

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

COMMITTEE BRIEFING

Tape-Checked Verbatim

TRANSCRIPT OF PROCEEDINGS

Tuesday 24 September 2002

Dr Robert Parker

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Mr Chairman: I would like to declare open the meeting of the Select Committee of Substance Abuse in the Community and welcome Dr Robert Parker who is the Director of Psychiatry, Acting Director as I understand it of Top End Mental Health Services. Is that right?

Dr Parker: Yes.

Mr Chairman: Robert is appearing before this Committee today to brief it in relation to its Terms of Reference. If required the copies of the Terms of Reference can be obtained from the Committee Secretary. This meeting is not open to the public, however it has been recorded and a transcript will be produced which may eventually be tabled in the Legislative Assembly. Please advise if you wish any part of your evidence to be *in camera*. A decision regarding this is at the discretion of the Committee. You are reminded that evidence given to the Committee is protected by the parliamentary privilege. For the purpose of the *Hansard* record I ask you to state your full name and the capacity in which you appear today so I ask you to do that.

Dr Parker: I am Robert Mikaleus Parker, I'm currently a psychiatrist employed by Top End Mental Health Service and currently acting in the position of Director of the Psychiatry in Top End Mental Health Services.

Mr Chairman: You don't mind if we refer to you as Rob.

Dr Parker: Nah, it's fine.

Mr Chairman: Perhaps Rob it might be appropriate at this point in time to give a little bit of background in respect to your experience, expertise in the area of the Territory and indeed in regards to the more specific area of substance abuse.

Dr Parker: Well I have a long association with the Territory. I initially came up here in the late 1970's to do a archeological work at the East Alligator River region and returned to the Tiwi Community for three years from 1978-1980 and was acting there in the position as an Art and Craft Officer mainly situated at Bathurst Island.

Following my medical training in New Castle Uni, I returned to the Northern Territory and did my basic medical training at Royal Darwin Hospital and in Katherine and I then undertook training in Psychiatry. The first couple of years in Darwin moving to New South Wales for another couple of years and completed my psychiatric training in the Northern Territory. I have worked as a consultant psychiatrist up here for a couple of years since 1999.

I suppose I have had the longest association with the Top End and particular with the Tiwi community. My wife is a Tiwi Health Worker we have a couple of Tiwi daughters and I have had a tense association of three years and an occasional association with the community now, but I am very aware of the issue within the community because my wife tells me also what her relatives inform me during their regular visits to Darwin.

Dr Burns: Rob are you a Tiwi speaker or a Tiwi listener?

Dr Parker: No- Not Fluent.

Dr Burns: But you can listen?

Dr Parker: I know a few words.

Mr Wood: It is a big effort to learn Tiwi it isn't easy to pick it up.

Dr Parker: The grammar is very complex, I have never been really good with languages.

Mr McAdam: Specifically, I mean what area concerns you in relation to the issue relating to the Tiwi regards Substance Abuse or more into?

Dr Parker: Well, I suppose my current issue of concern what it appears to be is the epidemic of suicide on the Tiwi Islands, and I am particularly aware that there has been five or potentially more completed suicides in the Tiwi Islands from May to September this year. I actually became very concerned about a previous epidemic of suicides in the Tiwi community in 1999. I actually completed a study with the Coroner's Office looking at the pattern of the suicide in over an eight year period in the Top End, sort of analysing factors of suicide in the Aboriginal communities and in the general population. So I suppose I have an interest in suicide and other issues which possibly lead to suicide in Aboriginal communities.

I was impressed I suppose by a fairly active intervention by the Tiwi Health Board over a number of years but it seems to have had problems recently and currently I am quite concerned. I mean, part of my reading for my research involvement in a book produced by Ernest Hunter and another group in North Queensland in the late 90's, looking at the issues of suicides in the Aboriginal community in Queensland. Ernest, I think the lot of the issues that Ernest brought out in this book are relevant to the issues on the Tiwi and other Aboriginal communities. Substance Abuse is the major factor. It seems to be almost a necessary condition some ways for suicide and in some cases directly leads to suicide. Particularly on Tiwi, there are continuing concerns about marijuana at the moment and certainly there is a significant number of people using marijuana in the Tiwi communities. My main concern at the moment is actually the use of alcohol though. There seems to be, well the alcohol consumption in the Tiwi community is very heavy, and there is a very significant association of violence and other morbidity issues with alcohol and there seems to be a significant lack of identification from the Tiwi community that this is an issue of concern with the leadership in regard to alcohol.

Mr McAdam: Can you just elaborate a little bit in respect to perhaps, I may not put it in the right terms but you seem to suggest that there might be a, I mean, what I am trying to say is that perhaps I mean isn't the community fully aware, are they fully functional in terms of the problems that are going on? You seem to suggest that maybe there isn't a real understanding or a great degree of understanding in the community perspective. Is that what you are saying?

Dr Parker: From my perspective yes there seems to be a lack of understanding. The fact of there is a very high level of alcohol abuse and very significant level of general disturbance in the community, particularly with domestic violence, and the fact that suicide is a potential sequela of this general disturbance in the community relating to alcohol. Ernest Hunter, in his book talks about consequence to communities at risk when you've got communities with high levels of substance abuse, and trauma related to that. In that context of just general anger against self and others there seems to be an higher risk of people committing suicide plus those in the general chaos of the alcoholism or community affected by alcohol.

Dr Burns: Rob, do you think it is the lack of understanding or is there an element of denial in there do you think?

Dr Parker: I think there is a significant element of denial. Yeah certainly in communities, I have been very aware that there is a veritable picture. The main community

of concern is Nguuu. I've always, - Garden Point seems to have an element of leadership with in regard to that. There seems to be far less problems in Garden Point although I am speaking off the top of my head here. I remember in the old days when in the 70's Justin Purrantatinmerri, who was a significant Elder in that community. He actually abstained from alcohol. He would sit at Club and take that leadership role and making sure people were drunk and disorderly were not allowed back into the Club again. So we saw him as a leader taking an issue with the community good and respect for alcohol. I gather also now that Garden Point has other leaders who are interested in the concept and are probably taking a leadership role. Nguuu, for a number of reasons has a distinct lack of leadership in regard to alcohol. I think the people who are the leaders in the community have not seen a role for themselves in dealing with alcohol.

Mr McAdam: Do you think there maybe circumstances whereby the community has basically said, we don't know how to deal with it and we don't know how to respond to it? I find this in some communities where they basically say that. So what happens? They don't respond to it in perhaps some other ways other communities do, so maybe there is a lack of, not that there is a lack of commitment but there is a feeling of powerlessness in respect of to trying to deal with these sorts of issues so that is one part of it.

