is a lot more that could be done in referrals and early intervention?

Mr JAMES: I think there could be, because my experiences in Katherine, for argument sake, is that a person may present with a broken arm. It might be their 10th broken arm, but it is the 10th time they have done it drunk. So what is the problem? Is it the arm or is it the person with the drinking? What they should really have is, first off they have go to acknowledge. See, a lot of the times now, Dr Burns, is that the old saying that alcoholism is a disease - and then they say: 'Oh, it is not a disease, it is a social behavioural thing' and all this. Well, okay, whatever it is, it is. But if it is making people present at medical clinics or at doctor clinics, then what really should happen is people should be more explicit in how they are doing their assessment on a person, because that is the only way you will bring out the information. I have treated old ladies in Katherine - say the 70-year-old lady on valium that the local GP had been giving her for the last 20 years, and she only had the valium to settle down her shakes and help her sleep at night, poor old beggar, when she was going through the dry horrors. So, in the end, the person ends up with a bit of an addiction to valium.

So it should be brought more into saying: 'Okay, people are presenting here with problems, and you can see that it is alcohol related, then they should be referred off to treatment'. At least being given that option, anyway. The medical profession still has to go a long way in improving how they assess their clients in regards to their drinking, and their other drug taking. It should be moved, a long way down the track yet, I think they have a lot to learn. But see, then you get other doctors, or other medical people who are really switched on, and they whoosh! So it just seems what a person's personal - what would you say? - interests are. You might get a doctor who might come through, go through and all that sort of stuff, but you might have another doctor there that might say: 'Hey, I think you have got da da, do something about it'. That is my experiences anyway. There should be something standardised though, instead of people having all these different opinions.

Dr LIM: Do you want to address the issue of your balance between supply and demand, and talk about that?

Mr JAMES: Supply and demand? Are you talking basically in the terms of availability, would you say? Well, I think you have to look at the Territory, hey. I mean alcohol, I have never seen it so available. I came from Victoria here back in the 1970s and I loved the joint. The booze was just on left, right and centre. Then you look at all these issues that come up about alcohol and its effects on NT society, or effects in the NT. You have to say that blind Freddy could see the problem is the availability and the effects it is having on society.

Dr LIM: But, grog is now available just about everywhere in Australia, and you can buy, drive off the highway into a specialist bottle shop. That is all that you do. It is not only the pub, it is just like a servo, sells alcohol only. So that availability is now a national thing. There is lots of literature about availability and demand, and one which is the chicken, which is the egg sort of thing. How can we break that vicious cycle, if that is what it is?

Mr JAMES: I think we'd better come back to a bit of common sense prevails, you know, I mean for starters, I've always wondered why we've always sold alcohol in petrol stations, and then we have these campaigns about alcohol related deaths on the road. That's okay, for say you and I that are grown up, but little Johnny sitting in our back seat, who has watched this behaviour for years, of course when he turns 18 or when he gets his licence, he's going to rock up, fill up his car with petrol and fill himself up with booze and away he goes. Like I said, a lot of this thing has got to come back to the factor of common sense, and I believe that the Territory, for years and years and years, has had very liberal drinking hours and drinking laws, and I think it has got to the stage where we have said, okay, you mob, we've given that to you for x amount of years and you haven't done too well with it, so we need to take it back off you a bit, and let's refine it and let's bring a bit of common sense into this.

Dr LIM: Is that realistic, do you think?

Mr JAMES: Yep, I think. They go about their grog day there on that Thursday, Thirsty Thursday as they end up calling it, so, the thing about it, my understanding is, the first trial period is, and when it was less

available, it reduced a lot of the incidences in alcohol-related health problems and people being locked up, and a whole lot of things on that Thursday. Then when they extended the hours a little bit extra again, then they, I think they must have drinking back in the clubs, but then the problems started to increase again. I mean, Good Friday is a perfect example, when you've got peace in the valley in a place like Katherine. There are no booze outlets open, so people are fairly, there is a fair lot of sanity around, or even a Sunday, where grog isn't really too available to the rest of the day, you go to places, and you see there is far more calmness around, where say Thursday night, Friday night, pension night, it's all full on, and it is hour after hour, of course that availability, supply, demand, it is all there.

In particular, I was saying before, with Professor Hawkes, he studied a lot, he was seconded to the World Health Organisation for three years to look at that particular factor of availability and how it affects society, and you look at the availability in the Territory. I mean, I drive a lot around Australia too, and I go to places through Queensland, pull up at the BP garage, but there's no grog there. The grog might be down at the local hotel, type of thing, and that is where you expect to go and drink. I mean, when I was growing up as a young kid, in country Victoria, and my dad used to drink, he used to go down the pub, and walk home, he didn't jump up and down saying oh, put it in the local corner store, otherwise I'm not going to drink! That's how they did things, they went down to the local, and they came home. They might have caused problems at home, but that was just the way it was.

Ms CARTER: When you talk about grog being available at petrol stations, I gather that is only in the roadside places, certainly I know in the urban areas it is quite deliberate to make sure petrol stations don't open up near bottle shops and things like that, and vice versa.

Dr BURNS: Then I guess we've got corner stores here, in Darwin and Alice Springs.

Ms CARTER: The corner store has got it, that's right.

DR BURNS: When I go and buy the paper on a Saturday morning, the sign's out, it is quite early, with the Vodka Cruisers and others.

Madam CHAIR: I think the excuse that we've taken to the extreme, is that it is part of Territory lifestyle.

Mr JAMES: I don't think it is.

Madam CHAIR: Well I don't think it is part of Territory lifestyle.

Mr JAMES: It is an introduced thing, into Territory lifestyle, mainly by southerners who have moved up here, and I'm a southerner for the last 28 years, and the reason why I like living in the Territory is for the climate and the way of life. Not too rapt in the food costs and all that stuff, but I like it because of that. But I think that's why you find a lot of people grab hold of this alcohol thing and run with it because it is there.

Ms CARNEY: I'm a Territorian.

Mr JAMES: I'm a Territorian, I qualify.

Dr BURNS: Maybe we should get Ted Egan to sing a song.

Madam CHAIR: It brings me to that thing, we all, you know, I'm a smoker and that is something that is one of my bad vices, but there is all that, tobacco companies have been made liable for the impact of smoking. You never see that turned around in terms of the alcohol industry. I mean, the domestic violence, everything else that we see, as a result of alcohol and what it does, and yet, there is all this, about smoking is bad for you, yet we still, like you said, advertise. Sports, what's the major sponsor of sports, is alcohol and, I agree that mentality just has to change and let common sense prevail.

Mr JAMES: Yes, there's an old saying … sorry to interrupt you, but half measures avail us nothing, so if we're going to be talking about doing something about alcohol or a thirsty thirst, let's really get on top of all this, and we've got to be really fair dinkum. I mean, it's not being draconian or anything like that, it's being real. See, I think, as we were saying before, videos, we're being influenced by a lot of things in society now and we try to sort of take this softly, softly approach to it, you know? And by doing that we're not really addressing the issue, so you will end up having the places like the FORWAARDs and the CAAPs and they will be on the increase over the years. We are not saying we don't do our job and do it properly, because rehab works, I had a person say, oh rehabilitation doesn't work, and I said 'It does'. Whilst the people are there it works, because the majority of our clients stay sober and drug free whilst they're in rehab. Unfortunately, the majority, when they leave, will take up their, say, vices again, or whatever you want to call them, but we've also noticed that over the last 12 months we've had a lot more people have been coming in and getting sober and staying sober, so that's been a real positive thing from our point of view, because we've changed our attack a little bit too, and things like that, and how we approach our clients.

Dr LIM: So do you think Territory society is ready for prohibition?

Mr JAMES: No, I'm not talking about prohibition, we're talking about common sense. Is the Territory ready for common sense, let common sense prevail. Let's bring back some of these drinking hours. Let's look at the drinking hours, let's look at where grog is available, where it should and shouldn't be, and things like that. I used to have these arguments, not arguments, discussions at liquor hearings in Katherine. Because if they had have allowed the liquor hearings in Katherine to go ahead, there would have been about 14 or 24 extra outlets down there now. But we went in and we presented a sensible case to say why alcohol shouldn't be put in this particular area, and in the majority of cases we won out. But only because we used that common sense, and that brought up a lot that process.

Dr LIM: Alright, let's assume there is a will and we reduce the number of outlets in each community, whether it be Darwin, Alice Springs or wherever else. How do you compensate for those who currently have them? Are you going to say to the people who have the licenses, 'We have closed all this. Here is a licence to print money because now all the traffic is going to come your way'. How do you balance that out?

Mr JAMES: Well what you do is, you might - Curtain Springs was an issue years ago and what do we do about that, and all the problems they're experiencing out there? You see, no one is really listening to the people who are really being affected by it, but why shouldn't the government go in and say, use that buy back system, and they buy back the licence. I mean, they've done that, governments around Australia will go in and buy back sort of thing, so that might be a way to address the issue. You might look at the number of people in the community.

I remember doing this thing statistic wise in Katherine one time, and the amount of outlets was going to be about one to every 200 people, or something like that, it was a fairly high statistic anyway, the amount of outlets per population, and that was the drinking population, I think it even came down less. So that's probably what needs to be done. You need to investigate what you've got in your community in number of outlets, what your population base is and what the effects that's having here, there and everywhere, and then maybe use that buy back system.

Dr BURNS: Two questions, Leon. The first one, and I'd better ask it before I forget, was from the member from Nelson, before he left: 'Chris, could you ask FORWAARD are they moving to Thorngate Road near Robertson Barracks. If so, when?'

Madam CHAIR: He sort of answered …

Dr BURNS: He sort of did, but I just …

Mr JAMES: Yes, we've got it on the drawing board. We would prefer to move there because we know that once we're there also we'll be able to expand our program and do a lot more things in, like I said, a more culturally appropriate setting. We also know that we won't get the humbug that we get in Stuart Park, where the people go down the shop, or countrymen just wander around the corner looking for a feed also, knowing somebody's in there and it's their pay day and all that sort of thing. If an alcohol rehab is run properly, the people out in the Thorngate Road area should have no dramas at all. We have had these issues when we used to run this place, I used to run this place in Melbourne called Gallyamble, and it was a very successful alcohol rehab place down there. We went down and told the same story to the Bairnsdale City Council and they've got a rehab there and it goes well. So you know …

Dr BURNS: Alright. A second question, probably coming back to the thing we were on. In a place like Katherine, say, that you have experience with, it was suggested to me by someone who lives in Katherine, I won't say who, but you can probably guess when I tell you what they suggested, that they believe that there are provisions within the *Liquor Act* at present to actually prohibit specific people from drinking or being served alcohol. What they were suggesting was that the numbers, say, of problem drinkers in a place like Katherine are fairly small, and that a prohibition could be put on that person, and that might make everyone's life a bit easier. Do you want to comment on that?

Mr JAMES: I would not say the number would be small. I mean you would be throwing out a number of prohibition licences preventing people from drinking, but I think that, sorry that first part when you said it then? Licencing for people to drink, yes.

If you say, for argument's sake, rocked up at the local say six nights out of seven and caused a problem there four nights a week, well maybe you should have your drinking licence taken away from you because you are a menace to society. So maybe that is what you should happen. It is like if you are driving a motor car, and I mean people have used these analogies for years - I remember Warren O'Meara down there one time saying this, if people keep offending with their driver's licence they lose it, they haven't got a licence to drive, because you can't handle a motor car. So if you can't handle a drink, may be you need to lose your licence.

Dr BURNS: I suppose I am wondering about - you are obviously very familiar with Katherine and probably some of the problem drinkers down there. Some people might say that if you take their licence off them they might come up to Darwin where they are unknown. I am just asking whether you think it is - I suppose it might solve a few problems for Katherine. But that is the sort of thing I am asking, whether you think it is a practical thing, and it could actually work?

Mr JAMES: I think they tried all that years ago. I remember a couple of blokes in Burnella, I used to live in Victoria, and those two blokes were known. They had the dog act put on them from the publicans and they were not Aboriginal blokes. They went over the railway institute and drank there, because the train used to come through at certain times of the day, so they would get over there and get a few drinks. They were not allowed to drink in the pubs, but knowing these two blokes it didn't stop them from becoming problem drinkers.

Dr LIM: Not every Territorian has a pub card, just a driver's licence, and without a pub card you cannot access alcohol. We have to apply to get a pub card, it has an identifier in it for every breach, whether you are drunk and disorderly or drive a car under the influence, you have a penalty point, which is punch hole in the pub card. You don't have to keep a record, the hole in the plastic card is the data base. After ten holes, the card is no longer valid, and you have to reapply for the next card but there will be a three month gap before you can apply. Whenever you go into a pub to get an alcoholic drink, a card with ten holes means you cannot get one, and you are locked out.

Now, would a pub card for every Territorian be a breach of your rights and freedoms as an individual? Would it be a good way to police the problem drinkers? I suppose the problem drinkers are going to be the ones with the most holes, and therefore they will identify who that person is, who the problem is. I have been

entertaining this view for at least two years now, thinking through every criticism of how a pub card can fail. What do you think of that?

Ms JAMES: Sounds like a fairly reasonable idea. What did you say about being infringing on people's rights? Because I have seen a lot of the condition of a lot of non-drinkers, women and children, who have been knocked about by drinkers, and where are there rights? The drinkers have also got this thing about 'that's my right to drink'. Well all right, that is your right to drink if you can handle it, if you don't get 10 punch holes in your card so you can go home and punch your family. Well, maybe you can drink, but if it is going to show you can't handle alcohol, well that's quite another problem. Well that wouldn't be a bad idea, because you are not really infringing on people's rights. Not when you consider the consequences of that person is a problem drinker and the problem that is causing to society, then I think you have to protect society.

Dr BURNS: Well, that is right but I suppose there is always the perennial problem of what Richard is talking about or myself, that someone will always get grog for someone else.

Dr LIM: You can do that but then that becomes an infringement and then the person who has a card without a hole would then get a card if he is caught. I mean it is no different than my driver's licence. Nobody ever asked me for my driver's licence when I jump into a car to drive. I have never yet been asked by a policeman, before you start your engine, show me your driver's licence. It is only when I have infringed that I have to produce my driver's licence and then I might get a ticket, whatever. So if the onus is on the other side rather than in the beginning.

If you have a pub card in your pocket or if you do not, I walk into the pub to get a drink and [inaudible] comes along, 'Show me your pub card', I do not have one. Bang, I am in trouble. So does the licensee because the licensee served me a drink. So there is a penalty both ways. If I go home then after having a few drinks and I bash the wife up and the police pulls me up for domestic violence, that is another hole in my pub card so now there are two holes and so on until you get your 10 holes. It does not take that long if you are a real bad drunk.

Mr JAMES: Not if you are going to carry on like that, Richard, it won't take long.

Dr LIM: Thank God, I do not drink.

Mr JAMES: But there was something there that you actually said and it slipped my mind now. Like I was saying before, I think in society we – that is right, the responsibility of a lot of this and the ownership of all of these problems has also got to come back to the distributors, back to the publicans and how that actually occurs. I think that that is a big factor in this equation and I think that they have to have a lot more ownership and responsibility of this. I do not think there is always the problem drinker that is the one who has to – all right we will deal with the problem drinkers and fix up the problem. It does not, I think there is a whole contributing number of factors there that need to be addressed and that is one area.

I mean even to the degree and I know that they have done it, sort of like say licensing of crowd controllers, as they call people these days, and if you have got a criminal history you do not become a crowd controller or whatever. I think that is a good idea. But there also should be stuff there so that people who are serving the product – I mean they do not have to be counselors or doctors or anything like that – but if I am serving you alcohol all the time then maybe I should have a bit of alcohol education awareness on what the effects are and all that.

Dr LIM: That is being introduced by the Licensing Board.

Mr JAMES: That will help the industry in itself too because half measures avail you nothing. You cannot have a whole heap of people on this side of the road getting off their face and then you have the other people who do not even want to know about it.

Dr BURNS: Well, we are having the AHA this afternoon giving evidence so that should be very interesting.

Madam CHAIR: We will see what the wider community …

Mr JAMES: I just finish there, even though I have focussed on indigenous society, the fact is that we all know that non-indigenous people are suffering the same fate and unfortunately the this system of cultural obligations provides a perfect excuse to the indigenous addict. But I was just going to say that hopefully these hearings can produce some constructive and proactive programs to support our programs and the other people who have come here today. And also just with a collaborative approach with government and the non-government sector I think we need to get really involved in that and really push for it.

But just on behalf of FORWAARD I thank the Chair and yourselves for allowing me to appear at this hearing.

LARRAKIA NATION ABORIGINAL CORPORATION

Madam CHAIR: I declare open this meeting of the Select Committee on Substance Abuse in the Community and welcome Mr Kelvin Costello, Coordinator of the Larrakia Nation Aboriginal Corporation, who is appearing before the committee today to brief it in relation to its terms of reference. If required, copies of the terms of reference can be obtained from the committee's secretary.

