**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

## 24 October 2002

## Katherine

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**Madam CHAIR:** I declare open this meeting of the Select Committee on Substance Abuse in the community and welcome the various representatives and individuals in the different organisations in the community of Katherine. They are all 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 eventually tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be 'in camera', and that means if there is confidential or sensitive information that you would like to tell the Committee we would stop the recording on that and it will not be included as part of the report. The decision regarding this will be at the discretion of the Committee. You are reminded that evidence given to the Committee is protected by parliamentary privilege, and for purposes of the Hansard record I ask that you state your full name and the capacity in which you appear today. So as each speaker talks, it would be good to say your name each time you talk and the capacity in which you talk and what organisation you represent and we will try and get the rest as we go along. Thank you.

Oh sorry we haven't got our name tags. We have lost the name tags along the way. There are six members of this Committee. Unfortunately four of the other members are unable to be here today, however it is still an official Committee meeting. Sue Carter, Sue is the MLA, the member for Port Darwin which is an inner city seat in Darwin. My name is Marion Scrymgour, I am the Chair of this Committee. I take in or represent the seat of Arafura which covers the Tiwi Islands and most of West Arnhem to Maningrida and all of Kakadu National Park.

The Committee, through it's terms of reference, which I should have outlined a little bit, while our terms of reference is quite broad and we have within those terms of reference to do an inquiry into most licit and illicit drugs or substances. There are three areas which we thought as a Committee that we would target in the immediate and sort of look at. The Committee will sit for the four years of the parliamentary term. However the first, the three issues that we have targeted is the issue with alcohol because we feel there is still major problems in terms of alcohol. Petrol sniffing which is a big issue in most remote communities not just down in the Centre, but also in the Top End and also the use and abuse of cannabis which is quite prevalent within our communities. I mean, feel free to talk about other issues but they are certainly in terms of the Committee in the immediate term we are looking at those key areas. I invite members of the public to start talking.

**Ms ASHTON:** I do not mind starting. My name is Jill Ashton and I am the Coordinator of the Katherine Women's Crisis Centre. I guess one of the issues that keeps coming up frequently for the women who come into our centre who want to stop using alcohol or other drugs, it is mainly alcohol, is trying to get them into a rehab program. At the moment I think with CAAPS it is next year before anyone will be able to get in because I think they are doing renovations there and it also means that they have to go even further away from their communities.

**Ms CARTER:** Where is CAAPS?

**Ms ASHTON:** In Darwin. So if somebody comes in escaping domestic violence they are already very unsettled. To say to someone, look, you are going to have to wait, you know, even a week or two weeks, it is usually an unreasonable length of time. Most people would have stayed in the centre that amount of time before they would probably go home anyway. And another thing that has come up with the women from certain areas is the use of alcohol and marijuana together, like especially rum and smoking cannabis and they say that like, who ever does that goes absolutely crazy.

**Ms PARKES:** My name is Christine Parkes, I work for Health Department. I would just like to touch a bit on the rehabilitation issue. Statistically and over the years rehab has not provided success, and the number of people stopping that. We would like to hope or think that it does and it really is not the successful outcome that people would want. What the Health Department is currently looking at is an alternative type, I will give you the name for it, we just call it The Family Coping Workshops, because when people leave rehab they go back to their communities and they have not developed enough skills or enough strength to change their behaviour when they go back to their communities. So what we are looking at doing and it is only just in the early stages, is a series of workshops which targets community people and provides them with the family skills and the family support mechanisms so that they can make the changes in their community, rather than just sending people away, getting the person into rehab where they usually do stop drinking while they are there, and then they come back to square one. So we are looking at a series of workshops based on World Health Organisation: where, if

you change the reactions and mechanism, the coping mechanisms of the family support it will affect the drinker, and, so that is what we are looking at developing. Something has to be done, more than what we have got, than what we are currently doing. I am not making derogatory comments to people working rehab because they are doing the best that they can. It is just that the long term outcomes are not being achieved by, it is not just in Australia it is everywhere, and it is not working and we have to work out a better way to do it.

**Madam CHAIR:** I think most of the communities that we have visited and spoken to, and we also spoke to CAAPS and a rehab and treatment centres in Darwin and what is the common factor, and we all know that whilst there are some facilities and programs happening in the major centres there is very little support and infrastructure out in the communities. So whilst people come into town, there is that huge gap in terms of going back, and, I think the main thing one's, or an individual's attitude and trying to get them to get a coping skill I think it is that whole of community aspect is just not there.

**Ms PARKES:** So that is what we are going to be looking at, hoping to focus on and again it is probably dependent on resources and things for the future. Yes, people and money is all it takes.

**Madam CHAIR:** If I could just ask Jill again, you raised before that the majority of women going into the Katherine Women's Crisis Centre, what percentage of those women are Aboriginal versus non-Aboriginal.

**Ms ASHTON:** Probably 95% would be Aboriginal.

**Madam CHAIR:** Aboriginal, and out of that 95% do any of them tap into rehab, because I know that Kalano rehab.

**Ms ASHTON:** They are usually asked where they would like to be referred to, but I guess it is our responsibility as well to keep up with what is actually available.

**Ms BATCHELOR:** Danelle Batchelor, the manager for Anglicare here in Katherine. And we, as great as Rockhole is, often what happens with all the women is it is too close to home, it is too close to family and humbug and coming into town and after being to the centre when there is DV involved as well, actually being able to go out of town is also a reprieve of that. So that they can just have, better able to think about themselves.