The second part, again this is my personal view is that, and I don't know what the service base is on or the area you refer to – Police, Health Board etc, etc, etc. So could there be a part of the community basically thinking, so what.....God knows what to do, so we wont really worry about it. And the other part is that is there a focus on the part of the Police, Territory Health and other service providers to work in partnership within the community to try and tackle these issues?

Dr Parker: There are number of historical reasons I think why the Tiwi mob seem to be disempowered with alcohol. A lot of senior men drink and because of that issue and because the Club is almost like a male activity area in the island, it is very difficult for men to absent themselves from alcohol. I know when I was living there it was very difficult for a person not to drink because it meant that at the end of the day they will basically need to ignore their relatives. Most of them were at the Club. It was almost like a social group if they didn't have to drink. So it is like an inbound cultural reinforcement drinking behavior and I think it is very difficult for some of the senior men to actually see their way clear to look at it in that perspective. To see the damage that the alcohol is doing to the community from that because they are so caught up in the drinking behavior and the sort of drinking culture of the male experience in Tiwi.

Mr Wood: You and I were in the Tiwi Islands at the same time, do you think anything has really changed? I mean, one of the reasons why I actually left is becausethere are a number of reasons. One is that I have three daughters and I don't want them living on an Island where I would have thought 98% of men drink and at that time those who did not drink were labeled as girls, I think was the terminology. And it was extremely difficult for people to not drink. Do you think there has been any improvements or has it been a downward spiral over that period?

Dr Parker I think things have become more problematic. There are a number of issues. The reinforcement issue. There's obviously trouble enforcing, when you have people who are problematic drinkers. There is an issue with being able to stop those people drinking within the Tiwi community. There is the emotional sort of follow-up to that heavy drinking that you and I saw in the 70s.

I think a lot of the suicides that are occurring now were kids who were basically in the community at that stage and were the product of the very violent, disturbed behavior as a result of the alcohol and are now committing suicide because of the emotional

vulnerabilities. As a result of that sort of witnessing behavior. As well as drinking themselves. So it is almost like, Bathurst I think, alcohol also reached Bathurst in the early 70's. I mean Gerry and I were there a couple of years following that. There was a tremendous amount of domestic violence in the community when he and I were there. I suspect now that it is like a second generation now that kids are growing up in fertile ground for self harm and suicide because of the lack of confidence and the emotional repercussions of living in the Community where there is a lot of domestic violence. I mean there is nothing new about that.

It is very similar to the stuff that is happening in the Kimberley where you had a major dislocation of the population in the 60's when we had a new Industrial award and people had to leave the cattle stations. People moved to the communities around Derby and Broome and whatever. Large amounts of alcohol consumption and 20 years on it is the children who were brought up in that sort of environment who are killing themselves in large numbers. Again, I think it is that lack of identification or the trauma that they suffered and the lack of confidence and resilience in themselves and associated with substance abuse which continues to plague in the community.

There is a sense of hope. One of the things I do remember from Bathurst was that when the Club was shut down on occasions. There was a break in, and the Club was closed for about a month following the break in. Everything became terribly calm. There were a group about 20 drinkers who headed into town on the next plane, the rest of the community was really quiet it was an incredibly happy place. That means that about 70% of the drinkers didn't really care that much whether they were drinking and everything was calm and happy within the community. I would think that any plan for Bathurst would involve possibly some form of alcohol free periods to allow that sense to come back again – that sense of cohesion. It is just constant. Without that restriction, it is just that constant difficult place after hours. Just a very difficult place to live.

Mr Chairman: I asked you a question previously in respect to the role played by other providers on the islands in respect to alcohol. The other one is - just in respect of the hours of the club, what are they, what are the restrictions, what are the conditions with the service of alcohol.

Dr Parker: I don't know. I know the Nguuu Club used to open for 4 hours a night. Perhaps I should answer the first question first. I think the police have a role to try and enforce the law. So the police can notify the Club of people that are banned. One of the big – I know that the Tiwi community have had a range of programs in the past which has been more or less successful. One of the big issues with those is that they have actually ran out of money for a lot of that. They had to sack a lot of the Community Health Workers because they actually ran out of funding for them and they didn't apply for further funding - on going funding, they just didn't apply on time. A lot of those workers were doing quite good work in actual community education, working with vulnerable people, counseling, so that lost that work of health workers.

The actual situation for the police trying to enforce issues on Bathurst is very tricky. The police can't actually ban someone unless there is some sort of blanket ban across the four communities. People can just get into trucks and go to Wurankuwu. That is actually problematic in itself. The poor people in the Wurankuwu community are left to deal with truck loads of these guys from Nguuu, they are rather angry they want beer. The Wurankuwu community got – it's sort of staffed, often by relatives to these people so it is very difficult for them to say no. It is the same problem over there at Wurankuwu. They have a list of five pages of people who are banned and it's very difficult to work out.

People will then go on drinking, get back into trucks again and on the dirt roads back to Nguiu. So the risk of actual traumatic motor vehicle accident as a result of their being banned from Nguiu is high. The risk of vehicle rollovers or the tragic boating accident which happened a couple of years ago, when people were actually coming back from the Snake Bay community. Because the Bathurst Island club was banned, the boat tipped and four people drowned. There is a high risk of traumatic injury, so I would suspect that - I suppose there are significant problems. There is, it is not just one club. it is a Tiwi problem.

Mr Chairman: So I guess that it needs sort of a strategical response across all the community. Is that possible?

Dr Parker: When I was talking to Marion the other day, my feeling is that we should probably set up an Alcohol Council which is responsible for alcohol policy across the four communities and develop a policy that will have an alcohol free week that goes right across the four communities. If they ban someone in say Nguiu, then they are banned effectively in all of the communities. I mean the publican was also saying that there was a significant resource issue here, such as having to employ a gate keeper to stop these guys coming in from Nguiu when the Wurankuwu Club hasn't got the income base that Nguiu does and you're actually paying money to stop the Nguiu drinkers coming in. So I mean a Tiwi council would probably need an income source for running that sort of prevention so that Nguiu is contributing to its drinkers in other communities as well. I would have thought that will also be an idea of developing sensible leadership so that the 'Alcohol Council' to have a representative of the Health Board, Land Council, and a significant number of women on it as the women seem to take the main leadership role of alcohol in the community.

Dr Lim: You referred to the lack of community leadership in the relationship between alcohol and violence. The lack of leadership in communities regarding - indeed of the alcohol consumption and then the need for alcohol free periods. Are we looking at imposing 'white mans' structures on Aboriginal communities? Hence, they do not see it is their responsibility because it is the white man's structures. In effect it is a white man's problem or we are the victims. It is the white man's problem therefore it's not for us to fix?

