

Submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours

Dear Select Committee

We are writing as concerned citizens in the Northern Territory who have seen and dealt with the results of Addictive Behaviours in people for many years. The addictive behaviours have been in males and females, Indigenous and non-Indigenous people, rich and poor, in city and remote communities, and in multiple faith settings. Addictive behaviour and the damage that it can cause does not discriminate and needs to be supported in all people living in the Northern Territory.

We write too because we are both Indigenous Northern Territorians from the Top End and Central Australia, as well as non-Indigenous Territorians, all whom walk, work and share together to encourage each other in life.

You have asked for submissions, and we have begun the process of talking to each other. We all bring different life experiences and skills to the table, and we share the overarching goal of wanting to see individuals and communities helped due to the damage that is caused by addictive behaviours.

We note that your proposed inquiry will look at:

1. The current scale and trends of illicit drug-use in the Territory and its impact upon health, justice, drug and alcohol and law enforcement activities
2. Current harm reduction measures available in the Northern Territory and other jurisdictions and their alignment with the National Drug Strategy
3. A review of best practice evidence in the following areas to support the development of a revised harm reduction framework in the Northern Territory
4. Effective Strategies for the coordination across treatment facilities to also provide for addictive behaviours more broadly

This submission will make some clear and concise statements and present some strong views, but we are also aware that the process

of consultation needs to be larger within the Indigenous community in particular. This is even more amplified when realising that Indigenous people have strong views on this but most Indigenous people are not aware that you are wanting their input. To put a post on a website is not an effective way to involve the wider community, so if you will allow us to consult further to bring a clearer public opinion then we would be open to discussing this with you.

At present there are a number of concerns that we need to raise before talking about the issue of Addictive Behaviours. These are:

1. particularly working with our Indigenous communities, it is important that their views are heard and acted on. Several years ago an agreement was signed between the Yolngu people of Galiwinku and the NT Police (the Nilnil agreement) but the NT Police or NT Government have never shown any action from this. The agreement was shared in Darwin, Katherine, Tennant Creek and Alice Springs but the process of mediation used to arrive at this agreement has not been honoured by the NT Police or Government. A foundation already exists to build on in working together in all areas of life, can we revisit and honour that agreement as we move forward
2. Can we truly consult the NT community through forums and employing both Indigenous and non-Indigenous consultants, so that an accurate voice of the people can be heard in 6 months?

Some points that we want to raise with the Committee are:

1. **Harm Prevention**, focusing on primary prevention and recovery is needed over Harm Reduction only practices. The Harm Reduction only misuse has seen the enabling, equipping, endorsing and even promoting of ongoing drug use. This of course undermines the other two key pillars of the National Drug Strategy, which are Demand and Supply Reduction – This cognitive and practice inconsistency is undermining the emerging generations and failing to adequately protect and provide for the best practice of NOT using illicit drugs.
2. Our history has aimed at Harm Prevention through laws that have made drugs and some addictive behaviours illegal, not as a freedom suppressing enterprise, rather as a culture and

family protecting the safety, potential and productivity of families and community's. This needs to be continued and/or magnified unless we want to increase the fallout from the damage done as a result of Addictive Behaviours, and the education about these behaviours needs to improve/develop to equip people pre/during/post use.

3. Addictive Behaviours applies to many things done in modern society, including:
 - a. use/abuse of Legal and illegal substances
 - b. alcohol
 - c. other drugs
 - d. pornography
 - e. violence (domestic and public)
 - f. shame
 - g. social and other media
 - h. gambling

People need support in dealing with all/any of these things.