**Mr LITTLE:** My name is Jack Little. We started up a program with alcohol but I have a question, how can we stop it? How? I am just asking that question, how can we stop it, alcohol to be creating too much problem. I am talking about in the communities. Town is very easy with sobering up shelter, a drying out centre, what about my community, we have got nothing. We got no funding, we run the program, you know what I mean? We had to get up and do things for ourselves, for the benefit of the women and the kids. There is no alcohol or drunks in the community because we had to make a stand strong and so we had to do it just for ourselves, for our people. Now then we are talking about all these issues, about petrol sniffing, ganja, all these issues causing problems. Ganja it does not cause more than alcohol. Alcohol cause more problems. When the people get drunk they fight with people, don't let people sleep, you know. Fighting with their families or their wives and a lot of all these things, it all boils back to funding, we better be educated. It needs a lot of money but what about us? I am just saying you know, we are talking about big issue in everyday society. I do not care in town, that is town problem. But I am talking about the people out in the bush. You know, like Timber Creek, Kununurra, grog it comes in both ways. How can we stop it? How can we help our people? We have got no sobering up shelter or women's shelter, we are just out in the scrub and that is it. What are they to do? You go back to funding wise, you know what I mean to say, it is not an easy task for us to try and fix our problem. I think it had better come from the individual that are drinking or whatever. You cannot fix my problem, it is up to me to fix it up. You can put me in a sobering up shelter or dry-out centre or whatever you call it but it is up to me to do something about a sobering up shelter. When I come out I have a family surrounding me, when I come out, come on countryman we never seen you for many years - for one, more than one, you know what I mean? That's the way for blackfella but I do not know about European but we very hard for people to fix up alcohol issue you know what I mean to say it is not easy to fix it up. I think individual person has got to fix up his own problem. That is fair enough?

Another thing funding wise. I have been with this place for five years. She found me here in the river bank fishing. Five years, I am just like a father for Katherine West Health Board. I am just consultant Katherine West Health Board, but there is lot of things in our budget for smaller things like water, housing, dog programs and all these things, the funding is there. Where is the funding for fixing up human problems like alcohol, smoking ganja and all these things, domestic violence, where is the funding? We have no funding at all.

**Ms ASHTON:** I am Jill Ashton from Katherine Women's Crisis Centre again. The women that come in from the communities, say if they had the money, some of the communities, and one woman was going to come to day but she could not, they have it all worked out, like who would actually look after the program, where they could set it up. You know, they have looked at the set u[say down Mataranka way. Things to keep themselves safe.

**Mr LITTLE:** I will say one more thing

**Madam CHAIR:** You can say all you want.

**Mr LITTLE:** There are two issues. We have to look at both sides. We have to look at Aboriginal way, three things, sorry. One is Aboriginal background, custom, one is the government, sorry my dear, like what I mean to say, church wise, sorry brother, but I think we all have to look at the way to fix up our problem. If we do not come together work hand in hand we will never get nowhere, we will never get nowhere. If we come together I do not care what colour you can be, white or black, but we are all human beings, you have still got red blood. If I cut myself open and you cut yourself open, you still got same blood as me. Alright, but you got different up here because you went to education and we did not, but like what I mean to say we given knowledge from European people to deal with all these problems.

Other my chairperson there look, taking it as the chairperson , here look Susan, what I mean to say is not like for man. I known you from a little baby, you just got big hearts for us. When we going to start move and do things? I have been waiting for alcohol worker to come to my place at Bulla. Nobody turned up. Sorry to point a finger at you my dear. No, it is true, it is true. It is a problem you better work hand in hand, you another one got money [laughter] I am running you down Jimmy.

No it is true you know because, this is the big thing. Another thing sticks in the back of my mind, before Aboriginal people came to be legal to drink alcohol. I do not have to blame someone else, I do not have to blame government but I blame one person, he is Aboriginal Legal Aid, not Legal Aid, used to be Welfare. They should have come and tell us what alcohol can do to a person. You know, what I mean to say is not the individual, how much you got to drink, how much you spent money, you got to think about kids, you got to think about wives, you got to think about your own thing. You the man got the money, you got to help me out man. You know, I have known Jimmy from a little boy, that is true. I am sorry to bring all these things. I am an Aboriginal. What I feel, I know you feel, you got to accept it or ignore it, whatever I say, you know. Everything falls back to money, Jimmy, it is the key.

**Madam CHAIR:** Jack, can I, I mean one of the problems, and I suppose it has always been a major problem in Katherine with a lot of the countrymen coming in from the communities and there are some areas in the Katherine region that are dry areas. Where you can not get grog into those areas. A lot of people come from those communities into Katherine and do you think that just come in because they want a drink and because those areas out there they can not drink?

**Mr LITTLE:** Look, we got people come from the bush. What they come for, this is my question, what do they come into town for? Enjoying themselves or they come here visit their family, or they come to drink. Because they are out in the bush, like Lajamanu for instance, there is no pub, only Top Springs and that is it. A lot of young people come to Top Spring and get killed along the road, you know what I mean and that is the reason why people come into have a peaceful drink or run amok or whatever you can call it. They come in from the bush because they want to enjoy themselves, and when they go back home they have had enough and that is it. That countrymen come from bush. They come into town to visit the family or maybe bring more money from outside into town, to the pub and whatever, they can spend all the money wherever they want. That is how it is, you know.

**Madam CHAIR:** Just before I go on I should, and I have welcomed everyone else, and I would like to welcome the Mayor of Katherine Jim Forscutt to the meeting. You might need to speak up so we can pick up your voice, or unless you come forward.