This meeting is open to the public and is being recorded. A transcript will be produced and will eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be *in camera*. The decision regarding this will be at the discretion of the committee. You are reminded that evidence to a committee is protected by parliamentary privilege. For the purposes of the *Hansard* record I ask that you state your full name, and the capacity in which you appear today.

Mr COSTELLO: My name is Kelvin Costello. I am the Coordinator of the Larrakia Nation. Chairperson and committee members, I would like to thank you for giving me the opportunity to attend. I do apologise for my late arrival. We have Native Title on so we are spread fairly thin in our organisation.

Firstly, I would just like to bring to your attention a document that I have passed on which is a [inaudible] consultancy project in Darwin and Palmerston, a background brief. The document had been compiled by Leon Morris who is the Itinerant Project Coordinator, the interim itinerant project coordinator. Leon unfortunately is not available this morning for this presentation. One of my roles is also as the co-chair of the Itinerant Project Consultancy Project. The other co-chair is Trish Angus from Territory Housing.

If we could perhaps go through the document, the front page just provides a brief timeline in terms of the background of the consultancy project, the [inaudible] consultancy project. The key issues there are obviously the approval of funding through Territory Health Services and ATSIC.

In December 2000, there was a consultant, Dr Paul Manning of Paul Manning and Associates, a Brisbane based researcher who was identified as being the preferred person to undertake the research. In February 2001, the ATSIC Commissioner for the North Zone, Kim Hill, Dr Richard Lim and Curtis Roman from the Larrakia Nation were involved in a media conference at ATSIC to officially launch the project. In July 2001, there was a second stakeholders workshop of about 30 organisations at Nungalinya College. The four key strategic areas that were identified are [inaudible] education and regional, alcohol and accommodation. In November 2001, on the second page of that document, the long-grassers Strategic Report on Indigenous Itinerants in the Darwin and Palmerston area was received. Some of the components of that strategic report, I will just go through these very quickly, I will just name of the headings were: Proactive rather than a Punitive Approach; Consensus; Protection of a Range of Interests; Aboriginal Law; Information, Education Networking and Coordination.

In May 2002 the minister, John Ah Kit, Minister for Community Development, Sport and Cultural Affairs announced the government would be funding a project coordinator and will devote substantial funding to the key strategic areas outlined in the report. Page 3, July 2002 Mr Ah Kit announces $500 000 commitment to the project. I guess just quoting from this document, Minister Ah Kit explains the role of the NT government in all of this is not to boss people around or to pretend that only government has the answers. The government's role is to foster a culture of cooperation so that coordination networking, efficient use of resources is encouraged for both new initiatives and existing programs.

August and September 2002, Leon Morris, who is an interim coordinator of the itinerant project, has carried out a number of negotiations and consultations with ATSIC regional councils which include the Miwatj, [inaudible], Jabiru and the Yilli Rreung, which is the greater Darwin area. Leon has also consulted on a number of occasions with the full council of the Northern Land Council. The full council meets twice a year and certainly last year and the first meeting this year was attended by Leon, and ATSIC representative, Barbara Cummings who was the Chairperson of Yilli Rreung, and myself.

Recently, in October 2002, turn down the bottom of Page 3, Tania McLeod was appointed as the Outreach Officer for information referrals.

I go to the Page 5, which is Priority Strategies and Issues in Year 1. Dot points, their project coordinator, Leon Morris is the Project Coordinator, Educational, Regional Larrakia Nation is working closely with members of the subcommittee to develop an education information campaign, including visits to selected communities and organisations.

Community Patrol and Sobering Up Shelter. There was an article in today's *NT News* about the imminent appointment of, well advertising of 10 CDEP community employment program positions that will be allocated to upgrade the community patrol to ensure that day patrolling activities will also occur.

Information Referrals Office. One stop shop for information referrals and networking amongst indigenous and non-indigenous service providers that provide services for this category of people, itinerant people. Also provide a much needed proof identity facility. There have been continuous issues with Australia Post, banks, Centrelink and other agencies, Territory Housing for example, that have raised the issue of indigenous people, particularly itinerant people being able to provide appropriate identification.

Outreach Officer Coordinator and day time diversionary activities. I guess some of the associated initiatives features on page 6, associated initiatives in Year 1. Larrakia Cultural Awareness Project, the project ran for about seven weeks, it was undertaken at the amphitheatre at the back of the NT museum with Larrakia and other indigenous people, there were certainly a number of people who live an itinerant lifestyle, were involved in showcasing traditional cultural activities, such as basket-making, weaving, dancing, storytelling, canoe making. The Larrakia Nation and Leon have been involved in number of discussions with the Conservation Commission, Parks and Wildlife in looking at the Casuarina Precinct and Coastal Reserve.

A very good community-based initiative, which is known as Yalu project. The Yalu project is effectively a group of Yolgnu people from Galiwinku community, ladies and men who have, for many years, been very concerned about the activities and, I guess, the health of Yolgnu people from the Galiwinku, Elcho Island area who travel to Darwin and in many cases don't return. If they do return, they return to be buried. The Yalu women are very committed towards looking at working in with the consultancy project and major stakeholders to try to identify the reasons why their countrymen and women are in Darwin, and to assist them in their need for health, housing, education, as well as to look at the issues as to why people don't return to country.

There are also a number of other community-based programs. For example, there was a structure that was developed a number of years ago, which I think was the Mal Mal structure from the Port Keats area, which is also a structure, I guess, that could potentially be developed in to something that would assist their people from

that area in terms of their needs and services in Darwin, as well as looking at issues relevant to their return to their country.

In terms of this document, page 7, other critical issues. Some points, young children at risk, appropriate accommodation, withdrawal services, and certainly one that is absolutely essential to this project, but from a wider point of view, is a structural disadvantage in remote communities, the whole-of-government approach.

After page 7 is the Larrakia Nation Cultural Protocols. In terms of the development of these protocols, and I guess generally what Larrakia people expect of particularly indigenous people who travel through our country, this is nothing new. Back in the 1990s, I worked in the Katherine region, certainly in places like Kalkaringi and Lajamanu, there were billboards at the front of community government councils where the Arunta people of Alice Springs had a set of rules when visiting Alice Springs, and certainly I think this is something that is basically adopting the expectation that we have, as traditional owners, of people who travel through our country. Similarly, what people expect in Arnhem Land, the Port Keats, Daly River land reserves and Tiwi Islands as well; there is a level of respect and acknowledgment of the traditional owners of that area for which they are travelling through.

On the last page, it is just a flow chart of itinerants project which I guess, just formalises, in a sense, the structure that underpins the itinerant consultancy project.

Ms CARTER: Kelvin, can I ask you a few questions about it now? Obviously, my electorate picks up this inner city area and so, to put on the record for you, I really welcome this project that is kicking off. People have been beating their head against the proverbial brick wall for years now trying to figure out what to do about the problem.

In my electorate office, the issue of itinerants would be the most frequent reason why constituents ring our office. I am sure you can understand the sorts of things that they come to me complaining about. Often, they are quite gross things. For instance, about three weeks ago, I was called into the businesses in Finniss Street which runs off Mirambeena, just near the Daly Street bridge. There is a camp down in that area that utilises a push-bike shelter - a biking shelter that has a bubbler and things like that. The business operators were lobbying me to try and get this bike shelter removed - which only was installed about 18 months ago and is very fancy and what not. The problem has deteriorated to the point where, almost, activities are occurring to basically stick the middle finger up at the local business operators. For example, defecating on their driveways each night and leaving it there when, in fact, there are bushes and areas under the Daly Street bridge where people could go.

Now, I would say that group of business operators would contact me on a monthly basis raising these issues. So they are reaching a point of desperation. I have written to the minister about it and we are touching on this area which I deal with with my constituents.

So really, what I am wanting to do is flag to you that for an inner city electorate, this is an issue of a change to people's amenity of life - I think that is how it is described - in that it makes it uncomfortable for people to live and work when there are other people almost setting out deliberately to spoil the environment.

I notice with the protocols, you use the term, in no 10 that: 'inappropriate behaviour reflects badly on Larrakia people'. I will agree completely with you because all Aboriginal people are often stereotyped by the behaviour of some – and I am very aware to use the word 'some' - itinerant people. For some people, their only experience of Aboriginal people is what they see in the mall or down the back of places like Mirambeena.

Can I ask you what sort of things would the Larrakia people describe as inappropriate behaviour, because I notice it is not actually detailed. So, for example – no, I am not even going to give an example because that then puts my values on it. What sort of behaviors do you think the Larrakia ambassador, or as in people like that, will be saying are not appropriate on our land?

Mr COSTELLO: I guess, generally, that is something I do not think I mentioned as well. But certainly, one of the initiatives which the Darwin City Promotions needs to take the credit for is that the Larrakia and the Darwin City Promotions will be establishing a Larrakia goodwill ambassadors project in the CBD area. The functions of that project, or the people who undertake the project, certainly will be tourism aspect, in terms of the information referrals to areas within the greater CBD Darwin area. Also, there will be an element of linking itinerant people into the outreach referrals office, as well as other service providers such as CAAPS, FORWAARD and a whole range of other agencies and organis ations.

In terms of the issue of inappropriate behaviour, the majority of indigenous people that I have come in contact with worked - particularly senior people within clan groups - within family structures within remote communities, accept that alcohol plays a major part in peoples' lives. But, certainly, inappropriate behaviour in someone else's country is absolutely wrong. It equates to someone driving through Arnhem Land or Maningrida and, basically, drinking in the main street and carrying on and behaving in a way that would not be appropriate to the traditional owners of that area.

We have not put a standard on the types of unacceptable behaviour but, certainly, behaviors such as open abuse, drunkenness, fighting, spitting - obviously the majority of which actions are undertaken under the influence of alcohol as well, or as well as mental behaviour problems because of alcohol influence. But we have not sat down and identified every type of behaviour that we do not see as acceptable.

The focus, really, is to remind people that the majority of indigenous people are traditional owners from somewhere. They have pride in, if not who they are, certainly who their family are and their origins of where they are from. So we are just reminding people that Larrakia are the traditional owners of the greater Darwin area. For the past 50 to 200 years we have had to fight for our existence and recognition from a government that, I guess, essentially did not like to recognise us as well. But certainly, we have had major wins in the last 10years. We still have our sites of significance, our sacred sites, our dreaming tracks, we still have our languages, we still have our relationship with our family groups - that is intact. People who travel through our country should remember that they need to respect and acknowledge the traditional owners who are here.

Dr BURNS: So Kelvin, could the Larrakia go so far as to – well, not prohibit but request - there are some people who are repeat trouble makers, who are major offenders. I know that because I work down at St Vincent De Paul every Saturday. The thing we have to see is that the itinerant people are human beings. In fact, I would probably name quite a few of them. But I know there are some who are repeat offenders; they are hopelessly addicted to alcohol. What is your view? Do you think it is possible to ask them or prohibit them from drinking? Do you think it is possible to ask them to undertake some sort of treatment? What do you think some of the remedies might be here?

Mr COSTELLO: From our point of view, I guess that is why we are certainly actively involved in areas - consultancy of the park project - is that we are very aware of what communities and family groups and clan groups want our role to be as well. They see us as having responsibility for people who travel to Darwin, or through Darwin. There are so many examples, Chris. You would certainly be aware of the people who come to Darwin and then they have an accident, they are involved in a fight and they return to their community in a casket. In the majority of places, such as Maningrida, go through three-quarters of the year through receiving the body of family members and ceremonies and sorry business associated with that.

Dr BURNS: And payback?

Mr COSTELLO: And payback, absolutely. So, I guess, in terms of our role we are not standing up there and saying: 'These are the rules that we want you people to comply with when you come through Larrakia country'. We are just trying to remind people of their responsibilities to us, but their responsibilities to their family - and families such as the Yalu women are very conscious of wanting to be involved in trying to repatriate some of their people as well.

Dr BURNS: I guess one issue - Sue raised antisocial behaviour type issues - but one issue that constituents in my seat raised with me, as well, is the whole issue of litter. I know it might sound petty …

Ms CARTER: It's not.

Dr BURNS: … but particularly along Rapid Creek. People camp along there and they put litter there, in the park across from the Airport Hotel, mostly when – I will come back to this issue of people as people. I went over and I spoke to the people and about half of them were known to me. I told them that I was a local member and that people did not like the fact that they were leaving all their litter there, and that they should be picking up their litter. I told them that if they continued to drink there that I would be calling the police about the 2 km rule, and it would be poured out. It is incumbent on all of us to – and I did not do it in a confrontational way. I just went and spoke softly to them. But they got the hint and things have settled down a bit. I also contacted the Night Patrol to come and be proactive there. A lot of the problems in that area have decreased. But it is, as you said, a matter of people working together in a cooperative way and letting people know that there are standards of behaviour and acting. So I applaud your project, and I will support it as much as I can, Kelvin.

Mr COSTELLO: One of the other things - and we will have our invites going out this afternoon - one of the projects tied up with, I guess, our general activities, is we have been developing and we have completed a traditional Larrakia canoe. That will be launched next Thursday, and is part of the diversionary activities under the consultancy project. We have two of our city participants who are actually going around to known drinking areas and approaching Yolngu, Tiwi, Murampatha speakers – Groote Eylandters – to see whether some of them may be interested in developing a traditional canoe. Potentially, maybe next year, we may have a race of some type or a fishing expedition to see who can – using a traditional canoe – go out and bring back the biggest catch.

So, I guess we are looking at diversionary activities that will focus on bringing, particularly, itinerant Aboriginal people back to there are other things to do other than just drinking. I think that, from my experience, is one of the biggest issues in Darwin. People from those communities come into Darwin and there is no way that they can actively participate in the Aboriginal community in Darwin. There is no networking of them into – particularly things like CDEPs all over Australia. There are only 350 positions within the greater Darwin area. There should be at least 2000 positions, because a lot of itinerant people who live in Darwin have no access to employment. Certainly, community development projects such as art and craft, canoe making, those types of activities which, I think, diminish the types of public behaviour problems that the greater Darwin experiences.

Dr BURNS: Also, on that issue – sorry, Marion.

Madam CHAIR: You're right.

Dr BURNS: As people as people, when you actually know a lot of these people, as I know that you do, Kelvin, you know the individual life stories. A person is probably known to both of us, who is a chairman of a health board, who is a non-drinker but, because someone came and had an accident in town, through drink, this person to my knowledge, who was not involved whatsoever, was ostracised out of the community and is now, sadly, on the grog and was one of those who were beaten up at the Tiwi School. Here is someone who is highly educated, who has the potential to contribute back to their own community but, for fairly complex reasons connected with alcohol, is in town here. So, itinerants is a tag that we put on people, but I do not think we should lose sight of the fact that people are people, and there are probably reasons why they are here.

Mr COSTELLO: The word itself, we, the Larrakia, are going to go back to the project management committee to offer a number of suggestions. The word 'itinerant' is not something we would readily accept, as well as one that is being provided through the project. But something more along the lines of 'a traveller through Larrakia country' is something, I think, would be more appropriate.

Dr BURNS: Well, let us hope some of them travel through and go home, or are able to go home.

Madam CHAIR: Can I say, picking up on what Sue and also Chris was saying, in terms of indigenous people, and when you live in this town and it is in your face. I know for a long time, I spent eight years in Katherine, and just the whole issue was in your face. There was a real dilemma about how do we deal with this. I think this is great; the Larrakia taking control of this. It was harder in Katherine because you had – who were the major - Jawoyn and Wardaman, there were those battles. If we can resolve it here and get it right, and the Larrakia taking it on board and moving ahead is a good thing. It is an issue that has been long overdue.

My office is in the CBD, as well as with Sue, and I know that there have been long-term long grassers from Maningrida and other places, and they do come in. However, what I am noticing – and I do not know if you mob are noticing at the Larrakia Nation – but there is certainly a big influx. Sometimes our remote communities up here – and it is that same stigma and stereotyping, that people say: 'Oh, they're all from Arnhem Land, or they're from here'. But I am noticing a big influx from other places outside of the state, I mean WA and Queensland, and a huge drift from the centre. The majority of people who come into my office and where I've had the businesses along that street where they will come and complain and I look at those … I mean they are Central Australian … I mean there is a big drift that's coming from the centre up here which has to be looked at. I mean, why are they leaving there and coming up here.

Mr COSTELLO: Because, effectively, our focus is within the Katherine, Nhulunbuy and Port Keats regions versus Central Australia, although we are developing a video that we are looking at providing to all communities, hopefully that they'll utilise with their Brach system to show people that there is, again, that level of respect and acknowledgement of traditional owners in the history of the Larrakia as well, which I think will be interesting to people from other regions. If we can't get down to places around Alice Springs, communities around Alice Springs, we could certainly send that out in terms of a production that can go into Brachs.

Ms CARTER: Kelvin, does Larrakia Nation have an office, which is probably a question I should have known years ago, an answer to that.