Dr Parker: It is a good point. I think there is obviously parts of the Tiwi community where there is leadership and they can actually take a look at it. Like Garden Point community where there is obviously a Tiwi person who had the wisdom to see a role for himself as a community leader in alcohol.

I think what we have to be very careful - trying to impose situations on Aboriginal communities. Developing our community solutions is an important issue. However I suppose we are facing a bit of a paradox that there seems to be a significant element of community denial we have a group of people who can't see their way clearly to develop leadership with alcohol. There are number of people killing themselves. I suppose we are wearing the issue of suicide. I mean the Tiwi having five suicides between May and September is a tremendous rate of suicide for any community.

I think the Tiwi would like to try and do something but they are so caught up again with alcohol being part of their culture and the fact that I think they have - there is a significant element - what Professor Laurence said about community denial in regard to the issue which is again, associated with alcohol, alcohol abuse. I think they possibly need some outside help to develop leadership or at least some suggestions on how to develop leadership. I think and possibly some education on the association between alcohol and sequela I think there is a lack of recognition about the alcohol use and the amount of domestic violence and than other issues such as suicide and an appreciation to look at the whole of the Tiwi people. I mean at the moment, I believe it is just mainly protecting the alcohol and the community's right to alcohol. There is a lack of recognition of the general welfare of the Tiwi people

beyond that and the effect of alcohol might have. Possibly some education and some sort of guidance with that is possibly the way to go.

Dr Burns: So Rob, I just suppose moving away from the Tiwi Islands but also including the Tiwi Islands, I think that we all got your message loud and clear about alcohol, alcohol related family violence, dysfunctional communities and families and the generation that is coming on now are susceptible to suicide but apart from the Tiwi Islands I am aware of whole series of suicides in say Maningrida. The reason for suicide is very complex, and I am not going to pretend to be an expert in that area,. What sort of role would you say cannabis might have in some of this? Because it has been suggested that it has played a role in some of these attempted suicides and some of these suicides. I don't know if you can call a suicide successful, but a completed suicide?

Dr Parker: I think cannabis is a very complex. The issues of cannabis are very complex in Aboriginal communities and I actually have written an article on this in the Aboriginal Islander Health Worker Journal in February this year. I was on Bathurst when cannabis was just starting to make its way into the communities. Again, there was quite a strong symbolic association through music which I think has got a strong symbol about black empowerment and the symbols with that. Often Bob Marley would be pictured smoking large joints and whatever, and of course these days it's "Rap". These days rappers are a symbol again of black empowerment and is a very strong association of substance use and rap music. My feeling is that probably people smoke marijuana because of a sense of, again a large group of Aboriginal youth and other people in the communities, limited sense of empowerment. The strong sense of social and cultural dissociation with their culture and with modern Europeans. And cultural inability to do what the other people might do within the community and smoke and alleviate that sort of sense of alienation almost. With that it is going to get possibly - I mean there have been recent studies that seem to show that depression may be associated with cannabis use. People may also get a reactive depression or anxiety response in association with cannabis withdrawal. So that somebody can't get cannabis they can become intensely anxious or depressed as a reaction to not having cannabis. And again you can also have - there is an association with cannabis use and psychosis and it seems particularly problematic. The article of Alan Clough's about to produce in the Medical Journal of Australia seems to show that a number of people who previously sniffed petrol in communities are also quite large users of marijuana. Now it is likely that because people have sniff petrol and already have some pre-existing brain damage, therefore their risk of developing a psychosis from marijuana is probably higher than someone who hasn't sniffed petrol or who normal brain function. So there is a sort of sub-straight of a group of disaffected people who tend to use and tend to self medicate with the multi euphoric affect of the substance and possibly have mental health issues in relation to either to depression or psychosis relating to the use itself or a depression anxiety withdrawal state, all of which are potential sub-traits for suicide.

Mr Wood: Rob, do you think, I mean we are dealing with substances, alcohol, petrol and marijuana and that is sort of very clinical you might say but is it possible that there are other issues, like lack of direction on – like you have a generation now that is less traditional than previous generations and it could be a fact that people without a goal in life or not having an understanding where they are going, is sort of like some sort of spin off from that?

Dr Parker: There is almost a lack of existential predicament for these young people where they have a distinct lack of identity with their traditional culture. They have also got a lack of identity with the wider dominant culture and I think 'Why Warriors lie down and die' that book represents a lot of those existential issues about lack of identity with the wider culture and an inability to get hold of that culture. But, at the same time also identify with their own culture. I think that is one of the reasons that they tend to self medicate with marijuana with other substances.

Mr McAdam: I am interested on one comment, mostly as I understand it , what you are saying is that perhaps in certain circumstances in communities are incapable of dealing with many of the problems arising from alcohol, petrol sniffing, marijuana, etc. The question was I want to know what role do the women play in those communities, because in a lot of places they play a lot of important roles and are attempting to address to this sort of approach? And there is one other question, which I have just forgotten but will think about it in a minute.

Dr Parker: From Bathurst, I mean Bathurst Island has always been protected by some degree by the women. The vast majority of women don't drink there. Women have always been effective. They have generally tried to be an effective block to stop alcohol, where they can - like extended opening hours and whatever. They've usually been overwhelmed by male voting block considering alcohol. But women are the thing that really hold the fabric of the society together. I mean they tend to be the... a lot of them more.... I suppose more responsible positions in the society such as health workers and in teaching. They seem to be much, I suppose as victims of a lot of the issues that have happened with the alcohol and are very aware of those issues. But they seem to have much more of a comprehensive view of the issue. I mean the men seem to lack that vision or fully understand that issue of what alcohol does. I mean I'm talking about Bathurst in particular- I mean there are some communities where there is community leadership. And I mean that is a the problem that just seems to come and go, like certain communities people do see themselves in this role.

I think there are a number of reasons why on Bathurst that hasn't occurred. But on Garden Point, with Justin Purrintunitmerri, he saw himself as having a leadership role on that community with alcohol. I think that can be developed. I mean, obviously people can get that idea and run with it and they have got the power to do that then that is possible. But certainly the women tend to have an important role in understanding the implications of what is happening.

Mr Chairman: I suppose that the only other point that I have got is that you mentioned Purrintutimerri was it?

Dr Parker: Justin Purrintutinmerri.

Mr McAdam: That he had a leadership role etc, etc. Or did have a leadership role?

Dr Parker: Did have, I mean from what I.....he obviously was the licensee, he did not drink and he saw himself protecting the community from the more difficult effects of alcohol.