**Ms CEBER:** My name is Susan Ceber, I am from Kalkaringi.

**Madam CHAIR:** We cannot hear you.

**Mr LITTLE:** Language. Sorry to talk the language. One thing if I close my tongue I do not like anybody, even you, I do not like anybody talk as though I might get up and talk in my own language, sorry about that.

**Ms CEBER:** My name is Susan Ceber and I am from Kalkaringi and I am also one of the board members for the Katherine West Board. On issues where you were discussing about substance abuse, this is that woman over there from the remote areas that comes in here, like you have got 95% or something like that …

**Ms ASHTON:** 95% Aboriginal women

**Madam CHIAR**: Are a lot of those community women?

**Ms CEBER:** Well, we have discussed this matter before, the women back at Kalkaringi, and we have that in mind for a long time but we never sort of got around to discussing it. But now that something terrible has happened at home, well we are more looking at, we prefer to handle our women back at the community and the fact that I am referring to is funding wise. But not necessarily funding, if you have got a shelter out there that the council could put up and we could tell our women to go there and they could be far away and it is restricted to men, that's the cultural side. If you keep the women there in our community, do something with them like going hunting and do all sorts of activities with them, they wouldn't be able to come to the resource centre here in Katherine like the crisis centre you have there. They could stay there and the older women would stay with them because it goes back to family issues too, because the husband of the family and the women family get together and solve that problem. Now most women just jump on a plane and get a lift down there with their kids and fly back here.

**Ms ASHTON:** Or they can not get in. We have requests from people, there is no way to get them in.

**Ms CEBER:** But like I said before, before you do that let the women, the older women get an organisation within the community to discuss this matter. What I suggest to the council, because I am a councillor too at Kalkaringi, that we would like to have our own shelter there, far away from, a restricted area that men have theirs and we have ours. I have also spoken to Jane Aagaard about this, the Minister, and she said she would look into it, but I have not heard from her yet.

**Madam CHAIR:** Can I just ask, one of the things when we went to the Tiwi Islands, one of the issues that we face, I mean it is a huge funding and resource issue in terms of whatever we come up, you know with, but a lot of, like Kalkaringi does have a club, if you have a club there in the community and I do not know if you would be able to answer me Susan, and it is something that we see, communities over there and this other side. But, how much of the club money goes back into the community, because these …

**Ms CEBER:** A lot.

**Madam CHAIR:** Is there a lot? What do they do?

**Ms CEBER:** Half of that money goes back to the community

**Ms CARTER:** What sort of things do they do?

**Ms CEBER:** They buy buses. Buses, or if they want to go into town to do some shopping. The council has to sit down and then do things that the community want and what to buy. But the money sort of goes back within the community. It is our enterprise.

**Ms CARTER:** Could there be a chance the club money could be used to fund a women's shelter, given that alcohol is probably the cause of the problems.

**Ms CEBER:** What I am saying, I know what people seem to be saying it is all money wise now-a-days, but if we can do with little bit of kindness and pity and love of your own family that makes a lot of difference because you sure can not buy love with money. If you have got your family that is enough in a situation like that. Take them out to your traditional country, you know, keep them there.

**Mr LITTLE:** And do not leave the young ones alone.

**Ms CEBER:** I certainly go around to all the young girls and young women.

**Mr LITTLE:** You are saying that how many young people that believe this old person or cultural person. We go to the government give me, give me, all the time. We can deal with some of the problem in the community with our own culture wise. You know what I mean? But these days, it is not like it used to be. Too much motor car, too much money, too much videos, too much everything in town area, and all those things come to our young people's minds. Young woman and the young man, oh maybe some old people like myself, but like what I mean to say, I still look back where is my foundation. Where is my foundation? My foundation is back there and I have been step into something that is new to me. I been put at two roads in Katherine West Office. Me running both way. White man and black man, we get knowledge from you white people, you get knowledge from us, black fellow. Come on please, and stop and listen to each other and work together hand in hand. Stop being fool around, we got too much being who's the highest, who's the lowest. - Blackfella. Isn't it about time for us to get up, work together my friends.

**Mr FORSCUTT:** . Madam Chair, he is picking on me a little bit.

CHATTER

**Ms CARTER:** Susan, out at Kalkaringi do you have problems with ganja?

**Ms CEBER:** Not very much.

**Ms CARTER:** Petrol sniffing, is that a problem?

**Ms CEBER:** No. Very rarely.

**Ms CARTER:** Alcohol is the only drug out there is it?

CHATTER

**Ms CEBER:** Like I said before, talking about the safety of women, because most of the women get bashed around there everywhere, and if one woman run to another family that man will automatically abuse the other family. But this is where we go to get our culture side but it is up to us in our place where we stay. We get two families together, have a meeting. Look, we have a general meeting where everybody here for the big people, you really letting that young fellow or that man who made that trouble there make them a bit shamed when you talk to them and when he goes back he starts thinking then. But that is still not going to stop him from doing that kind of thing, but sort of sink into his head and his heart, and then the next time he might want to do it again but he will stop doing that, abusing stuff, because people will get back to him.

**Madam CHAIR:** Do you ever ban them?

**Ms CEBER:** Yep, they ban them, but we have got a new manager that just came in recently. The recent manager that they have two weeks ban and then they put them back again. They do not put them straight back, to green or emu or whatever it is. But we also had a discussion on that. When I go back

we will have a council meeting. We are going to have a talk to the manager, the licensee manager, of how the council feel that we might even do some banning again. The reason why we ban them because most of the people that go back travelling back to Top Spring again and buy a heap lot of grog and come back. By the time they come back maybe four or five have an accident. The only reason we put them back there is because it stop them going up and down to Top Spring. When they go there they are sober by the time they want to come back they don't have a sober person to drive the vehicle, they will be all drunk.