Mr COSTELLO: We do actually, and the office is located at Alawa shopping centre, which has had its own history.

Ms CARTER Alawa shopping centre? That possibly explains why I haven't seen it. And what's your phone number?

Mr COSTELLO: 8948 2277.

Madam CHAIR: Thank you. Would Larrakia Nation ever look at coming into the city, I mean, I know where you're office is, I've been out to your office and unless you have that knowledge of it being out in the northern suburbs, because I think it's in the Alawa shops?

Mr COSTELLO: It is but, between now and December, we'll actually be moving to the old Aero Club, where Darwin International Airport is. There's two acres of land around the Aero Club and it will primarily be an area where diversionary activities will also be developed.

Dr BURNS: And you've got some important partnerships with the Airport Corporation as well, which is very good.

Mr COSTELLO: Yes.

Madam CHAIR: Yes, because around there is a problem too.

Dr BURNS: No, but just in terms of taking care of that airport land.

Madam CHAIR: Yes.

Mr COSTELLO: Yes, and to that degree, certainly in at least the last 18 months that I've been at the Larrakia Nation, we've undertaken some work with the airport on a regular basis and we've been talking to countrymen about their littering, about their behaviour, about the importance of Rapid Creek to the Larrakia, so yes, we're talking to them almost on a daily basis. Once we get to the airport facility as well, we will be encouraging people, even the people who come in from the small aircraft hanger, where people regularly sit and drink and live, if they want to be involved in activities we can provide the raw materials if they want to generate a little bit of income as well as limiting the time that they're drinking.

Madam CHAIR: Have you got anything else you want to say to the committee? Thank you very much for that Kelvin. We are all, and I know that Dr Lim has had previous involvement in this and all of us, even from our government, are very supportive of this project.

Mr COSTELLO: Thank you very much.

Dr LIM: Thanks, Kelvin.

Dr BURNS: So we'll reconvene at 1330?

Madam CHAIR: We will reconvene at 1330.

The Committee suspended.

DARWIN HOTELIERS ASSOCIATION

THERE IS NO AUDIO FOR START AFTER LUNCH FOR APPROXIMATELY 20 MINUTES

Mr Weller Cont.

Maybe we need to be saying are we helping people into the future if we continue to send out different messages about alcohol and there are certainly a lot of mixed messages being sent out.

Dr BURNS: So just one more question from me for the time, Greg, Professor Dennis Gray talks about the level of consumption being directly related to the level of harm from alcohol. I should remember the figures but I can't, but basically the Territory, the per capita consumption of pure ethanol is double, I think, or somewhere around that, and in some regions it is probably more than the rest of Australia. What sort of role do you think the industry has got to reduce, I am not suggesting it is just the industry's responsibility as you said before, but I'm just asking what role do you see the industry having, and what sort of partnerships do you think need to happen, for us to be able to reduce that level of consumption down?

Mr WELLER: I think an important word there used was partnerships. It is something that industry can't do on its own, and I guess going back to the point that was made before regarding DASA, situations like that are counterproductive, because it doesn't promote partnerships. I think we've seen in areas, I touched on Pine Creek before, where it is a far simpler, I guess, going along the road, the problems, but certainly there has been a very good partnership there where the four licensees in town all have written into their licence a set of conditions, which are the result of an agreement that has been reached over a number of years between the Kybrook community around Pine Creek, the police, the licensees and the council, and the gist of that is, it limits people from the Kybrook community, or their guests visiting Pine Creek, it limits them to one six pack of light beer per person per day so, in that regard, and that is something that has certainly helped. The community has been very appreciative of that, it has helped them get a lot of the issues that they had in the past under control, and it has certainly helped the town. I think that in itself brings for a better relationship between everyone in town if there

are less problems. And where there are partnerships like that, where industry do get involved, industry does work with the police, does work with the communities, there certainly have been some good news stories there. Unfortunately, in some areas, it is harder in areas such as Alice Springs, for example, where there is not one central point necessarily from a community whereas there is in smaller regional towns, there are a lot of people all coming to the table, and it certainly makes it a lot more difficult to get agreement on any sort of measures like that.

But those kind of partnerships have been occurring over the past years, and particularly a lot of the regional communities and wayside inns that do have agreements with people in that area, whose land their on, so, I think that is certainly a key to it, there is partnership. Something I guess I couldn't let go, reference to how much we do drink in the Territory, I think the kind of numbers I've seen, I think it was in the vicinity for Territorians, on the whole, of around 14 litres per year, about nine for the rest of Australia, was the general gist of it. There is no walking away from the fact that there are problems within the Territory, but I think, when I briefly mentioned earlier on about some of the things that have come out of what has happened in Alice Springs so far, one of the very interesting things was, we saw a table for the first quarter of the restrictions this year, and what happened as a result.

Really, on the main, in terms of all the broad range of products, we saw no real changes that you could necessarily attribute to the trials. The two products that were the only ones we saw a change to was cask wine and port. Cask wine, from memory, fell from around, the measure was in litres of pure alcohol, and for the quarter prior to the restrictions there were around 20 000 litres of pure alcohol of cask wine sold, and then in the first quarter that fell to around 7000. Whereas port, disturbingly, went from around 3000 litres to around 23 000 litres which, when you do the sums and work it back, is a lot of casks of port a day. It was quite clear that no other products, really, to the level that you could put down to the trial, there was a couple of percent increase here and there, but nothing – light beer did not move at all, so certainly the light beer restrictions appear so far to have limited impact, but there was an obvious change there.

However, when you compare one thing, and that was something that everyone expected because it was something the licensees saw happening, the people around town saw the port casks and so they knew it was happening. Something that we did not expect was that we were down in that first quarter of this year, that we were down prior to the restrictions coming in, we were down to 23 000 litres of cask wine. In the 12 month period prior to that, the same time last year, the industry sold 40 000 litres. So, around the three quarters leading up to the beginning of the restrictions this year, the cask wine fell by half from 40 000 to 20 000 litres, and that was product that was lost to the community. There was no corresponding increase in any other product that affected those. It was only after restrictions came in that we saw an obvious flip-flop between port and wine.

But what that did show, the big elements that happened then and when this fall started to happen was at the end of last year, and what it was in the main put down to by the group was Ansett and September 11. And, I think from that it demonstrated that in this period due to the massive downturn in tourism in Alice Springs, and what Cartier put that down to, was the fact that the five litre casks, not only are they bought by drinkers, but we all underestimated how much they are bought by companies, whether they are bus tours or 4-wheel-drives that take people out bush, that as a result, long prior to the restrictions coming in, we saw this massive down turn and the only thing else that changed in that time was tourism. So I think we can never underestimate how big, and while we see these studies, and they claim that the likes of Dr Grace will do that like to tell us how bad we are in the Territory, and they like to present figures often saying that they are adjusted for tourism, I do not think it is something, it is not an exact science and that is certainly the closest, these figures have been the closest I have ever seen to an exact science, so I do not think we can underestimate how much of it is tourists.

Mr WOOD: Very good point. Dr Burns took some of my questions, that is alright. I was going to ask him a philosophical question because I suppose we have been dealing with actuals at the moment, but I might put in this sort of light. Obviously the hotel is the basis of the whole. But I think there is no doubt that alcohol causes major social and health problems in the Territory. I think we had some figures from the police at one stage. It is something, a figure, and I probably cannot be quoted on, but it was around 80% of call outs have some alcohol

relation to them. We know the effects of over-consumption of alcohol from a health point of view, we know about domestic violence. A lot of domestic violence is alcohol related.

I lived at Daly River for a long time, and the pub at Daly River would have been the major cause of the problems that we had down there. I mean kids would not get fed, there would be fights and all that sort of thing, and a lot of young people I knew never reached the age of 21 because of alcohol. And yet when I went to Tennant Creek, I was there during those Liquor Commission hearings, I was not down for that reason. I was down for some work reasons, and I went and listened to some of the discussions, and what came out, of course, from some of the hoteliers was that they were going to lose their profits, and I understand that, they are in business and if they see restrictions occurring, they are not going to have as much money, but how does the AHA balance its job as representing its members who wish to make good business and make profits, as against the knowledge of they sell a product, because they are the only people who can sell it – the brewery does not sell it, he sells through your group of people and it is from there – because that is the only way people could buy it – that we have major social problems in the community. Does the AHA say see a responsibility for at least doing something about that, or is their responsibility tampered by the fact that we have got to make money?

Mr WELLER: There is no doubt that that is obviously why we are in business, to make money, there is no question and I guess when we look at other things to an issue which is not within the terms of reference here, but likewise the gaming services and gambling services that we offer can be an element of community harm as well. It is important that we do recognise the problems that emanate from substance abuse, and in particular the ones that we do sell. I guess in terms of the philosophical question now, what are our responsibilities, how do we sleep at night. At the end of the day, the hotel sector and the hospitality sector, we realise that what we do do on the whole is by far in the good of the community in terms of the employment, the tourism, the amenity and the well-being of the people within the community, and what it means then is the sections of our patrons that do have these problems, it is something that we do have to address, and I guess appearing to give evidence today and to be able to put suggestions as to how we might be better aided in helping those things by being part of groups such as the evaluation group for the trials, and by the training that our members and the money they spend on time and training with their staff, are certainly all examples of the kind of things that we can do.

There is definitely a lot that industry can do, and I guess part of my evidence today is though that we cannot do it all ourselves, and I think there are some bigger structural issues in the Territory that do need addressing. When we look at some of the regional licensees, be they in Tennant or Alice, we need to, rather than look at it as them being the source of all the problems, we need to recognise they are a business there that services part of the community, and then ask the question, how can we solve the problems and how can we solve the problems relating to social harm, and to be able to give them the tools to do that, but not be telling them that the way they are going to do it is by losing money and I think that is, certainly from the licensees in Alice Springs – and this happens in areas such as Tennant Creek – when they are put with the proposition of - you are going to sell less and you are going to have shorter hours, therefore you are going to make less money, and that is what your contribution to this problem is going to be. It is generally not very surprising that they do get their back up and again it does not create a very harmonious situation. But if we do look at it in terms of how do we address the issue, is it that instead of every supermarket and every store and service station selling alcohol, it may well be a lot easier to justify, if there is some sort of rationalisation in the industry, if there are far less licensed premises competing for a dollar, it might be a little bit easier for the industry to come back and say, well these are all the restrictions in terms of times and hours.

So I guess that is one way, from our point of view, that we would argue it should be attacked, is that rather than necessarily putting the proposition to a licensee that you will make less money and this is how we will solve the problem, it may well be looking at it from a win-win situation and saying, well how can the licensee continue to be able to operate a business, and continue to be able to invest in that business and enjoy profits – which is why they are there – but be able to make concessions which they can then live with which may well address some of these problems.

Mr WOOD: Are you saying that perhaps if you had less licensees, but who had shorter hours, that it would be compensated because there would be less people in the industry operating for the same dollar.

Mr WELLER: I guess, when I look at – and I am not looking to point the finger away from us because we have responsibilities as anyone else does. I mean, going on the figures in Alice Springs, we saw in the quarter – and this is litres of total alcohol rather than absolute alcohol, there is a particular table – but store licences sold, in the quarter, around 800 000 litres of alcohol, whereas hotels sold around 500 000 litres. Again, a large percentage of that would have been on premise. So you would find that hotels and clubs are selling around a quarter of the take-away alcohol that Woolworths, Coles, the Rapid Creek supermarket are, and we maybe need to ask the question of, do all of these, does every little corner store need to be selling alcohol, and if the only way they can stay viable is by selling alcohol, maybe they shouldn't be there. And I suppose that may sound like we are saying, well we should be making money out of it, and they shouldn't, but the fact is there that they are the questions that we have to ask. Are the hotels and clubs the place in the community where you get alcohol? Or is it from every little corner store? And I think we need to address all of these issues, as I said, on a bigger picture scale, and maybe we need less licensees in the Territory and maybe that is another way to further ensure that those ones that do operate continue to be viable, and it may well be for less hours.

I guess, it is funny again, going back to the questions I raised about tourists, I mean maybe we need to look at that's where, of encouraging the market, and that's where the money should be coming from. I mean, when tourists in New South Wales or South Australia can buy their takeaway alcohol, or buy alcohol over the bar at 8 00 am, yet in Tennant they can't do it all day on Thursday, they can't do it at all in Jabiru, may be we need to say, well, tourists should be people upon a similar idea as to what was suggested in terms of pub cards, people with a passport or with a Victorian licence plate and driver's licence, maybe they should be able to buy their takeaway alcohol for when they go out bush earlier in the morning, and it may be that the people within the town can only buy it in even more restricted hours.

But I think those are the whole things we do need to balance up, because when we do say to licensees, your contribution will simply be to go a little bit closer to going to the wall, chances are, like any business, they are going to do whatever they can to stay afloat.

Mr McADAM: Has that proposal that you just put, has that been put by any of the retailers, that you are aware of? I am talking about tourists now, in terms of special conditions?

Mr WELLER: It is certainly something that is raised, the issues of tourists is raised, and we've raised it in terms of Alice Springs and our discussions. I think these are all things that need to be put up on the table. We recently met with the minister to put the case for some sort of a review of the *Liquor Act*, the fact is at the moment there is a review taking place in regard to national competition policy principles, so that will view any anti-competitive issues. We were very alarmed too, when there came a whisper out of the department that the extension of Sunday trading was one thing that was going to be considered to all of these stores, which again caused us alarm. It was eventually knocked on the head but, again, we are saying how far should this competition go. There is that review happening, the department has also put up some administrative amendments as well but, again, it is only going to be very minor, and it is only going to address administrative issues or competition issues, but not address any issues to do with social harm, to do with the future direction of the industry, which is really what we have been looking for.

A comprehensive review of the act has been promised to the industry, and been on the table for around 7 to 8 years now. It comes up every now and then, again, well, I have it in writing from the department in January that it will be a couple of, well next week, we'll have a look at the new *Liquor Act*, and its October and we still haven't seen it, so it's certainly not, and I don't lay the blame with the current minister, or even the one before him, or before him, it has been something that has been not addressed, for, as I said, a very long time now, but certainly something that we believe should be looked at on the whole, and I think a lot of these issues can be addressed as part of that, or at least going some way towards addressing them.

Mr McADAM: I've only got one other question. How do you refer to the big picture stuff, even though you are addressing that in part, do you wish to elaborate just a little bit more?

Mr WELLER: I think I've touched across a lot of the different areas there. One proposal that some of our members have suggested, which was something we put to the minister recently, not so much as our leading idea, but the type of thing that needs to be considered is some sort of rationalisation of the industry, and even an industry buyback process, whereby, it could be a situation where government aren't being asked to fund such a program, industry would be funding it, but industry would be the beneficiaries of it. So I think those are the kind – when I say big picture - those are the thoughts that we need to think about rationalisation, about where we go in the future, and about how many licenses and what we want the trading conditions to be down the track.

Mr WOOD: Just a clarification, are licenses permanent, one you say – say you have got a shop in the suburbs and you have got a liquor license now, is that renewable over a certain period of time? Can you expect it to have it forever?

Mr WELLER: Under the current system, yes. Even in the situation where, were that store to close or voluntarily choose to cease trading, there is certainly, while there is the facility if a license does not trade for a certain amount of time the Liquor Commission has the power to be able to take that license back, but that is not the norm, so licenses may sit for a number of years dormant waiting for someone to take them back up again. So, I guess the short answer is yes. Generally you can assume that if you do have a license you will have it for life.

Mr WOOD: So if you had a buyback system you have got the problem of so-called future profits. I mean a lot of these stores are not – look at the two out at Howard Springs, you have got the store and the pub next to one another, and there is no doubt that the store, I would say it would survive to some extent, not totally, but a lot of its profit comes from the selling of liquor. Now, if you were to, say, buy that back, you would also make the store less profitable and probably less profitable to sell. So there are some issues there that government would have to face up to as well.

Mr WELLER: There are a lot of issues there, and I certainly would not advocate any program along those lines that had compulsory acquisitions, because that would open a very big can of worms in itself, but something where, if there was a fund and there was a value placed on a particular license like that, if the store is just getting by, they might want to put their hand up for it. Likewise, we have a situation in town here where a major supermarket chain is applying for a new license in town to be 100 yards away from their existing license, and we have got some real questions over that. I think, when we are talking about the availability of alcohol, there has got to be a very big question mark raised over that. But, should it be decided by the commission that there is a need for another license in town, it may well be, in a future system, that we would like to see, is that if it is going to be the case, that supermarket might have to – if it wants to sell X amount of take-away alcohol to the community - it is going to have to go out and find that somewhere else, whether it be at Howard Springs or Rapid Creek or anywhere else, Woolworths is going to have to find someone else selling that amount of alcohol and make it worth their while to not sell it anymore, and there is no facility for doing that at the moment.

There was a case last week in the commission where a licensee in town unsuccessfully attempted to transfer one license to another premise in the same street and in a similar environment, which would have actually resulted in there being one less license on the street. Yet they were denied. So these are the sort of things we need to look at, at about what the commission actually can do. We have the greatest faith in the commission, but they are operating within a structure which I think really limits them.