Mr McAdam: And I think that occurs in a lot of communities where you do have people who try to take a position in respect to alcohol and other problems within the community. The attempts are pretty well short lived, because of the person in question would become frustrated and basically, not want to pursue it. But that is why I came back to my initial question, in my initial one of the things that I said previously was that where you have a situation like that, do you not agree that governments and NGO's have a role play, a strategic role to play ie through partnerships, that's a very loose term, in supporting those people? Because I have seen lots of situations where you will have that one person or a group of people who are strong, they want do something about it and then you have other agencies saying it's your problem you deal with it, as opposed to working and developing a partnership with those communities to try and resolve it. I am talking about like in Ali Curung, where you will have a police on side and you have people from the Office of Aboriginal Development and a lot of agencies on side that went in as a whole of government approach and it goes up and down. But is that the sort of thing that is needed? I mean if it is as bad as we think it is, I mean with five suicides from May to September which to me is probably about 30% of total number of suicides in the Northern Territory in that same period. I know that out at Borroloola there were a hell of a lot as well. So given the seriousness of it, is it

incumbent upon government and other providers to provide not just lip-service anymore, but to provide proper support in developing strategies?

Dr Parker: I think it is very appropriate in association with the community. As long as it lead by - you can work with the community rather than impose things on them. I think it is very important to provide support for those sort of people. To help them. I think also the development of leadership. I mean I think there is a potential number - I mean, there are some good people on Bathurst Island. I think that they are caught up in a difficult situation, if they could potentially be given a bit of a guiding light, I think there is a role for community leadership within Bathurst. I believe the government could be quiet helpful within this situation as well.

Mr Wood: Well you do see some leadership with the NORFORCE people. I mean it is something that has been introduced after I left anyway. It seems to put people on a different plateau. Because one of the problems that you had on Bathurst at least in my time was that, I remember raising alcohol issues with the Council . The Council is a different sort of council, it has all four skin groups on there so it is traditionally based. The first thing they say is 'none of your business, we don't want to discuss it.' So I know we might say are we trying to impose, I can tell you that when it came to certain subjects they impose their wish, and it was very frustrating. You would know that there were certain young blokes who really wanted to stay off the grog, but if the leaders had no intention of changing it, it is very difficult. I mean, I sometimes think the women in many ways, if they could be given some support and leadership maybe that's the avenue. Although some of them drank, there were some percentages that drank, a very strong percentage that didn't drink, but you usually get into arguments then about the women who would play cards. The men would say, well if you can stop the women from playing cards, we will stop drinking or something. So you ran through all these little 'Days of our Lives' issues to some extent. It was difficult, it was so depressing. I know you are talking about suicide, but car accidents, I mean the great footballer, David Kantilla, was killed up there, where I had the vegetable garden, that was alcohol. That happened quite a bit. My feeling was that also, you are talking about culture that there is a certain element of non aboriginal culture that is, the beer in the hand was a male thing. It was very much a blokey thing and this way Tiwi thing, but it had that same - you know - we are the blokes - but just done in the Tiwi style. I used to get so annoyed seeing ads. on the television which portrayed that in our society. That reflected what their attitude towards grog was too. So there was this more global affect and Bathurst Island has had TV for quite a while now. It's just under those influences. But yeah it has certainly been difficult, especially for the young leaders anyway.

Dr Parker: It has been very difficult for people who have been trying to. There have been certain people, like Justin Purintutinmerri who have been very interested in alcohol who has actually been over ruled by the established powers that be. It has been very difficult for him to work in a cultural way to try and change things. He was very interested in dealing with alcohol issues but as President of the Nguuu Council but he was overwhelmed by the established block these guys that Gerry refers to. The other people had a very strong interest on keeping the alcohol going. That is why it probably needs some sort of council to oversee all four communities and help develop some sort of plan for the communities generally which can sort of take it away a bit from the local leadership and their ability to basically ignore the problem.

Dr Burns: Rob, I have got a bit of an interest in treatment and rehabilitation and counseling. I had a student who did an internship with me and I asked him to talk with all the treatment services in Darwin and there is a plethora of them. And I suppose that my question is around the models that is used. Like, some use the absence model, some use what ever. But I've always got this feeling that, the models that are have not been fully developed in terms of supporting and assisting Aboriginal people and their families to address these

problems, maybe that is an unfair comment but I would be interested to hear what you think about all of that.

Dr Parker: I think the problem is that it is the social reinforcing factors. I mean it is very difficult to address alcohol in the community setting where there are these very strong symbolic associations with it. So you can take someone out and put them into a individual rehab program for a while but unless they stay away from the community once they get back there again it is a very strong urge for them to continue drinking.

Dr Burns: Well I suppose what I am talking about is, you know when I was doing the work on kava over at Yirrkala and going through files in the Gove District Hospital, you could see the people on the downward spiral. They would start off – you know, usually they were polydrug users and using more than one and using more than one to excess and you can see the progression. You know like the hospital admissions, comments by the doctor. You know they come in from the beach and in the end their file was stamped deceased. I often wondered whether there was enough resources and effort being put to early intervention at a community level. Because let's face it, there probably is a problem with drink over at Tiwi and it is probably affecting everyone to some degree, but it is probably affecting some more than others. I know Aboriginal people who drink responsibly and want to drink responsibly and I know other Aboriginal people like they do in wider society and just want to get in there and make a mess of themselves.

Dr Parker: The - I can I just draw on a model. A friend of mine, Don Kelly established the first Alcohol Anonymous group on Bathurst Island. He was lucky to have like a leader, a Tiwi leader was one of the first members of it. Because of that, it became almost like a group focus of people who didn't want to drink and there was a small group of men who could hang out together without the urge or cultural reinforcement to drink so I think that was an important - . It was an issue about if you can try to adapt the culture a bit.

Dr Burns: That is why I am saying in terms of models and interventions particularly early intervention.

Mr Parker: Yeah, and I suppose, you can educate young people about substance abuse and the dangers of substance abuse and whatever. The problem is though, that once those guys leave school, there is the cultural reinforcement and I mean one of the other issue that does affect indigenous people probably more often than others is the binge issue. Where people. I mean one of the issue that came out of the suicide study that I did, that the Aboriginal people that had killed themselves had generally much higher level of blood alcohol than the other population. It tends to be a bingeing issue with substances. People tend more often to use substances to binge and get totally blotto. I mean it is the case with the 'bucket bong' of marijuana. I mean your average person in Darwin might have a couple of cones a day or whatever. You go out in the communities and you get a great heap of this stuff, put it under a bucket and just take a couple of good whiffs of it. I mean that is an intense inhalation of marijuana compared to, and it seems to be reasonably prevalent in the communities. And not surprisingly, people possibly becoming psychotic. If the potency of the material as well as the way you use it.