**Madam CHAIR:** We will come out soon. I just want to divert a little bit from the communities, and I know there are a few issues. I want to sort of bring it back into Katherine and the problems and the issues that we see every day in Katherine. We will go back to the communities Jack, I promise you, but I just want to hear what is happening here.

**Mr LITTLE:** Could I ask one more thing, sorry Marion, could I ask one thing. What all these meetings about, black and white, or just for Aboriginal people, just one question?

**Madam CHAIR:** No, it is everybody Jack. I think one of the things that we have, and all the Committee members, I mean it is a big issue amongst our mob, and we have to look at those issues in the communities and with our people. The government, we do not have the answers, it is the communities that have got to resolve that. Like you said before individuals have to take on the task.

**Mr LITTLE:** Yeah, but what I mean to say, government people or the tribal people who have no answer at all because we have been stuck in the problems that we are in now?

**Ms BATCHELOR:** I would just like to say something regarding what Jack has been talking about. Danelle Batchelor from Anglicare. I am also the mother of five young people living here in Katherine. So from two different perspectives, as an organisation what we face but also what goes on in my own home and this community of Katherine. As Jack was saying before about there is too much video, there is too much all this other stuff, that the young people are saying to us all the time they are bored, there is nothing to do. There is nothing to do in Katherine except smoke drugs and drink grog. But the same and then all their friends from all cultures, some are community kids who have come into Katherine and they are all facing the same problems, and the violence, the paranoia that goes with the ganja and mixing alcohol, the binge drinking and the misinformation that these young people seem to have about what it is actually doing to them. Because of the fact that they are invincible, and they think they know, the fact that there are older people telling them there is nothing wrong with marijuana, it makes you feel happy, not in all cases. Psychosis that is brought on by that and the mixture is what is happening in the communities mixing the rum and the ganja is causing all sorts of problems.

**Ms CARTER:** How old are your children?

**Ms BATCHELOR:** The youngest is 15 and the eldest is 21.

**Ms CARTER:** And it is through their contacts in the community that they are reflecting this sort of message to you.

**Ms BATCHELOR:** Yeah, and I actually have an 18 year old son that is off his head as he is not.

**Ms CARTER:** And that is on ganja is it?

**Ms BATCHELOR:** But thinks that I can not tell.

**Ms CARTER:** But is the drug of choice marijuana?

**Ms BATCHELOR:** Yes, and alcohol and spirits.

**Ms CARTER:** When they use marijuana, how are they using it?

**Ms BATCHELOR:** With the Orchy bottles and

**Ms CARTER:** With a bong.

**Ms BATCHELOR:** They are using bongs.

**Ms CARTER:** And where do you think they get the money, and I am not talking about your children, sorry, I should now generalise that, so generally in the town where do young people get money in town to buy marijuana.

**Ms BATCHELOR:** Because, who has got money today mentality in young people as it is with others. Those using it are not necessarily purchasing it, and ganja now is as normal as drinking was a couple of generations ago. It is considered to be the norm. There is a much higher percentage using.

**Madam CHAIR:** Mick do you and Jawoyn want to do a presentation, so if you want to come up.

**Mr PEIRCE:** Jawoyn Chairperson, Lisa Mumbin is here too. Jawoyn just make a presentation of a submission that we made to a number of other places in the last two years, one to the House Of Representatives Standing Committee on Substance Abuse and we have tabled that with your officer here, , but just a bit of the general picture on the thinking and some of the things that are happening at the moment and in the pipeline, and some specifics in Katherine in particular.

Just to give you a bit of context, at the moment the Jawoyn Association is facilitating two major projects. One of those is to summarise a health board which is now in the first phase, which we believe will have a major impact on the health problems in the region. I relate this to alcohol and substance abuse because we believe very much that it is a health problem first and a policing and social problem later.

Also Jawoyn is facilitating the establishment of the Nyirranggulung Regional Authority over the eastern communities from Katherine to Bulman, primarily on the Jawoyn lands but not entirely. That is primarily concerned with local governments which is critical to the settling down of communities and stopping a lot of the factors that lead to, alcohol abuse and that is in relation to communities continually falling over. At any one time in the Northern Territory there is up to 10 communities that are bankrupt because people have fiddled with the books or the budget has been overspent, or basically it is corrupt practice, incompetence on both the behalf of councils because they do not know the rules and also by poor administrators, and that leaves communities dysfunctional and people coming to Katherine to meet up with family and for other reasons, just to get away from that community and the humbug that is in it. So we believe that the settling down of local governments and the better coordination of it will lead to a more stable environment in the eastern communities. That pilot project is also being facilitated in other places like Port Keats and Western McDonnell's at the moment, and if the models that have been developed are successful they will be translated across the entire Northern Territory under the government's policy to get local government over the entire land mass of the Northern Territory.

The next two phases of Jawoyn's facilitation major phases will be the development of an Aboriginal education facility in the eastern communities. That is a boarding type high school with an Aboriginal and European curriculum and once we are happy enough that both Sunrise and Nyirranggulung are bedded down and driving themselves we will turn our attention to the education matters and we will also turn our attention at the same time to law and order, which brings us to alcohol and substance abuse.