Mr WOOD: The only thing I was interested in was about the review of the act, and you are saying it has been ongoing for ages and nothing has happened?

Mr WELLER: Yes, nothing has happened. I mean this is something, as I said, it goes back well before my time in the Territory. It has been going to be reviewed, or had reviews started for quite some time. I think we last put a submission in around two years ago.

Mr WOOD: Because I cannot speak for the rest of the committee, but it certainly may be an opportune thing for this committee to look at as to what has happened with it, what is being proposed. I do not know if there has been any draft come out or anything.

Mr WELLER: The fact is the review as it is at the moment is simply, as I said, it addresses competition issues, it addresses administrative issues, but there is really nothing in it, and what we are saying is, it needs to be pulled back to bare bones and have a debate on really what it should be and where we do go in the future, and that would be an ideal opportunity, I think, for a committee such as this and the work it is trying to do, to be able to look at that and look at where we really do go.

Mr McADAM: So you have been to the minister's office to find out the status of it?

Mr WELLER: Yes.

Mr McADAM: And sorry, I didn't hear; what was it?

Mr WELLER: We'll get it when we get it.

Madam CHAIR: I just want to ask one question, sitting back and listening was quite interesting, I mean out of your 400, you said that you represent 400 licensees …

Mr WELLER: No, the …

Madam CHAIR: 400 clubs, and different clubs and pubs.

Mr WELLER: No, the 400 I mentioned, that was the ratio per, one liquor licence per every 400 Territorians.

Madam CHAIR: Okay, so what was your membership? What were the numbers in terms of your membership?

Mr WELLER: Yes, we would have around 160 members.

Madam CHAIR: 160. Out of that 160, what we have, and I know a number of the questions that we've done to date, and we've talked about is Darwin, Katherine and there are …

Mr WELLER: Yes.

Madam CHAIR: I mean, Katherine again, I mean we talked about Pine Creek, but you only have to look at Katherine and the number of licensed premises that are there for the small population. So we've looked at most of the urban centres, but in terms of regional and remote areas, because the reality is that you've got community clubs out there. Does your association represent or have members from remote rural communities?

Mr WELLER: Yes, I guess to give some good examples, one that came up there before, the Daly River pub down there is a member of ours.

Mr WOOD: What about on communities?

Madam CHAIR: I mean communities itself, because Daly River is …

Mr WELLER: On communities, we do, I'm just trying … actually on communities? We do, I'm struggling to recall names, I struggle with some of the pronunciations too, the answer is yes, we do, we have a member on Bathurst Island and I believe there are a couple of other community clubs as well.

Mr WOOD: Is it possible to have a list of your members? Is that public or private?

Mr WELLER: No, we can certainly supply that to the committee.

Mr WOOD: Thanks.

Madam CHAIR: And you were saying you play an advocacy role and advice and stuff with some of the hotels and taverns. How much do you play in terms of remote areas with community clubs and …

Mr WELLER: Very little to be honest. Really, those issues come from when members do request assistance, that it is really what it comes down to, so a simple answer is no.

Madam CHAIR: Thank you, Greg, for coming and giving this evidence to the committee.

Mr WELLER: Thank you for your time, and there were a couple of things there that I think that the gentleman on the end asked about, so I'll follow up on those.

Madam CHAIR: There are certainly a lot of things to take up, thank you.

COUNCIL FOR ABORIGINAL ALCOHOL PROGRAM SERVICES

Madam CHAIR: Welcome, I declare open this meeting of the Select Committee on Substance Abuse in the Community and welcome the various representatives from CAAPS, the Council for Aboriginal Alcohol Program Services. In attendance is Ms Kim Gates -Director, Caroline DeBush - Community Based Coordinator, and Miss Davina Goldthorpe - Manager.

Mr ARMSTRONG: And Malcolm Armstrong, field worker.

Madam CHAIR: They are appearing before the committee to brief you in relation to its terms of reference. If required, copies of the terms of reference can be obtained from the committee secretary. This meeting is open to the public and is being recorded. A transcript will be produced and may eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be 'in camera'. The decision regarding this will be at the discretion of the committee. You are reminded that giving evidence to a committee is protected by parliamentary privilege. For the purposes of *Hansard* record, I ask that you state your full name and the capacity in which you appear today.

Ms GATES: Kim Frances Gates, Director of CAAPS.

Mr ARMSTRONG: I am Malcolm Armstrong, field worker for CAAPS.

Ms DeBUSH : Caroline DeBush, Community Based Coordinator.

Ms GOLDTHORPE: Davina Goldthorpe, Manager of Treatment Services.

Madam CHAIR: Just to give the Committee, I could go through the names rather than introducing them, but if you want to just go straight into it, Kim, and give us a brief on CAAPS.

Ms GATES: CAAPS is, as the name says, Aboriginal Alcohol Program Services. It has been established for about 17 years now. We are based in Berrimah and we have a residential rehabilitation program, a six week

program. We also have a community based field workers team that works out in the field. We are a registered training organisation, providing training in substance abuse courses, and we have a hostel where we accommodate students and clients in our rehab program, as well as administration. We cater for up to 20 clients at any one time in rehab, and we run a family based program, so we cater to not only the adults but we run a children' program as well.

Madam CHAIR: What would be good, you have just given us a brief overview, but if you want to go through a number of your programs, and then the committee will perceive.

Ms GATES: That is why I brought with me today, Davina at the end is the Manager of our Treatment Services, which is our core business. Caroline is the coordinator of our Community Based team, so she is working along with Malcolm out there in the field with our clients as well, so they have hands on ground level knowledge, so I have brought them today, so maybe if we can move on to them they will tell you a bit about their programs.

Ms DeBUSH: Community Based is an outreach program. The outreach program works mostly with the itinerant group. We visit all the camps around Darwin, or try to, in the Palmerston and Darwin area. We also do referrals in and out of the CAAPS program. We do a lot of networking, so we get to know, for our referrals, who we can refer the clients to, so it is mainly doing a lot of the outreach work for CAAPS, to be able to, for clients to be able to come into the program and just helping, going out and seeing what we can do for the people who need that help out in their community of Darwin and Palmerston area, in relation to alcohol and drugs.

Dr BURNS: I have a few questions. How many clients would you, I guess there are different programs, just in terms of the Darwin and Palmerston program, say in a year, how many people would you have going through your program, do you think?

Ms GOLDTHORPE: Well, for the actual treatments, part of the program, which we run a six week residential program, we can have up to about 140, I guess, in a six month period, it's around the 60, 70 group. Because it is a six week program, it is actually all continuing programs over just six weeks, clients can come in within any time during the six weeks, and it is an ongoing program, so even though we can have up to 20 clients, at times, because they come and go, we can have up to about 140 during the year, and that is not including the children, that is just the adults. I think, over the year we had about 50 children, in the first year we had the children's program.

Dr BURNS: So where do most of your referrals come to, we had FORWAARD here this morning, they have got a different, I guess, client base, a lot of their referrals seem to come through the court system, but where do most of your referrals come from?

Ms GOLDTHORPE: From the court system as well. A lot are through the court system, whether they actually come into the program or not is a different story. We get a lot of self referrals, but we also get a lot of referrals from the communities, through health centres, probation and parole out there as well, send a lot through, and just people who are calling up, either through Danila Dilba, or places around town, or just calling up themselves. But court referrals are a big referral base for us as well.

Dr BURNS: When you mentioned before about referring your clients to other services, what sort of services did you mean there?

Ms GATES: We would look at what the client's needs are at the at particular time, a referral can be for medical purposes, legal aid, whatever the client needs we can refer to other agencies. We have got, as Caroline mentioned, very strong networks with a lot of agencies around town to whom we refer clients on, when we see a need, where the client themselves may not have identified that they could get help from somewhere, so we sort of act as a system to find places that they can talk to about their problems.

Dr BURNS: And with the model of treatment you use, it is mainly abstinence is it?

Ms GOLDTHORPE: Yes, it is an abstinence model.

Dr BURNS: I suppose that is a little bit different from FORWAARD in that they probably, well my understanding was, from what was said this morning, they don't have an abstinence model per se, correct me if I am wrong.

Ms GOLDTHORPE: I would have thought they were an abstinence model as well.

Ms GATES: FORWAARD actually work on the AA model, which is an abstinence model, which is based on the Minnesota model of treatment. We run the same program, we don't probably focus so much on the AA principles as much as FORWAARD does, but our program very much looks at the same principles. But it also looks at giving the other members of the family the skills to help themselves when they are affected by people who are drinking or that are using drugs.

Dr BURNS: We heard evidence again from FORWAARD today that a lot of the work, a lot of the clients seem to be coming in with a lot more poly drug use and, really, agencies are having to change their approach because of that? Did you want to comment on that? Is that correct and how is CAAPS addressing that issue?

Ms GOLDTHORPE: We do see a lot of poly drug, but it is still very much marijuana and alcohol, which is what our main focus has been for a number of years now. We haven't really seen an increase in any of the other drugs over the past year, at all, so it is still very much marijuana and alcohol, so we haven't had to change our focus at all. But we are seeing a lot more people are using alcohol and marijuana as well, or the other way around. It is rare to see someone coming in with just the one drug now.

Mr McADAM: It would be interesting to note that just recently in the field we have seen, openly, kids using paint. That is a new one, it has only just recently that it has been happening.

Mr Armstrong: What, new to Darwin or the …

Mr McADAM: No, it is just new to us, seeing it. It is not new to Darwin. It has probably been here for a long time, but it is new to us to see. You are talking about the quality of drugs, we deal with alcohol and ganga, or marijuana, but you are talking about something new happening, that we have seen people using paint.

Mr ARMSTRONG: I was just going to ask if I may. You mentioned children, what age groups are you talking about?

Ms GOLDTHORPE: We did from zero up till 17, 18. We bring in the whole family. The program that we run is an open program for all ages, so if they like to come into the program, they come in and it follows along with the adults program. It is just teaching them about what drugs are and what their roles in the family are. Maybe some of the damage that is being done in the family, how they can stay safe, and self-esteem and stress levels and anger, and things like that. It can be adapted to all ages and we do have different ways to deal with all the kids, but they do go in all together, generally.

Mr McADAM: Do you have many of the people repeating?

Ms GOLDTHORPE: We do have a lot of repeat business, yes.
Mr McADAM: Of the 140, how many times?

Ms GATES: We tend not to take a lot of repeat business nowadays.

Ms GOLDTHORPE: We are stopping, but a lot of them have either been known to the community based team out there, or have been in our program before, whether it be quite a long time ago. We are trying to reduce the numbers of people that we have on a rotating basis, so who come in sort of once or twice a year and we see them all the time.

Mr McADAM: But then you would refer them to some of the other agencies.

Ms GATES: We try to, yes.

Ms GOLDTHORPE: We do encourage them to, yes.

Ms GATES: There is a core group, I suppose, of hardened drinkers in the itinerant community that use the rehabilitation centre as a dry out, just to rest.

Mr McADAM: To have a break?

Ms GATES: Yes, a bit of rest, good tucker and that sort of thing, and once they feel good again they go back out into their other lifestyle. They are not ever going to change, and that is the revolving door process. There are probably about, out of the so-called 200 itinerants, maybe 50 people. It is not just the rehabs in Darwin, I was in WA in the Kimberley in a rehab centre and there are people I am seeing here that have been down there, so they go right across the Top End.

Dr BURNS: In relation to itinerants, their being labelled I suppose, but 200 – some people say that there might be other ways or means of trying to encourage at least some of them to be referred, to undertake treatment. Can you see steps that government, or funding should be – do you think there are some programs that we could be looking at to try and help some of the people who are caught in this cycle of alcohol in Darwin from other places?

Ms GATES: I think there definitely has to be a need to recognise that some people are past the point of change. They obviously need some sort of centre where they can go for some rest, etc, but they are not – unfortunately we get sort of, our funding bodies give us outcomes and it says we have to get so many people through the program and have a percentage of success. With that client group, we cannot reach those outcomes because we know that they will not ever have the successful rehabilitation period. So that is why we are having to tend to sort of say well, no, we cannot take you, we will try and find somewhere else for you to go, because we cannot meet the outcomes of our funding bodies. So the government are not really recognising there is a group that we cannot cater for and no one else is actually catering for them.

Mr WOOD: Who set those outcomes?

Ms GATES: The funding bodies.

Ms GOLDTHORPE: The Commonwealth funding bodies.

Ms GATES: We are funded actually by Commonwealth and Territory.

Mr WOOD: I get a bit concerned that the people who set these outcomes do not know the reality on the ground. Are you able to ask the Commonwealth to …

Ms GATES: Well, we negotiate with them every time the funding comes around. It does not make a lot of difference.

Mr WOOD: Take it up with the member.

Ms GATES: And Territory Health and Community Services now, the same, I suppose.

Mr WOOD: The reason I ask that, is because, although these people, and you know better than I would, have probably very little chance of getting out of the situation they are in, the little bit of hope they do have is that you have given them time to have some rehabilitation, and surely that, is an outcome in itself.

Ms GATES: Well that's right.

Mr WOOD: And if that isn't being counted as an outcome, then I would say there is something wrong with the system. That something is better than nothing.

Ms GATES: Yes, and that's the way, in my whole working history in this field, people say to me, how much success do you have, and my answer is that it is success getting someone to walk in the door, because for every day that they are with us, it is an extra day in their life, and that is a success, regardless of whether they go back to drinking or not.

Mr WOOD: So, we are really judging people, in the sense that, well, sorry, you are past it, so goodbye, no-one cares anymore.

Ms GOLDTHORPE: There are two definite groups of people, there are the people like that, who just want to come in for the rest, and they know that if they come in, and you do need a different service for that, you almost need a sort of like, a residential half way house, where they can just come in and have that time, and do that. Whereas you need a program which is very much awareness based and educational to help those people who are only just in that position and do have, you know, need this education to be able to change their lives. That is why we do have a conflict there completely, because if we bring these other people in who have done our program three or four times, they know what we have been telling them, they are just here for a rest, whereas, then maybe a family is missing out who needs to come in from the community because we don't have the beds anymore because we are helping these other people. If we need more facilities, it is more like a halfway type house, where they can come in, stay, come and go as they want to, get the counselling if that is what they need, and a time out period, rather than coming into our program and sitting listening to the stuff they have heard over and over before.

Dr BURNS: Just trying to ask the question that I asked before, in a different way. In terms of intervention, for people who have got a problem, who are on a downward spiral, and I think I've used this example before, when I was doing some work in Gove, that I had access to all the hospital files there, and you could see there were a number of people, they started presenting at the hospital, or they were having some other sort of problem, and gradually their problems got worse and, at the end of the day, at the front of their file, was - deceased. And I often thought that, really, there could have been a lot more done in terms of hopefully early intervention, or intervention further up along the way, that might have at least saved some of these people from this slippery path. Have you got any ideas about ways that that could be done, that that could be built into the system?

Ms GATES: We are actually, I suppose the principle in our community based team is something that we have been looking at. I mean that is what a community based team, with the idea of that, is to work as an intervention, to get out there. At the moment it is really focussing on the itinerants because they are the group that are out there and in our faces, so we have to deal with them, and we've only got a small team, and so they can't get any further than that, but we would like to strengthen the fieldwork, that's for sure, that is what we are looking at.

Dr BURNS: At least the people I was talking about in Gove were the ones living on the town beach, I guess, they were the Gove equivalent, although their homes probably weren't all that far away from the beach. Now that we are on to the outreach and community aspect of it, obviously, you have got your efforts in Darwin and Palmerston, so I'd like to hear about how you engage with the itinerant population, or the clients there. I guess, after that, I would like to hear about what CAAPS is doing out in some of the communities. I know that CAAPS

has done some great work over the years, particularly on Angurugu and a whole lot of other places, so that is what I am interested in as well. So the two aspects, what is the nature of the work in Darwin and Palmerston and, secondly, what is your engagement with Top End communities?

Ms DeBUSH: I suppose with the community base, we go out there, and we are not just looking to bring them into the program to do their treatment program, we ask them what their needs are, and that is the way we refer them on to other agencies to get help.

Dr BURNS: It's okay, sorry Caroline. We're just a bit distracted here, I was listening. Keep going, I'm sorry.

Ms De BUSH: Yes, we are working a number of ways out in the field with the client. Like I said, when we go out we don't just expect them to come into the CAAPS program. We are always asking them what their needs are so that we can further help them out that way. We know that at time, you know, we have a hard time going out into the camps because a lot of these people are really sick and they can't be bothered with people going out and asking them all these questions, so it's really hard.

First of all, we have to gain their trust, and get to know these people, then go back and ask them what their needs are. So it's, more or less, we have to gain all that trust and then ask them what their needs are so that we can help them and refer them on to other agencies.

Dr BURNS: I know about the work you have done at Angurugu, I guess CAAPS' work is still ongoing out there?