Mr McAdam: Is it grown locally or is it transported in do you think?

Dr Parker: Lots of myths about marijuana, I think a combination of both. Yeah.

Dr Burns: What about the story about the stuffed chickens over there Rob?

Mr Parker: That wasn't even a story. It was a group of frozen chickens in the seats of the barge with some unusual green stuffing.

Dr Lim: At Lajamanu, through the Law and Justice Strategy, we had a meeting of delegates from three communities, Ali Curung, Lajamanu itself and Borroloola wasn't it? (Yuendumu). Yeah and collectively they said 'white mans ways don't work'. They said give us the authority to deal with it ourselves. What we were talking about this morning so far has been essentially let's give them process. And we get another group which to all intent and purposes is reasonably successful with dealing with their problems saying let us do it our way. Now, I am a bit confused to which is the way to go, what is it that the Tiwi people want?

Dr Parker: I am not sure. I think if the community has got leadership issues that can see a way forward to actually developing that. It sounds like a group within that community could see a role for themselves in changing things and that is great and some there is some measure so that at the end of it so as to stop of some domestic violence and you can actually see that there has been an effect. Well that is great and that is the way things should go. I suppose it is a degree of insight in that community where the elders recognise that they have a role to play in changing and dealing with that. I think part of the problem with Bathurst Island in particular at the moment is that the leaders do not have that recognition. They seem blocked to the effect that alcohol, the damage that alcohol causes in the community, and it's that lack of recognition that is the problem in Bathurst in the moment. If there were some leaders there and see that, I think we would have much more chance of developing some sort of change. But Bathurst at the moment differs to those, to Ali Curung or what ever because of that lack of recognition of the problem. And the affect that people, the leaders are sort of caught up in it as well and can not see the way forward.

Mr McAdam: You keep coming back to the lack of leadership sort of here I guess. I mean if there were five suicides say between May and September, was there any response by any of the community councils, or any body in respect to that at a local level. I mean was there any response?

Dr Parker: I am not aware of it.

Mr McAdam: Fair dinkum.

Mr Wood: There used to be deaths....I'm not sure if you called them suicide in those days, we certainly had people climb power poles and try to kill themselves. This is back in the 70s and I don't think we referred to them to them as a suicide. I think we thought of it as a foolish act. And it just seemed to be something that the community sort of accepted or to some extent. I mean I am not saying that it shouldn't have been. It's just what used to happen.

Dr Parker: The pattern of suicide in Bathurst.... there seem to be two distinct groups. There is the stuff that Gerry talks about which is continuing issue of self harm, where people have an emotional disturbance while inebriated and I suppose want to demonstrate to the community that they are upset about something and it is usually involves something like climbing a power pole and fair bit of tension and drama. Occasionally people will jump and will end up hurting themselves and one and two occasion will end up killing themselves. Which I believe is possibly a by product of the drama of the whole thing.

The concern is though, the quiet suicides, which are the people who are, with very minimal sort of change in behavior are just are found dead hanging in the house somewhere. I mean the two recent ones, the saddest one for me is my wife getting a phone call at one o'clock in the morning on a regular basis. There is a very good woman over there who is a good community leader who has lost her stepson and a brother within a couple of weeks and she is one of the main woman in the community. I mean she is a leader and she has lost two people

in a couple of weeks, which I think is a very tragic event and I think the last one is the uncle of the young man who died and he was drunk.

Apparently, Marion said that she had met him on the day. I mean there was also a significant symbol on the day he killed himself. It was the day that they handed out all those certificates of achievement on the community. Marion had actually met him on that day and noted that he was possibly a bit quieter than normal. In the process of getting that certificate and doing something, and then he killed himself that night.

The other young man who had arrived from Snake Bay was noted to be a bit quieter than normal by people close to him and then was just found hanging that night or the next morning. It is very difficult to pick up this sort of issues. I mean apparently he was under from what I understand, he was under a threat from a drug dealer from Snake Bay that one of the enforcers there, he was under threat of harm and was in fear of his life. Possibly an anxiety response, or possibly a mild short lived depression. The thing is incredibly tragic. I mean for a woman like this, who is obviously – you know I have a lot of respect for to have this sort of tragedy in the family. The other issue, the other one was a senior health worker who refused to give his son marijuana or money for marijuana and the son said that if you don't do it I will kill myself. He said that I am not going to give you any money and the son went and hanged himself, or went and threw himself off a power pole. That again was a behavioural issue. Very, very sad.

Dr Burns: That behavior is sort of replicated like in Eastern Arnhem Land there are lots of stories about young blokes coming up with a rake and saying 'if I don't get the money than I will hang myself' and it is up to this stage now I believe that the senior people they don't have any emotion left.

Dr Parker: It's a behavior, the stuff that Ernest Hunter talks about again in this monograph on behaviour modeling within a small community and what that means. I mean I think that is very pertinent, that monograph is very pertinent of what is happening in the Territory at the moment. The psychological factors that he points out for North Queensland are very pertinent to the Aboriginal communities in the Top End.

Dr Burns: Coming back to this issue, I guess paralysis of leadership on the issue of this it seems to be there are many layers to what we are talking about. There is the personal, the family, the community and there is the external issues that I think Richard had mentioned about the imposition of the structures and solutions from outside. But it appears to me in a lot of the communities that these various organisations, whether they be Outstations, the Community Council, Health Board, the this and that and the other, often there is the organisation rivalry between the organisations, often between the white fellows running those organisations and any Aboriginal leadership that comes up and that is outside of their own organisation they will try to white ant it. I think that sometimes the structures that have grown up, or through government policy over decades is actually to leadership arising. Because as soon as they put there head up to any issue they get sort of white anted. But that is just a personal opinion. I don't know if you want to comment on that or not.

Dr Parker: I think that is a very wise comment. I tend to agree. There is a large number of organisations, all of which have a potential impact on health in the various Aboriginal communities, but whether they are actually working together or working separately and the issues of co-ordination is very important. There is the local politics of who belongs to what council.

Dr Burns: I call it the system of influence and preferment, that if someone plays the game they tend to benefit. If someone rocks the boat they get excluded and you know it is not necessarily to do with Clubs or the Health Boards, you can see it in shop committees as well.

It is very - a lot of that works against genuine leaders coming forth with the community benefit at heart.