Now the primary problem that we see with the programs that are in existence at the moment and the people who, or the different organisations I should say that are involved in this area of alcohol and other substance abuse, is the total and absolute lack of coordination, okay. There seems to be a whole lot of fractured groups who are doing a bit here, doing a bit there, doing a bit everywhere else. They do not talk to one another a terrible lot. The way things are funded is appalling. The problems that we see, not only in the programs related to alcohol abuse but to a whole lot of programs, whether they are Federal or State or ATSIC programs in particular, is the short funding horizons, which things just start to get rolling, settle down, people start to get the gist of it, start to begin to knock the kinks out of it if you like, incremental improvement of programs and all of a sudden, bang there is no funding, okay. So our primary talk to government about funding, at government at all levels now is put horizons out, lock programs in, give them a chance to work, give them a chance to sort themselves out to find out what is good what is bad and to make that incremental improvement. Too many countrymen out there, too

many people who are working in organisations are just extremely frustrated by this fact alone, okay, and it impacts against programs. You never get to find out what is really working, what is good, what is successful. You do not get a model and transfer it to somewhere else that has been successful in a particular community or group of communities.

The other major factor about lack of coordination, somebody, well the Northern Territory government has to coordinate the application of the liquor laws and the rules and regulations right across the Territory. There are too many different little bits here, different little bits there about how alcohol in particular can be dispensed. Katherine is a great example. Some of the people in this room sat for 12 months in the Katherine Liquor Issues Committee only to get a result that some of us said we would get, and others denied we would get, where all we have managed to do is shift the problem in place and time by the liquor restrictions and generally to use it and piss everybody else off, okay. It is about time that people of whatever background have the situation where the laws are the same and they are applied the same across the Territory. That relates to the basic underlying law so that there is not a moving target if you like all the time, where people get confused about well what is the rules here, and what is the rules over there. A good example of that is as I was saying, is Katherine with those liquor restrictions and the principle tenant behind it all from our perspective is this. Why continue to restrict people with access to legal substances that are accepted by the community? Why continue to do that for people who do not infringe? If people have a problem with alcohol, a segment of the community, several segments of the community, and there are punishments under the laws for abuse of alcohol etcetera, then they should be applied to the people who can not be responsible. They should not be applied to the general population like a bunch of kindergarten teachers do when they are trying to control their kindergarten classes and they make one rule to punish the whole class. Pardon?

**Ms CARTER:** Where does that happen?

**Mr PEIRCE:** Where does that happen? Well what I am saying is in the example of the liquor restrictions in Katherine and in other places. Why should the bulk of the community who can behave themselves, be punished, right, for the failings of a few to understand what the rules are, what standards of behaviour are, it is not just Aboriginal people, okay, your nightclubs are just as bad.

**Ms CARTER:** Are you saying like when they change opening hours?

**Mr PEIRCE:** Yes, when they change opening hours, when they change access to particular types of alcohol, okay. I mean we live in a free society. The thing is, the law tells you what you can not do, not on what you can do, okay. And then we have the standards of behaviour that we expect in communities whether they are Aboriginal communities or European communities or they are mixtures. I mean there are certain standards that most people accept necessary for a civil and stable society. Okay, I will give you another example of it. Sitting down in the little Katherine below the Berrimah line, we often read the *Northern Territory News* and we see where there has been huge disturbances in Mitchell Street around the nightclubs, that there is police rushed to one place because there has been a big brawl, or there has been a teenage party out in the suburbs and a lot of the young teenagers have got full of ink and they have decided to turn it on out in the street, like there was last year, and the police came and they attacked police vehicles. Well, I mean everybody knows that that is not on, but we continue to allow this sort of stuff to happen in society in the Northern Territory, like the frontier type mentality and these things I can tell you very clearly are not tolerated down South. I mean the response of the police like something that happened I think it was in Leanyer last year when those teenagers got into the police vehicles, and you would only do that once down South. It really does need to be tightened up and we really do need to have standards across the boards that everybody understands.

Now moving away from that, or before I do, what has happened here with the liquor restrictions has done nothing. I defy anybody to show me that anything has changed, okay. I know in the Liquor Issue Committee people wanted to produce all these wonderful statistics to say what was happening, I do not believe it. I do not believe them because of what I see when I drive around. What I see everyday, what I hear everyday, that those liquor restrictions have just simply pushed it out and changed the time that it happens. One of the things in the liquor issues committee was that the commissioner was going to provide the wherewithal to get all these statistics together and collate them, and give them to us in a form in which you could really make some sense of. No such thing ever happened. The figures that were presented by the police and the figures that were presented by some health people and all that, were just totally nonsensical because they were all just coming from independent little sources. There

was no analysis of them, no comparison of them with other figures etcetera, totally meaningless. I have said for a long time, starting back in 1996 with the Tennant Creek Thirsty Thursday. The thing is an absolute total failure. Yet people want to hold it up as a model. Now, when that trial was conducted, it was conducted in two phases like the Katherine trial was. It was very similar, same sort of trial model. It was very clear back in 1996 when the published data came out about the first part of the trial at Tennant Creek and the second part of the trial, but the amount of police contacts, the amount of medical contacts for people in Tennant Creek, actually increased, from where it started in the first trial to where it finished in the second trial. There was a beautiful little graph on page 74 of the draft that showed: this is the starting point of the trial, measuring contacts with medical, you know, primarily for Tennant Creek Hospital; for contacts with police etcetera, it went like this in the first trial, sort of up and down, in the second trial it actually took off from the point at the end of the first trial and exceeded where it started, at the start of the first phase of the trial.

**Ms CARTER:** What do you think was the reason for that?

**Mr PEIRCE:** What was the reason? Because the rat will always find his way to the cheese. Okay? People who are dependent upon substances like alcohol and drugs will always find a way to get them, okay? That is a truth; we all know that. Okay, they lie, they steal, they cheat, they do anything to get the substance because they are dependent upon it. So if you create something here, a change to the rules, there is a lag period of time where people wake up to what the game is, and how to get around it. Okay? A classic example here: if you shut the hotels at a particular period of time or shut down the liquor outlets and say alright, it will not open until 12 o'clock, for example, you can not buy this until 12 o'clock. Well, the day before – people are not stupid – they buy what they need, they stash it out in the long grass, and they drink it next morning when they want to; at the usual time.