Ms GATES: We have contacts out there on the community, a couple of the CAAPS council members out there, and they work, pretty much I think what they … they pick that up and run that in their own community, now but there is still close contacts with CAAPS. And that's how we work with the community. As I said before, we are a registered training organisation, and we're not that big an organisation so we can't be out on all of the communities, so our idea is we bring the people in from the communities and we give them some education on drugs and alcohol and, hopefully, they can go back into the communities and support their fellow community members.

Dr BURNS: Which communities are you engaged with?

Ms GATES: We are basically engaged with all of the communities through the Top End, right through from Port Keats to the islands, all through East Arnhem Land, most of the communities, Milingimbi …

Ms DeBUSH: Port Keats, Jabiru, we have a lot of connections right up, and Groote Eylandt.

Ms GATES: Some communities we have probably more contact than others, but we are available for all of those communities to access our services. We run training courses once a month at CAAPS, where we get funding to bring the students in from the community. We also go out to the communities and provide training on community, usually once a month, as well. We have also, with one community, we are working quite strongly with … I am not sure which community it is but it's the Tiwi Health Board who have employed a worker, and one of our CAAPS workers works alongside them to mentor and help them to set up alcohol programs on their community. We realise we don't have the resources to do it ourselves, so we are hoping to help people on the community to do it, to give them the skills to do it.

Madam CHAIR: It must have been one of your community based workers who came to Milikapiti …

Mr WOOD: Milikapiti.

Madam CHAIR: It was at Milikapiti when we spoke to, I think, one of your workers out there.

Ms GATES: Was it earlier this week?

Mr WOOD: No, last week.

Ms GATES: Last week?

Madam CHAIR: Last week we were out there.

Ms GATES: Kevin Dorman was it? Yes he would have been working with Mary Elizabeth.

Madam CHAIR: I was saying to Kevin, look I think the concept is good, where people are coming in and they are having that training. I have spoken to some of the women from Maningrida who also came in and have done the training. There seems to be this big gap that by the time they go back, when they go back to their communities, that infrastructure isn't happening as well in the communities, or that support base, even though they're coming in and they're having the education and that support here in Darwin. It is when they go back home that there is that big gap and that's where some of it is failing.

And I am not saying it's CAAPS' fault, they're doing the right thing and they're coming in, it's when they're going back as well, that support structures need to be looked at.

Ms GATES: That is the difficulty that is facing a lot of our students. They are coming from communities where there are strong sober groups, but they're also the communities that are run by councils of drinkers, so there are two opposing groups and, usually, who has more power? It's usually the council, and we find that in quite a lot of the communities. It's a big problem.

Mr WOOD: Can I ask a broader question? This morning we had the Alcohol Awareness and Family Recovery group, and you've got FORWAARD, and I've got a bit of a relationship with ANSTI down at Bees Creek, and you've got yourselves. How does everyone fit into the situation without duplication or tripping over one another, or do you see yourselves as having separate roles in this picture?

Ms GATES: AAFR is sort of like a sister organisation to CAAPS, we work very closely with them. They actually don't have residential rehabilitation any more, they did have Daly River until it closed down. But also when they did have that, a lot of their clients they actually referred to CAAPS because Daly River being what it was, was not always suitable for some of their clients. We have had a close relationship with them for many years and we get a lot of referrals from them.

FORWAARD, we work probably not as closely with, but we do not conflict with them because we are a family program and they are actually more focussed on single people and they cannot cater for families. So that is where we work if we have a client who is single and we cannot take them into our program, we will refer them to FORWAARD and vice versa. If FORWAARD have families, they refer to us. We work alongside of each other rather than in conflict with each other.

ANSTI, we do not have a lot of contact with. I am not sure even really how many Aboriginal people they cater to, but I am aware that their main group are middle aged men, but I am not sure about the ratio of Aboriginal people.

Mr WOOD: They do not base it on racial grounds. It is whoever comes, comes.

Ms GATES: We have actually tried to establish a bit of a relationship with them and have had difficulty with our field work, we have tried to set up some networks with them and have not had a lot of luck. We have got a letter gone to their board at the moment to try and get some cooperation.

Madam CHAIR: Sometimes it is a territorial thing. One of the things that we know – and I remember years ago talking to a lot of the substance abuse service providers – and I will use that thing of the health services three years ago - and it gets down to funding and resources and trying to lobby both governments in changing service activity reporting requirements and everything else, was that one of the biggest thing that was missing in the Northern Territory was that unlike the health service sector which – whilst everyone was doing their own thing and all working towards primary health care, there was a need to come together and have better coordination and working together to have quite a strong lobby group to lobby both governments, both the Commonwealth and the Territory.

The health service sector actually did that quite well and we were trying to say to the substance abuse services at the time, there needs to be a bringing together – because a lot of the services were not talking together. I think sometimes you can have a number of providers doing treatment and rehabilitation aimed at the different target groups but not working together and sharing and trying to come together. Because coming together can actually be quite a powerful thing.

Ms GATES: And it is not happening to the extent that it could happen and that may be because of some jealousy. I know it is out there. CAAPS is actually quite well funded compared to either alcohol and drug agencies in Northern Territory.

Mr McADAM: What is your staffing numbers?

Ms GATES: We have about 27 permanent staff members. We have a lot more funding than say FORWAARD because they do not get the funding from all the units we do and those sort of things just causes problems between agencies, a bit of jealousy, like you do not want to share. I am not saying it is there in your face, but it is an underlying issue when the agencies are dealing with each other.

Madam CHAIR: Yet there is enough people with enough drinking problems …

Ms GATES: They can share it around, that is right.

Mr WOOD: I think ANSTI is based on – basically it is just whoever comes whether Aboriginal or not and I think they sometimes see that as – I think we are a bit proud in saying well we do not particularly want help because we have an Aboriginal, we just want help because that person has an alcohol problem. I think that is where they probably differentiate and I know they are fairly strong on saying, no, this is a person who needs help, not an Aboriginal or non-Aboriginal, that person needs help. I know that is part of their philosophy. So maybe that is where some of the difference is, but maybe, as you say, you have actually got to sit down together and look at these issues as – because we have all got a common goal.

Mr McADAM: Can I just ask one question. I am sorry, I am not very familiar with your program at all because I come from down Tennant Creek way. But say you get a group in – you would identify someone out there in one of the communities who obviously wants to be part of the program, I take it, that is after developing a certain degree of trust or something like that – so they would come in and let's say if it is a family group, what is that, a husband and wife and kids or something like that?

Ms GATES: It could be.

Mr McADAM: So they go through the program for that six week period and then they go back to their community?

Ms GOLDTHORPE: It is up to the family. We are actually having quite a few families that are coming in from the communities wanting to stay in Darwin, and looking at wanting to do the move. Otherwise they do go back to their communities and we do try to [inaudible].

Mr McADAM: I was mainly referring to the people in Darwin, and Palmerston perhaps, so they would just go back to their normal …

Ms GOLDTHORPE: Well, we do try to help them find accommodation through the community-based team. We have a [inaudible] program so we do try and find them somewhere to go.

Ms DeBUSH: Before their six weeks is up, there is a plan put together. The counsellors will work with that client before they go out, probably in the third week, and they will get the information about what that client would want to do, and things that they need to fix up before they go out. They will be passed on to the community-based or the SAT worker to try to work with that client and try to meet the needs of that client before they go back.

Mr McADAM: So you are doing follow-up all the time?

Ms DeBUSH: Yes, so we are doing follow-up all the time. The community base is the first contact most of the time and community base is the last contact when they go out, so we do follow those clients up for three months. We do a follow-up for three months, six months and 12 months, to see how that client is going.

Mr McADAM: There must be some really good wins in that situation. Equally there must be some real setbacks. I am talking about yourselves. Are there some good results?

Ms DeBUSH: In the last two years there has, I have been in CAAPS for 11 years now. I have seen a lot of difference with our program and a lot of successes. I mean, it might not last, but what we are doing with after care is, I can see a lot of success coming out of that with clients. Just being able to put them into places and not sending them back into the places that they have come from. And, that is because of what we are putting in place with our program. There have been a lot of changes in CAAPS with the program to help them sort of not go into the same, like what you were saying do we send them back into their long-grass or wherever they came from. We try not to do that with our clients when they come into program. We are trying to set them up with something different.

Mr McADAM: So you tailor something to meet them.

Ms DeBUSH: Yes

Ms GATES: And there have been people that we have returned to community because that is what they have wanted to. They have been in town stuck in the drinking cycle. They have not been able to go back, but we have. I have been at CAAPS two years and I know of quite a few that have gone back to the community.

Ms DeBUSH: And like Marion was saying before, with this not working together. For me, like I said I have been there for 11 years, I have seen a lot of changes in Health but now coming together with the substance misuse and trying to work that together. I have seen a lot of changes in that time.

Mr WOOD: I would just ask a question on itinerants. The one thing I suppose that worries me is itinerants are not the same as community. Communities are generally Aboriginal people, but itinerants cover all races. When I see the St Vincent de Paul coffee bus sometimes up here, just across the road here, and certainly lots of non-indigenous people there. How are they serviced? I mean, how will I put it? Not all itinerants I would presume are necessarily alcoholic. There must be probably a percentage of people who just like living out in the scrub, but I suppose a fair percentage of them are and some of those would be non-Aboriginal people. Do they have a place they go, or is this mainly focussed on Aboriginal itinerants?

Ms DeBUSH: When we say itinerants we do not really know who are itinerants, because we have people coming from the communities and they go to their families in the long grass. They might just stay there for a couple of days, so how do we …

Mr WOOD: You think that itinerants is probably the wrong word? A few people have said that to me.

Ms DeBUSH: And they are community people, they might just be there for a couple of days. We might have people visiting, leave their houses during the day and go and sit with their families in the long grass, and go back night time.

Mr WOOD: So someone sees them and says itinerants and they are not, nothing to do with that.

Ms DeBUSH: Yes.

Ms GATES: I think the general consensus is that the people that basically - what the itinerants project probably was all about in the first place was the drinkers that we see on the streets, in the parks, and a lot of them are not itinerants, as such. They come out of their houses and their flats in the day for social drinking and they find public places to drink, and I think that is the difference why people drink inside, countrymen drink in public in the parks, wherever it is nice and cool under a tree, you know and people see it and that is where the antisocial behaviour …

Dr BURNS: Where someone can not wreck your furniture.

Ms GATES: Yes, the antisocial behaviour is more visible and then people complain and that is where it has all sort of developed from I think.

Ms DeBUSH: We work a lot with Indigenous Housing, and also Housing and a lot of times Housing and Indigenous Housing will come to us and ask us for support, because the people are getting evicted. Like, don't come to us when they are ready to be evicted out, and we are trying to work with Housing and say to them, well, their problem is that we need to get those people in before they get evicted, but that doesn't happen. But the same thing happens with, there might be non-drinkers, so they have to leave their houses and go and sit down with family in the long grass, and so they are some of the people we might call itinerants. How do we, you know, can you put that name on everybody just sticking with the family?

Dr BURNS: And I suppose what Gerry was asking, well what I thought you asked, you don't mind me asking the question for you do you, Gerry? I think it is a reasonable question, is that the non-Aboriginal people who are out there might have a drinking problem in the long grass or whatever you want to call it, where do they get referred to? I am not saying it is CAAPS responsibility, but I guess Gerry is just interested, where they go. What avenues of referral there are for them?

Ms DeBUSH: It depends on that individual. Everybody is assessed to see if we can work with that person. If we think they are suitable to come into our program, we'll take them in.

Dr BURNS: Ah, that's interesting.

Ms DeBUSH: If we think they are not suitable for CAAPS program then we put them on to someone else.

Dr BURNS: So what other people in town might take them on?

Ms DeBUSH: Well, there are all the other referral places that we work with: FORWAARD, Salvation Army, wherever we can get them in.

Ms GATES: The Bridge Program. That is a Salvation Army Bridge Program.

Ms DeBUSH: So it is really up to that, once we assess them, where they feel comfortable. We give them that information about different agencies or we might just refer them on to whoever we think will be the right

place for them. If they are not happy there, then they get referred on to someone else. But we always try to put them in places that we think they would be suitable for.

Mr WOOD: I think the question was, you've got this group of people, call them what you want, they are all mixed up, it would be funny to see one lot get help and the other lot say, well, what happened to me, sort of thing, but there is obviously help for them, and you participate in giving them that help as well.

Ms GATES: Well, we don't cater just to indigenous people. We have had non-indigenous people in our program, you know, we don't say, 'Oh well, we think you're white, you don't get help'.

Mr WOOD: Really, it is a human problem that we are dealing with, and that is what worries me, that you are not segregated, or classified, or partitioned off, when really we are trying to deal with ...

Ms GATES: I suppose in most instances, it is just a matter of finding out which is the best program for that particular client, and referring them appropriately.

MALCOLM: Can I just say something, seeing as I am here, let me just say something. One of the other things that we do at community base, as a field worker, I have another person I work with, we collect data, which allows us to monitor where people are in the community. We have a set of maps, I will show you Exhibit A, which we use to map where people gather. Part of this is being placed into the itinerants' survey that is being conducted at the time, they are working on that now. So in the next month or so, we will be doing a full survey, a census of people, where they are, where they come from, what age groups, what substances they are using, what their aspirations are, whether they want to stay, whether they are looking for housing, whether they are being cared for by the medical services, there are lots of things popping up already.

For example, we are finding that some people are not getting medical services that they are entitled to, so this will come out of the survey that is going to be conducted in the next month or so. So CAAPS already has a lot of base data and that is part of the job of being a field worker. It is not only just to talk to the people who are out there, but it is also collecting data.

Mr McADAM: I was just going to ask, are some of these people are on social income?

Ms DeBUSH: Most of them are.

Mr McADAM: Most of them are?

Ms DeBUSH: Yes.

Mr WOOD: This question has been around, I am not saying it is the solution, but a lot of those people, we presume, have some alcohol problems, or most of them. The question is whether social security should be paid to some extent in food vouchers and clothing vouchers. I am not saying just for these people, by the way, to some extent I think it is a good idea across the board. Do you think it would have at least a role, or do you think it would probably not work, there would be ways around it anyway. Someone would sell their car off to someone else for some cash and get the alcohol anyway.

Ms GATES: I think people will always find a way of getting the money to get the alcohol.

Mr WOOD: Because I presume that most of their social security money would end up being drunk.

Ms GATES: And it is a shared system, when one person gets paid they buy alcohol for everyone else, and then the next person gets paid, they buy the alcohol.

Mr WOOD: I certainly would not say it is a solution, but it might be part of some solution because I hope, maybe whatever comes out of this committee does not sit on the shelf.

Ms GATES: Gerry, I am shocked.

Mr WOOD: Sorry, I have seen lots of books. But I hope that we can produce something where something will happen, otherwise we will just be talking until the day we die and the problem will continue.

Ms GATES: I do not know what the answer is. There are a lot of problems out there with that client group with their welfare, with the social income anyway. From my knowledge, most of those people have their cards held by shops now, and are working on a booking up system. They are never going to get themselves out of debt, which is a shame. I mean, I have actually had to go into shops and get people's cards from shopkeepers and they refuse to give them to me. It is supposedly illegal but it is still happening.

Mr WOOD: Booking down for alcohol is illegal.

Ms GATES: I do not know if they are booking, they say they are not, but how easy is it, you can just ring up food in place of alcohol can't you, and shopkeepers are going to find their way around doing things anyway. But there are people out there selling alcohol at 8 am in the morning. Apparently there have been stories out at the sobering up shelter that they are releasing people in the morning, and half an hour later those people have got cold alcohol, where are they getting it if they are not getting it from back doors from shopkeepers. So there are a lot of other issues there besides the fact that these people are spending their money on alcohol, there are people that are making money off these people. That is probably more appalling from my point of view.

Mr WOOD: The Hotels Association were in before, that was sort of – trying to get around to that issue. Not that they – they do not cover the stores, of course, that is a different issue.

Ms GATES: That is something that, with the itinerants project, the Alcohol Working Party, and CAAPS have been involved at that, and they are actually looking at the *Liquor Licensing Act* and maybe ways we can change it. CAAPS was certainly opposed to one of the recent – wanting the license to be transferred from – so we have actually been actively getting involved in those sort of issues as well ,recently, because we think if we do not it is just going to get way out of hand.

Mr WOOD: Was that the license you had the gentleman from the AHA talking about which was one he said went from – they wanted to transfer it from one street to a premise on the other street?

Ms GATES: This was the one that they wanted to transfer to the new Woolworths. I think it was the one before this last one. I am not sure what the actual outcome was, but we wrote letters of support opposing that. There are too many liquor licenses in the Northern Territory.

Mr WOOD: It certainly sounds as though we need to crank up what is happening to the review, because by the time we get an answer to it, it is probably nearly in time for another review.

Mr McADAM: Well, maybe we could refer this matter to the minister in writing.