4. Our concern is for all ages in our society and across all cultures, concerns based on evidence but also based on first hand observations in the arenas where we have individually worked and lived. We have seen:
 - i. results of sexual abuse
 - ii. the changing face of sexual abuse and violence, to mimic what adults and children have been exposed to through the media, and then assumed that this is the 'norm' to copy:
 - a. child on child sexual abuse
 - b. group sex by juveniles/children
 - c. homosexual conditioning
 - d. violence without thought or empathy from males and females across the age spectrum normalised by the media and without consequences or rehabilitation
 - e. Violence is seen as entertainment and filmed rather than being stopped
 - f. increased domestic violence by both men and women

- g. undermining cultural integrity through promiscuous/sexual dress standards and dancing
 - iii. a drug culture is being developed that is normalizing some drug taking behaviours contrary to 'gold standard' practices of denormalization, which has been used successfully against taboo. The media has a huge influence in the ignoring or down playing of the very real and vast dangers of cannabis use. Also the glamourizing of some drug use by the lies of the media where films portray substance abuse as cool and positive
 - iv. people don't know what they are putting into their bodies
 - 1. what is in the tablet?
 - 2. marijuana laced with ice?
 - 3. purity and strength of other substances?
 - v. people don't know the truth about the consequences of the use of particular drugs eg. marijuana, ice, etc (facts are freely available but are also freely ignored or drowned out in the information that is publicised eg. SAMS <https://learnaboutsam.org> and <https://learnaboutsam.org/wp-content/uploads/2018/03/SAM-Lessons-Learned-From-Marijuana-Legalization-Digital.pdf>)
5. We are not fixing the basic problems in our society, but are rather applying perceived band-aids that are ineffective in healing the problems in our society. Addictive behaviour occurs because either people enjoy the sensation or the temporary escape from reality, so what can be done that will take away the desire to use drugs and other substances in the first place? Is the answer to offer more alternatives? Recently, to help combat pornography addiction, Covenant Eyes has released an ebook on 'hobbies and habits' to assist people engage their minds and actions in alternative behaviour (www.covenanteyes.com)
6. So what are some of the answers?:
- a. Education: Resiliency development based – Demand Reduction/Prevention – Top down and bottom up – All

- demographics having on same page. One Focus – One Message – One Voice “Prevent don’t Promote!”
- b. law – both traditional and contemporary working together
 - c. honor – to remove shame
 - d. community action through activity
 - e. cultural initiatives and involvement/education to refocus lives onto what is important
 - f. cultural engagement for offenders
 - g. cultural understanding where appropriate for sentencing of offenders, eg. with understanding of cultural obligations etc
 - h. use successfully proven science to assist with overcoming chemical amphetamine addictions (eg. naltrexone implants that is being used successfully to assist addicts in Perth, WA, to overcome their addictions). *We have a number of articles to substantiate this that can be submitted when required.*

If an organisation such as: ARDS Inc, ALPA, Yolngu Nations, Miwatj Health (Nhulunbuy) or Galiwinku’s Makarr Dhuni were to tender to supply training and facilities to combat the issues, then working with the **Dalgarno Institute** and **Teen Challenge (Tas)**, the following answers could be put into place to deal with the Addictive Behaviours. Working together a ‘best practice model’ could be developed that can be used in an East Arnhem Land site before being modified and used across other sites in the Top End:

- i. Training of people to provide Alcohol and Drug Rehabilitation (both non-*Indigenous and also Indigenous people from multiple communities*)
- ii. Training of people to provide Alcohol and Drug Education (both non-*Indigenous and also Indigenous people from multiple communities*) *Training content with Indigenous perspectives has been developed by Dalgarno Institute already.*
- iii. Training of ‘Response Teams’ to go into communities of all sizes when an issue/situation is identified (both non-*Indigenous and also Indigenous people from multiple communities*)
- iv. Creation of 10 Retreats where rehabilitation can take place across the NT

A Northern Territory Harm Reduction Strategy for Addictive Behaviours is important and we submit this paper to you to assist with your decisions, trusting that consultation with Indigenous and non-Indigenous people will be stepped up. If we are able to assist with this any further please contact us.

Yours truly,

Biritjalawuy Gondarra – Elcho Island, Arnhem Land, NT.

and

Paul Tolliday – Howard Springs, NT