Just like the old days, you know, when we had the six o'clock swill, okay? Everyone went to the pub and they had the greatest amount of alcohol they could pour into themselves in the period, and then everyone was out the door at six o'clock. The consequent reaction in society was this: the working class people, the males in particular, because women did not go into hotels in those days except into the lounges; they got themselves full of a ink, the pay packet went, they got home, they did the same thing; I am not picking on Aboriginal people here, but it is at the same stage with Aboriginal people. No money, bash the kids, bash the wife, and the whole thing with the six o'clock restricted hours in those days did absolutely nothing.

What changed the picture for the working class Europeans of Australia was thirty years of education about alcohol, and insisting on better standards of behaviour. And bringing into hotels, not letting publicans serve people that would stand up drunk and all this sort of thing. And coming down hard on it. It is a privilege to dispense a drug in this society, okay? We lock the chemists up with all the hard drugs, and we apply very strict rules as to how they can dispense those drugs. Alcohol, unfortunately, is a drug that is accepted by the Australian population from the day we got here, right? The Australian European population, from the day they landed at Sydney cove, I believe, if I remember the history properly, it was a drunken orgy. And everyone in the Australian society accepts alcohol and the effects that it has.

To come to the funding side again, because I do not want to dwell on that for too long, but come to the funding side again. I put a submission to the government last year, of some 14 pages, about just doing one simple thing that is in relation to a rule that we all know: we use in education, right? The best educator is example. What I was saying in that paper was what we have been saying in Katherine for a long time. There is a core of drunks in Katherine, okay? Black and white. The difference with the whitefellers is they do it out of sight most of the time. The Aboriginal people do it in full public view, some of them. Now, it has been identified and known for a long time that that number of people who are badly affected by alcohol and can not get out of the cycle are somewhere between 80 and 100 people. It is not static; it goes up and it goes down depending on what is happening in town – show, rodeo, race meetings, whatever is a big event that people come in for, football matches – or what is going on outside the town in that community breakdown stuff that I was talking about earlier, just primarily related to dysfunctional communities because of lack of funding, lack of resources, and falling over.

Now, anybody with an ounce of sense knows that if you want to educate young children or you want to educate anybody, the most powerful way to do that is by example. It is not by talking to them,

it is not by doing something rote; it is by example, the standard that goes on around them. And while ever we continue to allow these people to do what they do in Katherine, Tennant Creek, Alice Springs, Darwin and wherever else, what we are saying to the young kids, who are impressionable from very early ages right up into their teens, and after that it is locked in and it is all over; that is the way it remains; what we are saying to them is, "what you see here, what you see Uncle doing, what you see Grandad, what you see Aunty doing, that is your life. That is acceptable. That is what you do." So while ever we leave that example on the streets, we are teaching the young kids, this is what you can do.

Now, you think about it. You think about families where alcohol is a big part of family life. Nine times out of ten, the kids grow up with the same, morass, with their use of alcohol, with their use of ganja. There are very few families who, we will say, for example, right-oh, young one, get out there, get yourself a skinful of alcohol, see what it feels like when you are 14 or 15; get nice and sick, get beaten up, and then come back and sit down with the parents and I will tell you why you do not need those sort of things, or how you limit it, or where you do it. Example is a powerful tool. What I am saying is that we are setting a very bad example, and we are continuing something that does not need to continue, by allowing it to happen. Now, when I wrote that paper I did not talk about incarceration for being drunk on the streets; I did not talk about punitive measures to deal with it; I talked about it as a health problem, not a policing problem. And that these people who are affected this way be either institutionalised, if they volunteer to go to rehab, because we all know, if you have not decided that you are a drunk, and that you are a problem, nobody can help you. Until you make that realisation, "I have a problem and I need help, and I need someone to get me on a program or something so I can get off this substance and get my life back together," nobody can help you.

So that leaves a whole cohort of people who will not put their hand up to be helped. So what do we do with these people? I believe, as a lot of people before me have believed philosophically, that it is the duty of a civilised society to put their hand down to people who fall out of the equation and to give them a hand to try to get their life back on track. Now, we have massive health services in the Northern Territory and everywhere else in Australia. We know for a fact that somewhere around 50% to 55% of hospital beds in this country and most of the countries in the western world are occupied by people who are suffering from some form of abuse from alcohol, primarily. That is a fact. It has been written up for many, many years. 55% of the beds in hospitals. Someone is there ultimately as a result of the abuse of alcohol, somewhere along their life.

So why do we not take these people and put them in a benign environment, which is culturally appropriate, family appropriate, where they can be helped, and where they are comfortable and secure, and we restrict the flow of alcohol to them, very severely. We put the onus back on them to a certain extent but unfortunately, a lot of those people, like people that are on hard drugs etcetera, are beyond that. We have to make a realisation, I believe. We have to get real about it, that some people are so far gone that they are going to die from the effect of the drug. Now, I claim that it is better; isn't it better that we institutionalise these people in some way, back in their communities or in another place like a half way house, rather than have them die on the streets of Katherine, or anywhere else, with their head or their throat cut or whatever else might go on. Isn't it better that they have three meals a day, a clean environment, a place where they are safe and secure and with family, away from alcohol; than having that, as an outcome to their lives. And I think we have to get very serious and very tough about it, because of what I said before about, while ever we allow the example to be set, then we will just keep it going through the generations.