Dr BURNS: This is the matter of this license in town.

Mr WOOD: The review of the act, licenses.

Madam CHAIR: No, the review of the act which is – I mean if it has been going on for two years.

Mr WOOD: Would you say that most people get their alcohol from stores rather than hotels?

Ms GATES: I think most of our people would, because they would have their cards being held by shopkeepers and they would be going in and getting their alcohol.

Mr McADAM: So, you are saying 200 people? What percentage of those would have their cards held?

Ms GATES: We see up to 500 people in the field. How many do you reckon?

Ms DeBUSH: We could see up to, in a month we counted, we had just in September, about 78 people who we were seeing in that month.

Mr McADAM: And how many cards do you reckon are held by the shops - of the people out there?

Mr ARMSTRONG: A bit difficult figure to get, that one. I would say that, probably, the figure would be well and truly above 50%.

Mr McADAM: We have 55 in Tennant Creek held by one shop.

Mr ARMSTRONG: I could imagine that there is much more. The deal is a file card box, and flicking through and finding the person's card. So, I don't really know. It would be very difficult to tell. We haven't sort of …

Mr WOOD: A good one for your database collection.

Mr ARMSTRONG: Yes, some of the things for our database.

Ms GATES: Yes, maybe someone needs to go round to the delis. The one I walked into had the same: a cardboard box and they had hundreds.

Dr BURNS: If it comes to your attention that shops are selling alcohol rather than food, using that method, you might want to get on to the Licensing Commission about it, or give any of us a ring, and we will refer it on, because, as you are aware, there has been a change to the regulations. Shops should not be doing that, and they can have their licence taken off them.

Mr McADAM: I would encourage you to refer the matter to, say, Consumer Affairs?

Dr BURNS: Well, that is one, but the Licensing Commission is very interested in this issue.

Ms GATES: Usually how we hear about it, is from the people themselves who are getting the alcohol. It came down to it, I don't know how that would stand up, because they would just deny it after the fact, wouldn't they?

Dr BURNS: Well if you want to give me a ring, I will pass it on to the Licensing Commission. We have to pass on what information we have. Then it is up to the Licensing Commission to go and check it out. Even if they go to that shop and say: 'There have been reports that this is occurring', that puts a bit of fear into those people. That is what happened in my electorate. I actually went and visited the shop myself to tell them exactly what I had heard and what they should not be doing. It has settled right down.

Mr WOOD: Just with shops, do you still get people using metho?

Mr ARMSTRONG: Yes, people are still using metho.

Mr WOOD: A fairly constant group, would it be?

Mr ARMSTRONG: It would be very difficult to say exactly how many, but yes, metho is being used. Actually, there are people who use all sorts of other things as well. We found one bloke using Listerine; this is a mouth which can be laced with metho too. In some places, there are situations where people just have a bottle of metho handy for a reviver in the morning. It is nasty stuff.

Mr WOOD: I am still interested to see how it is being sold because I used to work in Geranium Street, and clean up the garden there where Catholic Education used to be and found a number of large bottles of metho. What they are doing in places in Stuart Park was getting into the commercial size; you would find it in the garden. I was just interested - that is 10 years ago, I just thought maybe it went out of fashion, but obviously, it is still …

Ms GATES: It is the cheap alternative if you haven't got any money.

Mr WOOD: But you would think the shop owners would know. We got to know someone who was suspect. You couldn't always stop everybody. We had this bloke who sort of looked dishevelled, who would say, 'I need to clean my engine down' - one of the excuses. It would be a bit suspect, but you would think people would get to know the local clientele and to those they should not sell it.

Mr McADAM: If they come in three times during the month ...

Ms GATES: I don't think shopkeepers …

Mr WOOD: That's right, it is something you normally keep way in the back …

Ms GATES: I don't think shopkeepers really care, do they, as long as the money is going in their pocket? Quite honestly. I have been on small communities where there is 800 people and everyone knows everyone, and I have seen people walk out the door with metho. Shopkeepers know exactly what they are going to do with it, and they don't care, because it is money in there pocket.

Mr WOOD: I am not sure it has to be coloured anymore. I don't know. It was coloured for a while. Certainly, it is not to be seen, it is not to be displayed.

Ms GATES: No, in WA it was under the shelf.

Mr WOOD: It has to be in the Northern Territory.

Ms GATES: I have seen it on shelves in the Northern Territory, though – supermarket shelves.

Mr WOOD: I think it is supposed to be tucked away, under the shelf, or at the back, because I used to sell the stuff. It used to be put away, in the paint section so you couldn't see it.

Dr BURNS: I'm just looking at your tongue, Gerry.

Mr WOOD: Oh, it's not purple yet, Chris.

Madam CHAIR: Any more questions?

Dr BURNS: I don't have any.

Mr WOOD: We have only touched on the alcohol, but I wonder how you see the marijuana side of things? Is that an issue that you have to deal with at all?

Ms GATES: I think that's an ever increasing issue, especially in remote communities, yes. There seems to be more cases coming off communities where there is a lot more ganja used than there has been in the past. I was recently out at Port Keats and when I got off the plane there was a big sign: 'Don't bring your ganja to our town'. People know it's coming in, they know where it's coming in, but they can't stop it. They don't necessarily want it there, but it is coming in for those few people who do.

Ms GOLDTHORPE: And it's much younger as well. A lot of the kids are starting to smoke it a lot younger. The kids we see in our program, even like 12, 14 will be saying that not that they're smoking, but their friends are smoking. Yes, it's really big now.

Mr WOOD: And the other issue we are dealing with is petrol. Do you ever see people sniffing in Darwin?

Ms GOLDTHORPE: Yes, well, the glue is becoming bigger, yes.

Ms GATES: Glue sniffing, not so much petrol.

Ms GOLDTHORPE: Petrol is more out on the remote communities, but glue and paint.

Madam CHAIR: They say that the paint and crayons …

Ms GATES: But even the petrol on the communities, that's getting younger and we've seen it at Oenpelli as young as 6 and 7 year olds. Getting quite young.

Mr WOOD: Yes, what's the positive things you can talk about? After a few of these meetings you sometimes you feel …

Madam CHAIR: Well there are a lot of positives out there, Gerry. It's a small minority that's drinking, it's a small minority that's doing this.

Mr WOOD: And I think that is what Elliott was saying what are the pluses, what are the wins. Because sometimes we need to …

Madam CHAIR: We focus too much on the negatives and …

Mr WOOD: … publicise those wins at times.

Mr McADAM: That is important, that monitoring. Someone says they come in and you monitor it through because …

Ms GATES: There are lots of wins. Unfortunately, we don't always get to talk about them, that is, a lot are confidential. But we do have a lot of wins. We have had some clients, especially last year, one who wrote a bit of a story and left it behind and lent it to us to use. It is cases like that where we think, yes, we have done the right thing. You feel good, you can go home at the end of the day knowing you've done something good for someone …

Mr McADAM: As you said, just getting people in the door is a win.

Ms GATES: It is, that's right. And working - especially since we've had the children there. We are having wins with that.

Ms GOLDTHORPE: Big wins.

Ms GATES: Big wins, yes, we have children who can now help themselves when their mums and dads are out drinking and drugging. They can look after themselves. They have someone to go and see …

Madam CHAIR: And that is the important part, I think. If we can get our kids that awareness and that prevention and education, it is actually pre-emptive rehabilitation for our kids for that future so that, by the time that they're getting to that stage of drinking, they will be more aware of the impacts. That is very important, that children's program. Sometimes, people can focus on the adults and treat the adults because they're the ones who need the treatment, but they don't realise that it's our little kids who are suffering too, and everyone in the middle.

Ms GATES: That's right, everyone in the family suffers, not just the user.

Mr McADAM: So you have family units have you?

Ms GATES: Yes.

Mr WOOD: These are the ones near the RSPCA? Is that …

Ms GATES: Yes.

Madam CHAIR: Boulter Road isn't it?

Ms GOLDTHORPE: Accommodation is all self-contained units, so the people are self-sufficient; they cook for themselves. They're like living in hotel rooms, I suppose. They have an inside bedroom and kitchen outside, ensuite bathroom.

Mr WOOD: So when the dogs all bark they feel at home?

Ms GOLDTHORPE: Well they turn the aircons on at night and can't hear the dogs bark. Before we had airconditioning it was an issue …

Ms DeBUSH: There was an issue raised years ago with the …

Ms GOLDTHORPE: … and now we have airconditioners, so I don't think you can hear the dogs over the top of the airconditioners.

Mr WOOD: Do you do detox? Or not the same?

Ms GATES: We have done …

Ms GOLDTHORPE: We have trialled detox with the new home-based detox. We've actually had a couple of clients go through it while staying at CAAPS.

Mr WOODS: Because in my understanding - and you might be able to help us here - we had a detox unit at Coconut Grove, wasn't it? And it closed down, is that right?

Ms GOLDTHORPE: The residential did, yes.

Mr WOOD: And two of those detox went to ANSTI, two went to FORWAARD - the beds, I mean …

Ms GOLDTHORPE: They were beds, yes.

Mr WOOD: … and two went to the Salvation Army? That is what happened to them all?

Ms GOLDTHORPE: And the rest is home based.

Ms GATES: And the rest is home based. They went to a home-based residential model with a mobile team which supports people in their homes for detox.

Mr WOOD: And what group runs that then?

Ms GOLDTHORPE: It's the same detox unit, they've just called themselves Darwin Withdrawal Services now.

Ms GATES: The same, and they have central team that assesses whether - and they virtually bought hospital beds as well. I think they've got 10 beds in Darwin Private Hospital for severe cases that require medicated withdrawal. They would go into hospital. So it depends on the degree of withdrawal. But there was this big issue about what happens to people who do not have a home, so that was when they just gave two beds to each of those three organisations. CAAPS actually asked for beds but they did not …

Mr WOOD: I do not think FORWARD took theirs up, did they?

Ms GATES: I am not sure. They apparently did not want them much, anyway. We were always saying that we have always been detoxing anyway. The clients who come to us usually are still in withdrawal when they come to us. So it is nothing really different for us to what we have already been doing. Except now we have access to a mobile team that can come out and work with the client if we need them to.

Ms GOLDTHORPE: Which is really good because they will work with them for the first week. So, our program then turns into a seven week program with the first week being a detox-type program with the Darwin Withdrawal Services coming in and checking on the clients. Then they can go into the normal program. So, it is something that we are looking at continuing to do even though we did not get the beds. We can still bring them in and use them to do that.

Mr WOOD: It is a lot to learn. Thank you.

Madam CHAIR: Any further questions? Anything else you wanted to …

Ms GOLDTHORPE: Except I think just another area that we are missing out on is the dual diagnosis, the mental health – sorry, had to bring it up - the mental health clients who are also misusing substances.. There is nowhere for those clients to go because they are not suitable to come into our program due to medication, their lack of stability, their mental health issues as well. There is nowhere else for them to go and we are continuously getting mental health clinics from the communities - also like Cowdy Ward - ringing us up wanting us to assess these people. We can assess them, that is fine, but they are just - we cannot bring them into our six week residential program.

Dr BURNS: I agree. That was an issue that I raised with FORWAARD - or was raised here this morning with FORWAARD. I guess it is a perennial question …

Ms GATES: It is a big issue because …

Dr BURNS: … because you talk to mental health workers and drug workers, and never the twain shall meet. There are professional spheres, let us say, that people just do not want to come together. Probably for some good reasons but, I think the fact is, unfortunately, a lot of people with mental health problems have substance problems and vice versa. The two are linked and really, professionally, and I guess support wise, there should be a lot more going on in that area. So I think that is an important issue that has come through. So we have had a couple today: a review of the *Liquor Act* and that is another one.

Ms GOLDTHORPE: Yes, it is a very big issue because, really, they are completely missing out.

Madam CHAIR: No, it is and it has been raised previously. Look, I know, just on personal thing with this, a member of my family, that there is that big gap between rehabilitation centres. And the issue of them being pushed out of Cowdy because they do not really meet that - but it is something, like Chris said, that is the second big issue that we could take up.

Dr BURNS: In my mind, it is more about people call themselves mental health workers or they call themselves substance abuse workers, but no one ever wants to call themselves both and so, there is something the professions have to work out there because there is a big need.

Ms GOLDTHORPE: Yes, there is.

Mr WOOD: When we were on one of the islands recently, there was a discussion about substance abuse and some were saying there is a connection with that and people with mental health problems, and some say it then leads onto suicide. Do you see people who come through you who could be suicidal, and do you know of a case within Darwin where people have suicided? Because the focus on suicide is tended to be out there. Do we see something like that occurring in Darwin, and we just do not know about it?

Ms GOLDTHORPE: Absolutely, yes. I would expect it to become a lot more known because it is happening so much out on the community now. But it is happening in Darwin as well, because people come here to get help. They go to Cowdy Ward, they get kicked out of Cowdy Ward, they cannot come see us. Where do they go, what do they do? They cannot go back to their communities. Where do they go here?

Mr WOOD: It is a big issue.

Madam CHAIR: Any more questions? Thank you very much. We will have a short break.

The Committee suspended.

Madam CHAIR: I declare open this meeting of the Select Committee on Substance Abuse in the Community and welcome Dr Paul Bauert, President of the Australian Medical Association, who is appearing before the committee today to brief it in relation to its terms of reference. If required, copies of the terms of reference can be obtained from the committee secretary. This meeting is open to the public and is being recorded, a transcript will be produced and may eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be 'in camera'. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to a committee is protected by parliamentary privilege, and for the purposes of the *Hansard* record I ask that you state your full name and the capacity in which you appear today.

Dr BAUERT: Paul Anthony Michael Bauert, and I am here as President of the Australian Medical Association, Northern Territory Branch Inc..

Madam CHAIR: Thank you. I will not introduce our members, as I think you know most members sitting on here. Marion Scrymgour, MLA, member for Arafura, Elliot McAdam, Dr Burns and Gerry Wood. We prefer to hear your overview, and then the committee members will ask you some questions.

Dr BAUERT: Alright, thank you, and thank you for giving the Australian Medical Association a chance to speak. Perhaps if I could just go through your terms of reference, and try and give an overview of where the AMA is coming from and why we feel it is important to be represented at this, is perhaps the way to go. I should say, I went through this process exactly 17 months ago with a Senate Select Committee on exactly the same thing, and I must warn you that much of what I am going to say will not be all that much different from what was said then. The situation as I see it has not changed much, in fact, it has probably got worse in the last 18 months.

The terms of reference relating to community concern about the abuse of licit and illicit substances, many of our members, like myself, work in remote Aboriginal communities, and I guess this is the area that we are primarily concerned about, and the substances that we are mainly concerned about have been petrol and cannabis. It seems that, although most of my comments this time 18 months ago were directed towards petrol sniffing, and particularly in relation to one of the communities I visit, the situation has got worse. The situation is now being compounded by a growing use of cannabis in this particular community and, indeed, in all of the communities I visit. It seems as if the two are fairly difficult to separate. My main area of concern of course is, sorry, it is not of course, but you may not know I am a paediatrician, and my main area of concern is with children and young adults. So the two seem to be combining in this particular, in these particular age groups, and then in the older people, you have got cannabis, as compounding the already deeply entrenched problems of alcohol abuse and nicotine abuse.

Our members are worried about this, because the evidence would suggest that things are getting worse. You are probably aware of an article that has received a fair bit of media attention in the latest *Medical Journal of Australia*, which talks about the rising cannabis use in indigenous communities, in particular, those communities in Arnhem Land, and I understand you have already spoken with one of the AMA council members, Dr Robert Parker about it, he was one of the joint authors in that. I think it is fair to say that all of our members are concerned by the worsening of the situation in remote communities, across all age groups, as it relates to petrol sniffing and cannabis use, compounding other substance abuse areas.

Dr BURNS: Paul, have you got a copy of that letter there?

Dr BAUERT: Of which letter?

Dr BURNS: The letter, in the MJA?

Dr BAUERT: No, I haven't, I just have the MJA's press release about it.

Dr BURNS: I see.

Dr BAUERT: Was there anything about it? I mean, it highlights ...
Dr BURNS: No, I was just interested to have a look at it, that's all.

Dr BAUERT: I can get it to you. The press releases usually come out two or three days before the actual article.

Dr BURNS: Oh, I see, so it will be out next week.

Dr BAUERT: Yes, I can certainly get that document to you, and I am sure Rob Parker would be pleased to provide you with multiple copies. But the whole thrust of that, as I am sure Rob Parker has told you, has been that it is growing, and the problem is growing and compounding other substance misuse problems.

2B talks about the trends. We have addressed that, and I have mentioned that I am particularly concerned about remote communities and the impact that these substances are having on communities that are doing it tough anyway, and this is just one extra compounder into their situation.