Dr Parker: I suppose the way, - what the various councils represent I think is important and the way they see, I mean technically, I think the Tiwi Land Council probably should be the leader for the Tiwi wide communities. I'm not quite sure if they see themselves that way. I mean probably, things have been thrown at the Tiwi Health Board I am not sure about what kind of co-ordination there is between the Tiwi Land Council and the Tiwi Health Board but I will think there should be a very close association. There are Land Council members on the Health Board.

Dr Burns: Well the Health Board grew out of the Land Council, that is my understanding.

Dr Parker: There are common goals between those two groups. I think that is pretty important.

Ms Carter: Rob you talked just a moment ago about Certificates of Achievement. There are a number of businesses operating in the Tiwi area and often the Tiwi Islands are put forward as a comment 'ah yes things can work well, like Tiwi'. That's said everywhere. I think of Tiwi Islands as in a business operation by Aboriginal people, and yet I am also told for example, a classic is the pine forest, the business over there with the timber being grown commercially. The company involved there has done everything that it possibly can to employ locals there and with very, very little success. So much so that they have to fly in and fly out staff for very menial jobs like planting trees and yet you know, it all gets promoted as a positive thing and that there is a lot employment, this, that and other. But the bottom line is that often people just can't be bothered coming into work. Those sorts of things are often hidden though. It's what I call the emperors new clothes! We are not actually allowed to talk about the things that aren't really happening, despite the fact that once a year some glossy photos are taken and stuff on the front of an Annual Report. Could one of the reasons be that people there realise that its not really happening, that gives people a low sense of morale that is not much going on.

Dr Parker: I don't know Sue, it is a good point. But I mean I believe that Gerry and I both can reflect as we both were involved in a number of Tiwi enterprises some of which went well and some that didn't. When I was involved with Tiwi Design and Tiwi.....Art for a number of years and we had a number of enthusiastic young people who worked very well for those organisations. I think it mainly was the result of good managers working well with them. They did not turn up to work every day starting at eight. We had people turning up to work there, we had good output. I believe Gerry was involved in the garden. I mean the garden had a different history. Why one worked and the other one didn't I'm not sure. But I would have thought, I mean I was aware of the forestry group and they were quiet happy working. They were quite happy picking.....earning some money. They were well paid for what they did and that is the sense of pride and the sense of community. I think the sense of community is important thing. I think if those factors are taken into account, there is more chance of something succeeding. So I suspect it is a very complex issue. I think if there is consultation on the way, the workforce set up and those sort of factors taken into account, there is more chance of success. I guess the tourist thing is quite popular and a well run organisation. Probably because the people enjoy themselves talking about their culture and working with other people.

Mr Wood: In Tiwi they are very proud of their place and they like to show off about their place . Ever since I went there, they always thought it was the best place in the world even though you can take other places which is better place than that. But they did have a genuine pride. They did enjoy showing off their place off. I used to umpire football and if

you want to know what effect alcohol has, take up umpiring football. Because I was umpiring for seven years, I would have to stop half way through the season because I was attacked and it was all because of the alcohol. When a lot of visitors were over there and I was attacked, they immediately rushed to my aid, because that was a blot on the community. Like what Rob has said, they certainly, as a group do enjoy working. I mean - to me the major affect is obvious - alcohol. The club opens at certain time and you couldn't get people working on the weekend. So if you try to run a vegetable garden or a chook farm you have to have people work at it the whole time and yet the club opens quite early on Saturday afternoon.

Mr McAdam: What are these opening hours of these premises in the main

Mr Wood: Usually 4 o'clock.

Mr McAdam: Six to seven days a week?

Dr Parker: Sunday is usually a rest day. What would happen when both Gerry and I were there was that they would usually shut the club down for 'Bush Holiday'. That is considered like a family time when people will go out bush together. Which was like a restorative function for the community. People will leave and go and live on traditional lands and it would bring the family together. That sense of cohesion within the bush camps. In recent years they have actually kept the club open during these holidays and so no one leaves town and all that sort of meaning of what that was is now gone. Now people are just now hanging around waiting for the club to open.

Mr Wood: I think it should be emphasised, Tiwi people are great people. I mean they make you their own. When the bush holidays arrive, you can go out with them and they share their food and stuff with you. One of the problems is actually growing the vegetable garden because everyone went there and no workers and so you will have to take the vegetable out to where they were. But they are just top people and literally it was just the grog that wrecked that society. As a society that has always had its own land, it is such a shame. It has such beautiful beaches, places to hunt, fish etc. But their culture is still quiet strong and their ceremony is still strong their kinship is very strong and you think that everything is there. They have a club house, they've got football, good houses and they've got employment and then you have this enormous suicide rate and you ask why, and it is a crying shame.

Dr Parker: Well I think it reflects an emotional vulnerability of those people who have actually come from these issues relating to violence. I mean you have a successful community on one hand but a very traumatised community on the other.

Mr Wood: The underlying.....

Dr Parker: Yes, it's like an emotional sub-straight. Unfortunately, for people with these vulnerabilities it's almost like a time bomb waiting to go off. I mean people can have these emotional vulnerabilities for years and then have a life circumstance, and they get them in a day or two because they are an emotional compensation in association with alcohol abuse. The other issue is, I mean, there are times when the Club is shut it's like what I said before, the community is very interesting. People will just go down fishing the Straight at night and it will be a very calm and peaceful place. The families will be together doing things that families will normally do after hours. As soon as the Club opens again the men would go to the Club and the women back to cards and it was just chaos. It was an observation that I thought I will go into that. It was just like a demand activity area and a vision of what a Tiwi man was. Which is a man with a drink. I think it is a significant issue.

Ms Carter: My understanding for the North American experience is that unless the community is really motivated to change for themselves nothing can really be achieved.

Dr Parker: I think that Marion Scrymgour was pointing out a similar thing for the Inuit in the North America. It has to be a community development. The community has to take on this role. I think that one of the reasons, one of the things that concerns me at the moment is that they just seem to accept that people kill themselves without the community rising up and saying this is all of our young people dying here what are we going to do about it? There seems to be that lack of appreciation as to what this means to Bathurst Island in terms of these young people that are dying.

Ms Carter: Do girls do it?

Dr Parker: Very rare, very rare. The Tiwi suicide pattern follows a very similar pattern to ours. men are six times more likely to.....

Ms Carter: And what is the average age group in, the one that is doing it successfully?

Dr Parker: It's usually early 20's and then again it fits the highest risk of suicide at the moment is the male between 25 and 40. I think that most Tiwi suicides fall between that range.

Mr Wood: Has there been a recent study been done, talking about young people dying of suicide? Has a study been that young people dying in general from alcohol? I mean I refer back to my time in Daly River where half the kids die under 21 no one seemed to worry about. You have a whole generation lost in Daly River and you mainly got girls of that generation. For that.....may I say...