It is not just a problem I am talking about in Aboriginal people, it is a problem in whitefellers too. Whitefellers hide it. They are closet drinkers. But whitefellers have got family structures that are better able to deal with it in most cases. Aboriginal people unfortunately do not, because of the chaos that a lot of communities are in at any one time; and the chaos that a lot of families are in for a whole heap of reasons, alcohol related or not. So that is something that we can do, but we have to have a whole sweep of services that are very well coordinated, a set of rules that are common and widely known and do not change every five minutes, or every six months, or every 12 months; and we have to apply ourselves to a multiplicity of solutions to this problem. Because we are just destroying a whole group of people. Absolutely and utterly destroying them. And we are destroying the communities in which they live by allowing this to continue. Because alcohol is the primary catalyst to everything that is wrong and goes wrong in the communities. There are two or three others, I do not need to go into them, we have talked about substance abuse; but alcohol is the primary drug. While we tolerate it, it

will continue. But it is not to be done with police and it is not to be done with punitive measures, because they do not work. We have got a whole history of that. It does not work.

The other thing the chair person may like to discuss or might like me to discuss, I do not know; Lisa, with the plans for the woman's resource centre at Bamidja, where Jawoyn intends to go down the road of setting this up now, over the next few months, to deal with all those sorts of family problems that are experienced by women, primarily, in a culturally appropriate environment; with a whole lot of programs that are not just relating to substance abuse, but are generally educative programs, cultural programs, learning skills programs, etcetera. You might like to continue, Lisa.

**Ms Lisa MUMBIN:** I have been a chairperson for the [Jawoyn Association] community for four and a half years now. The communities talk a lot about people and I have been seeing a lot of these problems and many communities that I have been to have all got the same problem. What I have been thinking, because we have got … Bumidja, just sitting there not doing something, and I have decided to talk to my staff, and if we could have a women's resource centre, to set up and run programs to help our mothers. Because mothers are the ones that look after children every day, 24 hours, and it is the mother that should have the responsibility of teaching the children about alcohol and drugs, the problems that are caused in our community today.

What I am doing now is trying to get the funding to set up this resource, where we can bring in women from all communities, and just run them through that program, whatever program that we are going to have there. We are going to have cooking, teaching mothers how to budget their money properly, talking about alcohol and drug problems, and many other things which, I did not bring my paperwork today, but it is to do with the problems in the community and that is why I am trying to push for this thing. I think it will really help our mothers in communities, especially women, because they are the ones that always end up with the problem in the community. I know it is very hard but we will try to do it, even if we have to put our own money into making it happen. Because it is a big problem. It is not one community; it is the whole community in the Territory that has the same problem, alcohol and drugs. Do you want to talk about it a bit more, Mick? Add anything?

**Mr PEIRCE:** Oh no, I think that is sufficient at the minute. We just, the goal is to set this thing up, Lisa says it will get set up no matter what. In relation to who, what, wish to or not wish to fund it, it is a bit like Delinya; we have gone to government, gone to government and had it in government for months to support the Delinya program, that has been maintained by Wadaman since it started, and then received some money down there for 12 months, 12 months' salary, and then no recurrent funding. The people that are involved in that program down there were so keen to see that it happened that they actually split the 12 months of income so that they could have a male and female counsellor. It gets no support, it is just dribbling along; we are trying to keep it going until the sun shines. The commonwealth obviously thought a lot about it and at the time when Woolridge was the health minister, was listening very intently and was talking about providing a very large grant to Delinya. We have essentially given up talking to government about it, it is a waste of time. So we will just continue to do what we are doing until we can get more resources. It should not be too far down the track now, and we will do it ourselves.

But this is not the best way to go about it. Coordination and looking at programs like what we have set up, but Bumidja that are already in existence, we are making sure that what we learn how to spend officially is translated across the board in a coordinated approach by all agencies. We learn what works and what does not, and we continue to use, and as I said before, implement and improve. Nobody has got a five minute solution. All of these things that have been placed in the past are basically bandaid solutions and have chewed up lots of money and achieved nothing. So it is about time we had a rethink.

**Madam CHAIR:** Lisa, this place and where the women will come in, which I think is a good concept and I would not mind talking to you a bit more in terms of the education side.

**Ms MUMBIN:** And not just a resource, we are thinking, of putting a safe house too, for the women that are being bashed in the community by their husbands, we will take them out there, and make sure we have Aboriginal people there, because Aboriginal people are really affected by you know, abuse in the community; which, in town here, it is not one and the same, because there is not enough, but there are no Aboriginal people, see. And you get more Aboriginal people going to the safe

house, than non Aboriginal people. And if Bumidja had something like that there, because here there are no programs for them to go to, and because they just come in and go back, they end up in the same situation that they have been in before, you know. It is just starting up again. So whatever program we have got there, we will just run them through that program, and make sure we get feedback from those people themselves, and especially women. Because we know women, they face these problems, and I have seen it.