Your term of reference, number C, looks at particularly the demands placed upon government and upon government services and wants comment on that, I think the demands at the moment, without a doubt, outmatch the actual supply of services by both government and non-government services. Not only that, I feel quite strongly that, not only is the demand greater than the services provided, but I feel strongly that the services that are provided are disjointed and there is very poor coordination, not so much at the ground or the community level, but certainly at the CEO level across the various departments, and middle management across the various departments. I feel quite strongly that we are doing it very badly at the moment in attempting to address these growing problems, just because, not through lack of staffing, I don't believe it is through lack of funding, I just believe it is through a lack of an ability of the system to actually coordinate properly and give a coordinated response in terms of service delivery to the remote communities.

So, once again, point D, I think the services currently available, although probably inadequate, are functioning at an extremely inadequate manner because of this poor coordination.

Terms of reference 2E. The words that strike me here are 'accessibility and availability', and although early on, and I hope we don't go for an hour, although early on in what I am trying to get across, I just hope that what comes out of this is a more law and order legislation directed at trying to stop cannabis in some of the communities I visit. Those, I am sure, are just doomed to failure. Cannabis is just so freely available in these communities now, that issues related solely at legal interventions to stop supply are doomed to failure, and may make people feel good but they are not going to do much for the community.

Your terms of reference, 2(e)(iii), the correlation between socioeconomic conditions and substance abuse, actually goes to the heart of what is happening. I am sure I am not telling you anything new, but there are compounding problems for education from the earliest years, compounded with lack of job opportunities, and endemic poverty which combine to change what I see as a bunch of really lovely, full-of-life children up until the age of seven or eight years, into a group of older children and adolescents who are absolutely bereft of hope.

Now, I am not saying that is the situation for all of them, but it is the certainly the situation for a large number of kids in these communities. If you are there with poor self-esteem, bereft of any hope, then why wouldn't you sit and smoke dope all day? Why wouldn't you sniff petrol? That goes to the core of it all.

No (f), appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory. Once again my humble opinions is, unless those policies directed at that root of the problem which was talked about in the previous item, then those policies should not even be entertained. We have to start with the kids at the earliest age. We have to improve education, and I know all the arguments about education. I feel it has to be appropriate education, it has to be education that the community wants, but it has to have as a basis improving literacy and numeracy, if these kids are to get out of the vicious circle that they are in at the moment.

So, I feel that all policies – and, in fact, Ernest Hunter, a Professor of Psychiatry in north Queensland who you may have heard of, makes the point that any intervention in any remote community should always have as a core component to it, a mental health aspect which is directed towards improving the resilience of the kids and the adolescents in these communities.

So, as an overview, that is just addressing your terms of reference as where I am coming from, I have, as I mentioned, been through this before. I often feel like Don Quixote chasing windmills, but I would like to continue - if you do not have any specific questions now - and tell you a story which I think highlights a lot of my concerns about this. Is that all right, if I tell you this particular story.

Members: Yes.

Dr BAUERT: I said I would not mention the actual community's name, and I have actually written about this after the Senate select committee last year. What I would like to do is to tell the story and, perhaps, if you do not mind my reading it in case I get some of the details wrong, I will do that.

One community I visit has had an increasing problem with petrol sniffing over recent years. There is a core of 10 chronic sniffers who, despite many attempts by various sections of the community, had remained resistant to intervention. The community has approximately 1000 members and these numbers swell during the Wet season by an extra 200, and the community remained isolated for several months because of flooding.

Of particular concern was the growing incidence of social petrol sniffers, sometimes estimated to be as many as 60% of children between the age of eight and 18, and these kids joined the chronic sniffers during that flooded period.

The Sport and Recreation Officer applied for and received a grant of $1479 from her department to contribute towards a diversionary program to support the usual school holiday program. The funding was received and the program was very successful - so successful that the community identified that this is a good way to go. As one of their identified substance abuses, then one of their major health problems, they sought funding from the section 100 PDS medication in remote health clinics. The funding they sought was $8800 to assist with supporting the existing program and to lay down some long-term education and awareness strategies.

I have copies of this particular program that had been put together by the Sports and Recreation officer, who was an Aboriginal person, and by other members of the council and members of the nursing staff, the community and by members of the police force - all of whom contributed their time and effort into doing this. So they are after $8800. That was money that had been available - we are talking two years ago now - but when the application was put in, along with their detailed plan, they were told that the funding had dried up.

So, despite the setback, the community council initiated a long-term program to address the issues of the chronic sniffers. This program enjoyed widespread community support and involved strong participation of community members, as well as members of several different departments: police, education, health workers, the sport and recreation officer, and aged care workers. The program, which I have copies of, is very detailed. It included identifying and supporting an appropriate counsellor for each of these boys, as well as efforts of restoring their self-esteem through participation in revitalising a fish farm that had laid dormant for a couple of years, and becoming involved in the care of elderly people in the community.

The most suitable coordinator, an Aboriginal person, was nominated and had accepted the role. Effective methods of monitoring were included, which would have contributed significantly to the research required in the area of petrol sniffing. Funds from a Territory health campaign directed at promoting safe behaviour were applied for, with the bulk of the money already coming from the council and the community development employment program. The amount sought from the Territory health campaign was $32 500. The amount coming from CDEP program was in the tune of $41 000, and from other council grants to the tune of $40 000.

So, we are looking at approximately $112 500 to get this program going and focus on these kids; get the fish farm going again and building up self-esteem in some of the young people in the community through their work with the fish farm and with aged care members of the community - all coming from the community, they were the ones who thought of it.

In April last year, the community council was informed that their application was not successful. The Territory government sent a letter along saying that the submission should be put to the national drug strategy scheme, which is a federally funded scheme, because they were not successful in this round of applications. At around the same time, the community council learned that the funding for the Sports and Recreation Officer would be no longer forthcoming and this position would be no longer supported. By the time of writing this - which was in May last year - the number of chronic petrol sniffers had increased to 16.

There are at least 16 chronic sniffers still in this community. They are looking for, this Wet season, to 60% to 80% of the eight to 18 year old kids joining as social sniffers with this hard core group. They are having

trouble now trying to work out whether kids are stoned from petrol sniffing or from cannabis, so rife has cannabis smoking become in the last year to 18 months.

My point about all of this is that we are not doing it well. Surely, there should be across the top - not necessarily at your level but certainly at the various departmental levels - signals that the community are after this; that they have put in an application, but this sort of funding isn't available through this particular scheme. Those signals should be read, I would have thought, by some interdepartmental group and said: 'Well, fine, but there is this other scheme that we can put the money in. Let us do it, they got off their butts and they worked, they have shown that, at the community level they have this well laid out program. Let us just cross the boundaries, and jump silos, if you like, and make it happen'.

Where are they at? They've been kicked in the guts, they've dipped out on their funding, their Sports and Recreation Officer was lost - which we managed to jump up and down so loudly about that they brought them back in. But we've lost a good 18 months, and we are looking forward to another bad Wet season with casual sniffers.

I guess of everything I wanted to say, that is probably the most important. We are such a small jurisdiction we must be able to do it better than we have been doing it.

Mr WOOD: Yes, you would think. Just getting back to the other subject you said that we shouldn't be looking at the law and order side of marijuana. But you wouldn't say that we shouldn't look at it all, but we should look at it in a holistic approach with a lot of other things happening?

Dr BAUERT: Absolutely.

Mr WOOD: We have yet to single out - well we are not going to try and restrict it. On some island communities there is certainly a better chance of restricting it than, say, on places where they have road access. But you are saying that basically we need a combination of a whole range of programs which include trying to, at least, reduce the amount that comes into a community.

Dr BAUERT: Yes. The point was that if you make that the sole outcome of all of this, it is a complete [inaudible]. We are getting on to another favourite topic, but we are having enough problem in Darwin at the moment putting together that suitable rehabilitation services for the other illicit drugs. That is the hard part and what concerns members of the AMA is that this hard part has been neglected, to a certain extent, by the law and order focus which has been alive and well in the Territory for many years. So, it seems to many of us that unless you get these proper drug rehabilitation programs working effectively in Darwin, your chances of actually addressing some rehabilitation in the remote communities, as an outreach of that, are going to be really difficult.

The AMA does have a vision - and it would be wrong if we didn't have a vision for all of this - in getting to the root cause of all of this. The major areas that we want to focus on, and have focussed on over the years, are the health and education interface - the importance of those working together - preventable chronic diseases strategies which take a whole-of-life approach to a select number of chronic diseases. The third area that we are working on at the moment in collaboration with other groups around the country - and I am talking about federal AMA - is the early childhood years, talking about pregnancy in the first three to five years of life, and child care centres and preschool etcetera. So, each of these are visions, policies, that link in together and which we feel will have long-term benefits.

In terms of answers to specific questions in the communities I visit, harm minimisation, in terms of problems we have at the moment, harm minimisation along the lines of Living With Alcohol is the way to go for these substances. Once again, the importance of education, something to help, particularly the younger members of the community, with their self-esteem.

Mr WOOD: What about helping families? It has been raised here that, perhaps, we have been looking sometimes too much at the bigger picture than maybe giving a little more help to family support. I suppose the argument is that if mum and dad are at least some sort of role model, there is a fair chance the kids will follow that path; but if mum and dad are part of the problem, it is going to be hard - whether we need to focus in on trying to support the family and help the family.

Dr BAUERT: Yes, I think that is really important. When certain esteemed people looked at smoking in remote communities, one of the things was not only the families, but you probably need more of a community approach. For instance, if you have 80% of a reasonably small community of 200 to 500 people smoking, it is really hard for an individual to take a stand. So, supporting the family is really important. In these smaller communities, it needs to be a whole-of-community support if you are going to make gains; unless, of course, you realise that it is just one or two families that are having the problem. But it seems to me to be a little bit more widespread than that.

Mr WOOD: It is probably looking at helping the families that are doing all right. Sometimes we look at the [inaudible] problem, but trying to raise the profile of the other group …

Dr BURNS: Paul, the issue that you raised about funding and communities waiting for funding, and waiting a long time for a relatively small amounts of funding, is a valid one. I think it is true - this is probably more of a statement than a question - that there are substantial amounts of money, nationally, within the National Illicit Drugs Strategy. Even before I became a member of this House, I always advocated that, in terms of petrol sniffing, that should be primarily a Commonwealth responsibility regarding programs, because they are the ones with the money that is required, I guess, across state and territory borders, in Central Australia. They have the wherewithal, and I am aware that a lot of that money within the National Illicit Drugs Strategy actually went unspent. In some cases, they were trying to give it away. So, it is unfortunate that the community you are talking was not aware of that.

This morning we had a group - now I forget, I think the first group we had up are working with funds. I think John Howard promised $2m some time ago to address petrol sniffing issues and everyone is aware it took a long while for those programs to roll out. There are issues in there that need to be addressed. So, I guess that, is the statement part of what I wanted to say. I am not trying to shirk the fact that the Northern Territory government and Health department must play a role in that, but I have always been an advocate that, primarily, it has to be a Commonwealth role in funding.

Just moving away from that, we have heard evidence in this committee about the harm that alcohol does in the Northern Territory. You would be well aware of that, in terms of deaths from injury and poisoning, both Aboriginal and non-Aboriginal, and the fact that, per capita, it is calculated that Northern Territorians consume something like 14 litres per person of pure alcohol per year - when it is reduced that way - compared to seven litres per person nationally. I guess the question I am coming around to after that background is: is the AMA starting to focus on alcohol issues? I know we have all focussed on tobacco issues for some time, but more and more, this is a very important issue for us to up the ante, if you like. Do you want to comment on alcohol issues and some of what I have just said?

Dr BAUERT: The $2m that was promised for – was it $1m or $1m?

Madam CHAIR: $1m.

Dr BAUERT: It was $1m. Those of us who visit remote communities were convinced it was stuck in the back pockets of a certain bureaucrat's pants. I will not tell you his or her name, but that was the level, because we were hoping that there might be some changes in a few things that might filter down to the communities. However, as you say, it was so slow in coming. I too, agree that the Commonwealth funding is the major - it should be and has to be the major - input for, basically remote Aboriginal communities. I just believe there are not the funds available from the Northern Territory to do that.

But the problem is, on the ground the funds do not get through quickly enough and, I am sure everybody that has spoken to you will tell you that. There seems to be problems between the federal government and the Territory government - it does not matter which department you are in - in terms of working outside their SILOS in ensuring the flow of money. The recent Primary Health Care access program is an example, and is causing a great deal of frustration on the ground in remote communities which were hoping that the PCAP money would start flowing. Apparently, the money is there but this breakdown between supply by the Commonwealth and distribution by the local government is just fraught with obstacles, and it is really frustrating.

When you say this community: 'It is a shame they did not the national strategy', I think they got to the stage of: 'Why bother?' The onus does seem to be put back onto these remote communities to understand the workings, the machinations, of government and how the funds flow and the money trail. I have had a few people run through it with me - or try to run through it with me - and I do not understand it one little bit. It is as if all these - and I will stop whingeing in a minute - but it seems as if there are all these hoops you have to jump through and springboards and everything, to actually access the money. You almost need a full-time grant writer in Hodgson Downs, for instance, to access this stuff.

Mr WOOD: And then you have to report on it.

Dr BAUERT: Oh, yes.

Madam CHAIR: A good example of that, I think, before Primary Health Care the PCAP program became a being, was the coordinator care trials in both Katherine West and Tiwi. The research and pulling that together, highlighted the maze of - and the lack of coordination between government agencies, and the different funding and buckets. Communities do not have - sometimes they do not have the resources to have a full-time submission writer.

Dr BURNS: But, obviously, this morning we have a group of people who are going out to all these communities - I suppose belatedly. It just seems as though - all I am saying is that there could possibly be a bit better coordination by the Commonwealth, because they have had this bucket of money in their national illicit drug strategy for some time.

Madam CHAIR: I think by both, Chris. It is a lack of coordination with both. It needs an approach by both.

Dr BAUERT: Absolutely, yes; it really is. The number of times I go to the Secretary of Health here and complain about this sort of thing, to be told that the federal government is holding up money or the Commonwealth department is holding up money, and visa versa when you speak to them. It is a blockage in Health House they cannot quite see their way through, at the moment. It is no use, I am still whingeing, aren't I? Sorry.

The other thing about that, though, is I am out bush every month for two or three days. Things are not getting better. Nobody seems to have this sense of urgency about all of this. We all know that there is barriers and there is poor coordination, but there is no sense of urgency to fix it. It is almost as if it is just too hard. There are only relatively few of us who go out there regularly and see the impact that that's having on the ground. It's not getting better, it's getting worse.

Mr McADAM: Paul, could I just come back to your point about the lack of coordination, particularly at a senior level, I think, in respect of the delivery of services. I think you referred to health, and perhaps education. I think you hit it on the head actually, because I think there is a lack of coordination but, more importantly, I think there is almost a lack of willingness to want to do it, to try and coordinate services in remote regions.

I will just put to you, and it has been talked about previously, the idea of establishing regional authorities. Removing at one level, down to, that is, you could have a region in the Barkly which could incorporate the southern region. You may have one in the Gulf region, you may have one in the Arnhem Land area. I don't know, but somehow the focus has to be driven, they have to be resourced appropriately and it has to be driven at that level because, we've been around long enough, and this is probably a statement, but nothing has improved by driving it from Darwin or Alice Springs, so surely it tells us that we must try and set up some other system at a regional level …

Madam CHAIR: A regionalised board.

Mr McADAM: … that coordinates some of these services and decisions can be made at that level without have to refer back to Darwin all the time. It may sound simple, but somehow we have to get down to that. What do you say to that?

Dr BAUERT: Well, I think that's really important. As an example, with health and education, two years ago, in 2000, the AMA had a Learning Lessons, following on from Bob Collins' report, conference up here, in which one of the main recommendations was more coordination between health and education, at the ground level and at the upper level. Since then, we have had the new government with the roll out of the health zones.

The recommendation from our most recent conference, which was just a month ago, it was called 'Missionaries, Mercenaries and Misfits', improving health across northern Australia, the recommendation said: 'We call upon the Territory government to ensure that the education zones link with the health zones', and …

Mr McADAM: Do they?

Dr BAUERT: No they don't as yet, and my understanding is they don't. I think, to be fair, in the last six to nine months, health and education do seem to be working better together, but it seems to me that they would need to be along the lines that the communities traditionally wanted to go in, to work in and move, in Hodgson Downs and Ngukurr for instance, and Port Keats, Peppimenarti and Wadeye. I mean, there are traditional - and that's where the overlay should be, and I assume that government is trying to do that, but it should be the same for Power and Water Authority and whoever runs employment opportunities, the whole lot should be done.

But having said that, you know, this comment you made about the lack of willingness to do something, I mean, a lot of people do, I think, feel powerless, particularly those in middle management, and it's hard to know what that is. Some people would call it institutionalised racism. I personally don't believe that's the major problem, but I think it may be a component. I think that there has been a lack of incentive. Any initiatives that middle managers come up with are quite quickly capped, and some of the biggest problems I've had have been in the area but on the other side of the highway over the last few years, with the middle management around Katherine health. It is really difficult, it is a really difficult area to try to make an impression on. You know, in my naivety I thought you could probably do it by going to the top, the secretary or the minister, but you quite quickly find that the middle management have somehow managed to influence fairly high up the tree, and it seems to stop what the people out in the communities see as a way out. I have finished whingeing.