Dr Parker: I think there are statistics. I believe it was the police or the health workers that kept statistics on alcohol related trauma on Bathurst Island. That is interesting, I was just having a discussion within the Top End today, about who actually keeps the statistics - like the injury statistics are very important. Injury and death as a result of and disease. One of the things I was aware of during my time on Bathurst was that every adult male that died, and this was as a non-medical person, that every adult male that died in Bathurst was of alcohol related causes. Either from trauma, motor vehicle accident or from alcohol related disease, liver failure and other complications of alcohol.

As Gerry pointed out it has a major morbidity, not just in terms of suicide but also in terms of trauma, but death and disease within the community. I think, I mean it is quite interesting, I went to a conference- college conference in Brisbane in April and the Indigenous Health Studies Unit within the university had a lot of young Aboriginal students going out and doing studies in communities. One of these young people had done a study of injuries in one of the communities and it is actually interesting. She actually sat down at the club and studied how many injuries in a short period of time were related to alcohol and relating to the club, and the measure of the trauma. I don't think there has been a similar one done in Northern Territory. To actually measure the community impact of alcohol over a period

Dr Lim: What about this sort of question, we all lament at the loss of life. Particularly when related to alcohol, it is very difficult. Why don't they say that Aboriginals can not drink anymore full stop. And fix the problem. In one generation get them dry, get them out of the alcohol influence and then maybe reintroduce it back into their ethos in a different way. I see back into 1966 when Aboriginal people got the right to drink. He would have come in from the bush with his wife and stockmen friends, his best mate. he would walk into the Stuart Arms Hotel in Alice Springs, hitch his horse to the hitching rail and he and the white fellows go into the pub and a white fellow falls down in front of him. He says "is that the way the white fellas drink - then this is the way I will do it. My best mate does it and so will I and

hence we have a generation of behaviour that has been inculcated without change without any modification. Maybe we can address this thing, like, take it off.

Dr Parker: I mean there is a whole lot of symbolic probably human right issues.

Dr Lim: Well, human rights issues are being abused. I mean people are dying.

Dr Parker: Yeah, but it is the, I mean alcohol is a very powerful symbol for Aboriginal people in many ways,

Dr Lim: Quarter of a generation, but not before that, so it's the human rights. The protection of human rights are allowing people to die. Now what is more important their lives or human rights.

Dr Parker: Well it is always a balance. I suppose you can say there are symbolic issues like the one in Queensland where given the incredibly restricted laws that applied to Aboriginal people in Queensland in the 1960's. The fact that they could actually get a license or a canteen was one of a few symbol of equivalence with the wider society and that is why canteens have become so embodied in North Queensland Aboriginal culture and why it has become so problematic. I mean it is a particular symbol for the Aboriginal people in relation to the lack of power previously and their integration into wider society and the association of alcohol with that is quite important.

Dr Burns: Isn't it fair to say just interrupting, that I recall, some of the work or papers. A paper that Ernest Hunter published in the Medical Journal of Australia that really said by comparison, I think he looked across Northern Australia, or it might have been just the Territory and the north west of Western Australia, that really there are a whole lot more non-aboriginal people that drank compared to Aboriginal people. In another words, there are a lot of Aboriginal abstainers out there. But he pointed out the fact, that amongst the fewer numbers of Aboriginal people who drink that they are the ones who are the binge drinkers and the ones that have got the problem. I think that it is too wide a blanket to talk about because there are many people in Darwin, and I guess in Alice Springs, Aboriginal people, or people of Aboriginal descent that have no problem at all with grog. to throw some sort of blanket – some sort of prohibition over all of those people just because of their Aboriginality I think it would be a difficult thing.

But I think you are right Richard. I think that the issue of those communities that are dysfunctional and have dysfunctional alcohol problems, whether it be over at Bathurst Island or where ever. Be it the drunks roaming the streets of Katherine or the streets of Jingili, I want to see I want to see interventions. Whether it means maybe having a proven record of having alcohol problems in terms of domestic violence and other offences that have been caused through drinking. I believe that there is room in the Act now that they may allow that. I mean if you talk to people in Katherine 'they say well we know who these trouble maker are' the numbers are small. I'd like to see us focus down on those. That is where I come from on that issue.

Dr Parker: I think Chris' point is very relevant. There is a massive amount of correlated trauma in white society. If you look at the health budget that goes into dealing with alcohol related disease or trauma in the Royal Darwin Hospital.

Dr Lim: I think that is distracting. I mean, we have an issue here with Aboriginal people dying because of substance abuse and abuse of alcohol. I think if you want to talk about the wider society yes bite off as much as you can bite, then you choke. I have an issue that could be dealt with and we are not dealing with it.

Dr Parker: I think the issue is more with developing leadership for alcohol in communities. I think that part of the problem is that the alcohol is such a symbolic part of the dominant culture. It has overwhelmed the Aboriginal culture. It is quite interesting.....

Mr McAdam: Overwhelmed white society?

Dr Parker: Exactly. And trying to develop leadership for alcohol in communities. I attended another of our Congresses in Adelaide a couple of years ago. We actually brought down some Nankarees down from Central Australia and I asked them about petrol. I asked 'what do you do' because they are actually brought in to help with psychosis from Tangenteyre and other communities, helping people with illness. I said what do you do with petrol and they said "they can't – that is not our substance, we are not used to deal with that".

Mr McAdam: Can I just make one point here, in a way perhaps it goes part to what Richard was saying. I don't know whether you picked it up, Doctor Lim, but I think there are people in communities who are very concerned regarding alcohol abuse, petrol sniffing and also cannabis, and it seems really clear to me that what people are saying is that they, they can deal with certain components of that abuse in respect to their community ie Liquor Commission bans on people coming in drunk etc etc. But that is one thing and that is where it stops. I think Chris' point about where you have a repeat offender, who continually offends against community standards ie, it doesn't matter if he lives in Darwin, Alice Springs or Ali Curung, is that the community wants something done about that. But it is not followed up on by the service provider, ie. the courts, the police, the alcohol program, sports and rec type programs. I am not suggesting that they are going to solve it all. But I think that if there were a greater focus by service providers, mainly government in respect to community support, then there are lots of these things... we are not going to solve it all, but at least a strategy will start to be developed. I keep coming back to Ali Curung because that is what has happened there. I am not suggesting that it will work else where, but the Lajamanu people, I think were saying to us, were they not – look we want to deal with this problem and we want the support to deal with it. So I really think that is critical. It is the support given to the community leaders, councils and the families in regard to some of these issues.