Mr McADAM: I just want to impress this point, because I really believe that regional development authorities, or some sort of regional development approach, and you can pilot it in the area of health and education at a regional level, and honestly believe, because it hasn't worked, as it has over the last 20 odd years, and somehow we have to take that one step back basically to the community and allow, and I'm not excusing government, us, from that as well, we have become part of that process, and so does the Commonwealth, but I cannot think of any other model that overcomes your, you know, the things that you've expressed.

Dr BAUERT: I can think of another model that could be centred in Darwin, at the highest level across all of these departments, that had the flexibility and the authority, and the willingness and the drive, and the energy to hit these issues as soon as they come up.

Mr McADAM: They have got to filter through to that level.

Dr BAUERT: I would hope the issues would come from the various areas and the various communities and then be acted upon, rather than having to filter through.

Mr McADAM: Well, they get knocked off at this regional bureaucratic level, as opposed to well, enough said.

Dr BAUERT: So, you're talking about a regional sort of …

Mr McADAM: Development authority with a real authority to determine policy, funding, at that level. Doesn't matter what Darwin says. Well, of course, you have to comply, there have to be compliances, but in effect, in addressing some of these issues, petrol sniffing, grog, ganja, kids not going to school, it can't be done from Darwin, so somehow you've got to bring it back more local, and somehow put in place strategies at that level.

Madam CHAIR: It's evolving, are you saying getting it back out to regional services.

Dr BAUERT: One of the problems there has been in the area of health, and particularly in trying to run programs, for instance, you've been involved in over the years, Chris, is that you get the office of Aboriginal and Torres Strait Islander Health Commission, a particular project in a particular area, and it may be on petrol sniffing, or it may be on grog or living with alcohol, or it may be some other problem in a certain area. They provide the funds for that, and in they go, and employing, well just getting the project going, evaluating the project to be shown to be successful, and then saying, we are now not responsible for ongoing funding. Then it either falls to another Commonwealth department, or they say it is now to be taken up by the state or Territory. And that has happened time and time again, in the area of health, and it is a real frustration, so that something has been shown to work, the funding suddenly goes away, it is, you know, two or three years before we can work out the trail of where the money should come from to continue it, by which time the key players and those in the communities that were enthusiastic about it have said - I think that is a major issue as well.

Mr WOOD: It's common in both levels of government.

Dr BURNS: So, Paul, getting back to alcohol. I haven't forgotten.

Dr BAUERT: I'm sorry, I haven't got it with me, but the AMA certainly does have an alcohol policy, there is no doubt about that, and fully support the various other groups who are dealing with alcohol.

Dr BURNS: It is just that I suppose some of the work that Maggie Brady did, and I think it was titled 'Getting off the Grog' or 'Giving up the Grog', she highlighted in that the importance of medical people giving that intervention advice, like if you keep on with the grog you are going to kill yourself, or this domestic violence in your family, it is breaking your family up and grog is it, and just some of the stories and the narratives in her publication, and some of the research, points to the importance of that. So I suppose it is like, obviously the medical profession has got a pivotal role to play in early interventions, which is probably something I have been talking a fair bit about in this committee because, and I will say it again, when I was doing some work out at Gove there at the hospital, I had the hospital files, and you could see the progression of people, like down and deceased stamped on the file, and I often wonder – I am not blaming anyone – but just sort of early intervention, that sort of counseling could have probably prevented some of those people from ending up in the grave. Not all of them, but I think we probably need to be focusing and putting up the priority and, as I said before, we have obviously had that tobacco battle going on but I think there is even a bigger battle that we have to fight with alcohol in the Northern Territory.

Dr BAUERT: Thank you, and that is right. New South Wales hospitals have introduced - anybody admitted to hospital now has an alcohol sort of history taken, and part of that history includes short counseling services, short interventions as part of that patient's admission. You were talking about stamping a form, that is

part of the discharge summary, or part of the in-patients procedure that this has to be ticked off, and it is a very simple form. The AMA has adopted that as its policy and, I guess – thank you, I should be pushing for it to get into our hospitals. I don't know, there may be something there. Working with kids day in and day out, I do not what the medical area of doing it is.

Dr BURNS: But certainly, I think, we have heard evidence before this inquiry about the levels of alcohol consumption, the numbers of licensed premises in the Territory just being over the top, and calls, even from the industry itself, for a revue of the licensing laws in the *Liquor Act.* I would see the role – the tables are turning a bit here, Paul – but I would see the role of the AMA as being an advocate in a public debate about alcohol and the harm it does in the Territory, and the way forward as being pivotal, because I think a lot of non-Aboriginal people tend to think that alcohol harm in the Territory is an Aboriginal problem, but when you look at the figures and compare them to the rest of Australia, you know as well as I do that we have got, in the non-Aboriginal population, we have got a big problem there.

Dr BAUERT: Well, thank you. I will take that on board and I will take it back to my members and that is good, but you are right.

Madam CHAIR: It is important, because I think that there has always been a – if I can use the saying, pussyfooting around the issues of alcohol. I will go back to the bit you were saying about cannabis and the reaction of it, is easy to do the law and order approach to cannabis, although out in a lot of communities it is a huge problem and it is just adding to – already we have got alcohol-induced psychosis this ganja is bringing in. Then we are seeing drug induced psychosis with a lot of them. So the communities want a quick fix solution. This did not happen last year, this has happened over the last 12 months, it has been a progression of, and steadily increasing and getting worse.

I know the member down the end there, Mr Wood, asked a question and I would like to ask you, as someone who has been around the profession for a long time: which would you rate as having a worse impact on society - you can do it indigenous or non-indigenous - in terms of alcohol?

Dr BAUERT: In both, it is the alcohol that is streets ahead of cannabis and petrol sniffing in terms of the damage it is doing. The combination of the two, as you have alluded to, is a major problem. It seems as if cannabis, combined with alcohol, tends to increase the aggression of the person who is intoxicated with alcohol, makes them even less inhibited. I know that is a major concern of, for instance, the general practitioner in Borroloola, who is worried that the amount of trauma associated with drunkenness is becoming worse with cannabis thrown on top.

In another community I am visiting, you are talking about the drug induced psychosis. They know they have six people floating around their very small community who, when they overdo the ganja, are going to come in psychotic. They are copping flak for doing too much overtime trying to control these people and look after them until they can be evacuated. It is a huge cost to the health system as well, evacuating these people and looking after them, as well as everything else.

In answer to your question, yes, alcohol is the major issue, and you are quite right; we should up the ante a bit in our advocacy.

Dr BURNS: So Paul, in terms of alcohol treatment facilities - I am thinking specifically of Darwin now - there seems to be quite a lot of them out there. Each one of them, sometimes, has different clientele and methods; and some do like single people, some do families - they use different approaches. Do you think there is enough out there? Do you think they could be rationalised? How do you think, particularly the alcohol treatment services in Darwin, are operating, and do you have any suggestions if they are not operating as well as they could?

Dr BAUERT: Look, I can only give a disappointing answer to that. I am not a 100% sure how well they are working. I was worried about the closure of the detox unit down at Coconut Grove, and was reassured by the member of the department who was responsible for that, that they were going to use the funds - some $500 000 or $600 000 - to broaden their approach to be able treat people in the homes etcetera. I must say, members found that reasonably off the planet, because a lot of the people are flat out finding homes. At least you had a centre there for detox which would allow the significant number of homeless we have, at least somewhere to sort of dry out and prepare themselves a bit, rather than trying to place these people in hospital which, as you know, has a 110% bed occupancy the whole time. So I cannot …

Dr BURNS: Apart from detox rehabilitation also.

Dr BAUERT: Alcohol rehabilitation, once again, I cannot answer specifically. I am sorry, I do not know. My interests, as you are probably aware, has been with narcotics over the last few years. Although there have been changes, I am still very apprehensive about whether there is a full commitment by the current government to actually institute adequate rehabilitation services.

Dr BURNS: Are you talking about alcohol or …

Dr BAUERT: Well, I am assuming that since it is so hard for the narcotics, it is probably harder for the alcohol. Chris, I am sorry, I am just a bit out of my depth in terms of giving you an overview of what is happening with alcohol treatment at the moment.

Dr BURNS: It is an important issue; it is a big problem.

Dr BAUERT: I am happy to be educated, yes.

Dr BURNS: Well this is part of why I am here, too. I am learning a lot about it and it is a very important issue and in the Territory. We have a lot of big issues, but probably alcohol is the biggest one.

Madam CHAIR: Have you got anything else you would like to …

Dr BAUERT: No, I think I managed to stumble through my main 'keep it simple points, stupid' points. Look, thanks again for letting me come along, and thanks for your advice on alcohol. There are members who are much better at what is happening in the alcohol scene, but it is definitely a major issue.

Dr BURNS: If the association wants to come and meet with us, it would probably next year some time. After you have had a chance to discuss it with members, maybe early next year is the time, if you want to, to come back so that we can talk with you and the committee. How does that sound?

Dr BAUERT: Yes, that's good.

Madam CHAIR: I think there are some of the GPs who we met recently, who are members of the association - that was something they were raising about a week ago: maybe it is time for GPs and others to start upping the ante and talking about this, because sometimes they tend not to say anything in communities for fear of reprisal or whatever.

Dr BURNS: That is right.

Madam CHAIR: But maybe now is the time …

Mr WOOD: Are you referring to the case where they were talking about how marijuana is regarded as though it is a recreational, fairly harmless drug …

Madam CHAIR: Yes, it is part of the …

Mr WOOD: … but the medical profession knows otherwise and yet, there is not a lot of that counter arguments given. I know what it is like: 'It is only a mild drug, not as bad as the rest'. But obviously, the more we hear about it, it is not that at all. So, it needs some public counter arguments that we are not always qualified to give, because we are not expert on that.

Madam CHAIR: No, but that is where we rely on that industry to tell us.

Dr BAUERT: Well yes, Chris, that would be good. We would be happy to do that. Or I can get the people who are dealing with it all the time to come and talk to you about it. Certainly, GPs in their practices are well aware of the problems. I do not think you will find too many GPs who are not broaching the issue with patients now. But, in terms of making a public stance about it and public comments, yes. But if I had known it was going to be mainly alcohol, I would have sent someone who is better …

Dr BURNS: No, no, you made your point very forcefully about the other matter, and what that sparked a very interesting …

Madam CHAIR: The funding issue that you spoke about is quite an important one, and one that has been raised with the committee previously - not just up in the Top End but also in Central Australia in our visits. It is an issue that has been raised constantly through the inquiry.

Dr BAUERT: It is hard enough to get a bit of momentum in the communities to get something fixed, but when it is dragged out by inability to actually do something about it - and mainly through red tape and barriers – well, it leaves everybody even more disempowered and lacking in self-esteem and wondering: 'What's the use?'

Mr WOOD: Perhaps we should ask middle management to come here. We can tell them what we have heard in the last few months.

Dr BAUERT: Once again, it is …

Mr WOOD: Sorry, middle management.

Dr BAUERT: Once again …

Madam CHAIR: There are a number of things …

Dr BAUERT: Yes, there is a number of things. I would hate to make them scapegoats, but it has to be, yes. Maybe they have to be empowered or something …

Mr McADAM: That is a valid point.

Dr BAUERT: … I don't know. Thanks for having me.

Madam CHAIR: Thank you.

Dr BURNS: Good afternoon.

MR BOB KENNEDY

Mr KENNEDY: Bob Kennedy. I am here on personal and organisational submission, a submission which will be combined, addressing a feature in the Aboriginal community of Yolngu, of Yappa, and the Balanda side.

Dr BURNS: We just have to wait, I think do we have to go through a bit of a procedure here?

Madam CHAIR: I just need to do an official …

Mr KENNEDY: Okay, I will just …

Dr BURNS: Also, I guess, the focus really is about substance misuse, whether it be alcohol or cannabis or whatever. That is the focus of what we are really looking at here, but I will leave it up to the Chair to proceed.

Mr KENNEDY: Well, this all leads to service delivery. If you have the best programs and they do not interface with the proper service delivery, they finish up pretty useless. So, that is where I am …

Dr BURNS: Well, we will get Marion to swear you in …

Madam CHAIR: All right, I will quickly do a quick statement which has to be done before we start talking about this, so if you can just allow me to go through.

I open this meeting of the Select Committee on Substance Abuse in the Community and welcome Mr Robert Kennedy, who is appearing before the committee today to brief it in relations to its terms of reference. If required, you can get a copy of the terms of reference from the committee secretary. This meeting is open to the public and is being recorded. A transcript will be produced and eventually tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be in camera; the decision regarding this will be at the discretion of the committee. You are reminded that evidence to a committee is protected by parliamentary privilege. For the purposes of the *Hansard* record, I ask that you state your full name and the capacity in which you appear today.

Mr KENNEDY: My name is Robert Kennedy. I am here in two parts; one is a personal experience to relate, from a personal view in communities; the other is the Coordinator of NT Office Status of Family, and substance abuse in domestic situations.

Leading on to that, I am more interested in the service delivery that addresses those, rather than giving the medical and the funding arguments.

Dr BURNS: Sorry, Madam Chair, but if you would like, I have a big voice. I know that Robert is a bit hearing … If you would like to give an overview of …

Madam CHAIR: Of what you are doing.

Dr BURNS: … what you want to say here.

Mr KENNEDY: Well, I have said it, simply in that a service delivery has to interface with the problem, for it to be effective. There is a difference in the Aboriginal communities - and if I may give a short experience on that to highlight that; then I will switch across to the Caucasian one in separating families and things, and give examples where there are mismatches. That might be taken into account in delivery of service.

I had experience on a number of Northern Territory communities as Essential Services Officer, power, water and electricity of the township, which put me in contact with the whole town. If I may single out, for the worst experience, was Elcho Island, a few years ago. There was kava and petrol sniffing. It was a dry community, but the occasional greenies would be seen lying around. I did not see alcohol as the significant problem there. I am more interested in how these problems are addressed and handled.

I would be going to the powerhouse at 6 30 am to 7 am, and I will relate one morning that there were two little children about eight, with coke cans and sniffing. I carefully - and you had to be very careful because you are in on permit, as an employee to run these things, and those permits can be revoked and you can be quickly accused of interfering with culture. But I took this off these little children and it was almost tear jerking that they were standing there, absolute trembles. So I took the cans to the Town Clerk who was Yolngu, and put the case and nothing happened. It used to be a common practice for groups of people at 4 pm to go down behind the school and mix kava, and there would be petrol sniffing.

What I am getting at in this, is that these are very delicate and difficult problems to handle because some of the problems come from within their culture with moiety and things like this, that they cannot cross to other peoples' children or other families. A service delivery has to take a lot of these things into account that the Caucasian society does not understand. There is those basic things in their cultures, and each place I have been to has a different personality, or it may be a different tribal emphasis or feature. Service delivery has to take that into account too. So I think there is a lot of research at how to interface any service on substance abuse in Aboriginal communities. I will leave that there, now I will just switch across.

I have a lot of experience in dealing with separated families. There again, I want to explain service delivery. There is an increasing number of - and we are finding women who are intoxicated with alcohol or cannabis and a domestic situation arises, and the police are called. Because the police are briefed on dodgy figures by Office of Status of Women on family violence, and not the social science figures, the service delivery is skewed and the police response is skewed, that the male is almost inevitably blamed as the perpetrator - yet there is an intoxicated women there in the house.

I am relating these two things and this substance, in the case of substance abuse and intoxication, it is not properly identified and dealt with; it is dealt with as something else. Just combining both those, mostly it will be a public service delivery and what I see going wrong, particularly over in our Caucasian society, is ideologies overwhelming social science facts, and the service delivery is done and it is missing the point.

So combining both of those, I think that the best of programs, there has to be an almost equal amount of research in how to deliver those and target those to the needs of the community. That is about the extent of what I wanted to bring to you; the importance of identifying the problem and tailoring the service delivery to meet those needs.

Dr BURNS: So will your organisation be making a written submission to us also, Robert?

Mr KENNEDY: Well, my situation is I heard only this morning this inquiry was on. Nobody knew where it was and …

Dr BURNS: But you are free to make a written submission. Pat can give you the address, and then that closes the line there in terms of - because a lot of the other organisations have given us a written submission. So, if you compare what you have told us today in evidence with a written submission, that will be incorporated in our report and back up what you have had to say here today.

Mr KENNEDY: That would be good because as I say, I heard only later today; did not know where it was on, had the suss that out, and it said it closed today, so I did my best to get here.

Madam CHAIR: Pat Hancock will be able to give you the documentation that you require.

Mr KENNEDY: Yes, thank you very much for that. Unless you have any further questions, I will lave that with you now.

Madam CHAIR: Thank you very much. This declare this meeting closed.