Dr Parker: I think Elliot's point is very well made, I believe it is actually working with the communities, empowering them over substance abuse, not actually banning it. You are not actually leading to anything, just removing something. It's still leaving all those issues, symbolic issues about empowerment in relation to the white culture and whatever, that have been there for hundreds of years. It is actually the Aboriginal people coming to terms with the substance and getting control over it which I think is the solution. Quite often that it best done through local communities developing solutions themselves. I think the idea of people assisting with the development of those solutions is the best solution in the long run. I mean it is unlikely that taking alcohol away for a number of years will actually do anything. It will just come back again and people will take it back on again, because the people haven't developed the strength in the community to deal with it. I suppose the solution in the end is Aboriginal people saying "look we enjoy being Aboriginal but alcohol is not apart of that experience". Alcohol has become part, almost an identity of an Aboriginal person now, and accepting Chris' point that there are a lot of Aboriginal people that do not drink, that is often ignored. But for a lot of people, such as the Tiwi men, they see it as part of the Indigenous experience and they drink, I think what they need to do is evolve beyond that so they can enjoy being Tiwi, and be proud of being Tiwi, without alcohol being a necessary symbol of being a Tiwi man. I think that has to be done from within the community. It just cannot be done from us imposing this thing from outside.

Mr McAdam: The other point too, is that all governments are to blame both Labor and Liberal and there has always been disputes with community control, self management, self determination they are all rubbish words. They mean nothing, but have been used as an

excuse by successive governments and bureaucrats not to deal with the issues saying 'it is your issue you deal with it, your problem.' Well how can you expect members of a community to deal with law and order type of issues, education, health, sexual services, local government council. Every matter gets channeled through that one council. No Council anywhere in Australia is expected to undertake that broad range of tasks. But unfortunately governments still hold up and say 'community control, self management your problem, you deal with it'. Well the communities are saying 'no, no we don't want that anymore we want to develop something. We want you to come and help us to develop it', to support it and that is the bottom line.

Dr Burns: Rob an issue that I have often thought about and discussed with Aboriginal people, is the issue of causality and here is an example. A young bloke I call him young, he'd be in his thirties, not much of a drinker on his community. He came into town and fell in some people and got drunk. He walked in front of a car and got killed. People will say there was sorcery involved. But you know, not wanting to speak ill of the dead, but I say he got knocked over because he was drunk and walked in front of a vehicle – that is a fact. "No it was the other business". I think the whole issue of causality is often a problem and also often why I think communities don't like to dig into things like suicide, because that then unearths all the kinds of retribution and payback issues and once you start digging it is a Pandoras Box that one. So there are many factors involved here I think.

Mr Wood: Battery acid

Ms Carter: Well, Rob on Bathurst you said there were four main communities, are any of them dry?

Dr Parker: No

Ms Carter: Could one of them choose to become dry?

Dr Parker: They could choose, but it would be unlikely that they would do it.

Ms Carter: Why do people choose to live in those specific communities is there a language difference on the Islands.

Dr Parker: Different country, it's their country, traditional country.

Ms Carter: Right- so it is the family of linkage to the history there.

Dr Parker: Yes.

Mr Wood: There is history in the community themselves why they were established there. Garden Point is different to Milikapiti. Milikapiti is where all the bad kids went. They sent the m off there.

Dr Parker: This is right across the Top End. Milikapiti was so called the Bad Boy Settlement. They actually got boys from Maningrida, Yirrkala, Yuendumu.

Ms Carter: Who's they?

Dr Parker: The Administration.

Ms Carter: White people.

Dr Parker: White welfare, whatever you want to name them. Garden Point was opened up to look after the Japanese Pearlers. Japanese Pearlers would actually come down to live at Garden Point for six months and buy Tiwi women and the government set up a mission to actually to control that. Nguiu was set up by Bishop Gsell to keep an eye on Ted Cooper!

Mr Wood: Yeah same as Melville Island.

Dr Parker: Wurankuwu is the first Tiwi town set up by the Tiwi for their own use. All the rest are historical artefacts of the white culture.

Ms Carter: So would it be rare for a person living in one community to move to another community on a fairly permanent basis.

Dr Parker: Yeah.

Ms Carter: Do you intend to stay where you were born?

Dr Lim: Milikapiti people tend not to drift, Milikapiti is different to..... . Millikapiti has people from Yuendumu, Darwin, everyone goes there, all sort of people go there rather than Pirlangimpi and Nguiu which were the pure communities.

Mr Wood: They all play footy as one general rule. Do they play the footy, they play by dividing into skin groups like Nguiu is Kerinua. Even though they are all Tiwi, they have their own country within that, where permission is sometimes required. There are a couple of others like Paru and the forestry settlement at Pikertaramoor. They have attempted to move out on Melville Island a bit more.

Ms Carter: Are there any dry communities there?

Dr Parker: There is the small outstation out of the Nguiu which is the dry area, a couple of kilometers out.

Ms Carter: And how many people roughly, like live there?

Dr Parker: People don't live there permanently, people seem to move there for a short period of time to get away from alcohol. To have a period of alcohol withdrawal. A period of abstinence. But it is not a permanent settlement like at the Daly. I think it was set up with association with the Daly River. There is the alcohol program set up in association with that to give people a little bit absence of time.

Mr Wood: Tiwi is like Darwin, Darwin is the one we haven't focused on to get away from the troubles. Some have actually moved to Darwin, to get them away from that cultural pressure you might say. Gone deliberately to get away from the drink.

Dr Lim: Is like the heroin addicts came to Darwin to get away.

Mr Wood: No, I think there is less peer group pressure here you see. I know there is still alcohol but there is less pressure. What Rob spoke about is very real.

Dr Parker: If you don't drink, you are excluded. Yeah, you're not considered a man if you don't drink. That is why you have to change this concept of what a Tiwi man is. I think that isn't going to take place in a year and it will probably take place in 5-20 years about what pride of being a Tiwi man is and not as necessarily being a Tiwi drinker. But at the moment it is very strongly associated with alcohol. I mean that is why people like Justin was very extraordinary, because he saw himself as a role model as a Tiwi man not drinking alcohol and

saw himself as a caretaker in the community and he was very unusual in that regard and it is pity that there aren't more people like Justin who have the vision and a position to affect some sort of change.

Mr McAdam: Is there any further question for Robert?

Mr Wood: No.

Mr McAdam: Well thank you very much for coming in Robert, it is very much appreciated and I understand that some of the members of the Committee will be actually going out to the Tiwi Islands next week, so we will gain some more of the information and also respect to some other issue that we had ask to address. So thank you for your time.

The witness withdrew