**Madam CHAIR:** It needs to be joined together.

**Ms MUMBIN:** By working together, you know, we have to work together to make things happen.

**Mr WALLIS:** My name is Henry Wallis. I really admire the women and what they are doing and I think that they are doing a wonderful job, that is the women, but what about the men? See, we the men, we have got nowhere and we stand up, stand up, but it is the men who are the ones who are abusing the women and the children. I think they are the ones who need more help, than the women, half the time. They are the problem. The men are the problem in this town. I have seen them walk up and they drag their women now; their women have got to follow them – like a little puppy dog.. They take the money, they take the money and buy drink, their children's money and everything. And you know, it is all, in that problem the biggest problem is the men. And I agree, I am an ex-alcoholic, I am an ex-drug addict. I think I have seen more drugs than these people in this town have ever seen; like in the war days, in the Vietnam, they had purple heart, ganja, you name it, they got it. And these men, they need help, they need it bad. We should be able to set up for them too. Like you know, you go back, and, you know, you get your men together and, I have seen one forum here, in all the years I have been here, Billy you were there that time weren't you. It was a good forum and never ever came back to us, never ever, I have never heard anything about…

**Mr PEIRCE:** No support.

**Mr WALLIS:** No support. And the men that went there, there were 30 or 40 men, we are still waiting for it to come back because there is no funding. No funding for men.

**Ms CARTER:** What sort of things would the men like?

**Mr WALLIS:** Well, you would reckon, a place out in the bush somewhere, you know, like getting back in there, getting back into making didgeridoo and painting. There are some beautiful artists out there. You know, some are just, you know, get them back into hunting that art again. Get them back back to realising what has happened. Keep the women and families away, and leave the men out there, then they will start missing their families I am sure of it. They will start missing their wives and their children.

**Ms MUMBIN:** We are going to have something set up too, where the women come to see them, really get someone like a counsellor to go out and speak to the husband as well. So it is like men too, it is not just women. So once we get, and they have got a husband, then we will be sending someone out to speak to the men ourselves. Like we are looking for something to set up for men and to get them out bush and start talking.

**Mr ILES:** My name is Bill Iles, and I am the coordinator of the Rockhole Rehab for the last six years. I have been down on the ground with these people. Hence, if anybody knows about addiction or problem drinkers here, I reckon I do. I am with the people every day. What Lisa and Mick are saying is a great idea and I believe it will work.

As you know, the commonwealth has got money to build a new rehab; in the process of building us a new rehabilitation centre, for this new place 32 Kilometres south of Katherine. At the same time, a little bit about it, but as you know, alcoholism is not so much a personal problem, it is a family problem. When we build the rehabilitation centre, we will have units for families, where not just our existing program will be running for the addict or the alcoholic if you want to call them that, but we will be running a women's program, a co-dependents program and a children's program. The whole family needs rehabilitation, not just the alcoholic himself or herself. That is from the statistics and that, 80% of the people who come onto our program over in rehab, 80% are not from Katherine anyway. They are from the surrounding communities. As far as bringing people into our program goes, we

assess them and very, very few people are refused entry to our program. The big problem that we have in Katherine, and I am pretty strong on this point, the big problem we have in Katherine is with other services referring clients. As far as our program goes, it is designed and presented by Aboriginal people and it works.

**Ms CARTER:** With regard to that comment about the big problem.

**Mr ILES:** The big problem is other service providers do not refer clients to us. They sit down and keep them for themselves and whinge and whine about it. And that is what the problem is.

**Ms CARTER:** What do they whinge and whine about?

**Mr ILES:** We are an Aboriginal organisation. They do not refer clients to us. Like , it is rehab, it does not work. Statistics prove. AA's got a 25% success rate. We come up with a 37.5% success rate. It works. We work. We know what we are doing. All our staff are either trained or are in training. The support. What I would like to see is more support for the rehabilitation centre, not just by the government, but by the community. It is something that Katherine needs and it is not just Katherine that needs it, it is the region that needs it. We are the only rehabilitation centre in the whole region. And so my sister, Sheila Miller, out at Gilingin; I was in Pine Creek last night, and she was there at church. I am the Pastor at Pine Creek church too. Sheila was there, and she is crying out, like debriefing sort of thing; she needs to sit down, because of the hurt that she has gone through. Great plans for doing it and no funding coming. Funding was not recurrent.

Our funding at Rockhole Rehab is recurrent to a certain degree, but it is minimal. A client at Rockhole Rehab pays $100 a week. That is the cheapest anywhere in Australia, man. Full board, accommodation, education, programs, one on one sessions, excursions, trips to town and that all comes out of our budget. All the other coordinators have got a vehicle to use, I haven't because we can not afford one. I use my own vehicle. And things like this. The funding is just not there. We have a program that works. A lot of funding does come from Territory Health, but at the same time it is minimal. How can you put somebody through a rehabilitation program - are they rehabilitated after six weeks? No. Some people think they are but they are not. Rehabilitation is for the rest of your life. You are wasting your time and effort putting somebody through a six week rehabilitation program unless you can provide the follow up and after care, which we do not get the funding to provide.

**Madam CHAIR:** Can I ask you, out of that, you said 80% of your clients coming in are coming in from around the surrounding communities, and Rockhole is having, is it a 35.5% success rate?

**Mr ILES:** 37.5%.

**Madam CHAIR:** 37.5% success rate, that is people who have successfully not gone back to drinking?

**Mr ILES:** No, hang on, hang on. No, not finish the program. Is either abstinent, or drink less.

**Ms CARTER:** At the time they finish the program.

**Mr ILES**: On completion of the program.

**Madam CHAIR:** So they are managing to drink in moderation? So out of that 80%, and the 37.5% you are saying is the success rate, where they are either drinking in moderation or abstaining.

**Mr ILES: Yes.**

**Madam CHAIR**: We all know that the usual suspects go through some of these cycles. How much of that is occurring in terms of where they have come in. You are saying that six weeks is not enough and I am trying…….

**Mr ILES:** It needs to be expanded to three months.

**Madam CHAIR:** How many of those are coming back through, recyling.

**Mr ILES:** I would say about 35% to 40% are coming back. They have done the program more than once within a twelve month period. Another thing, another statistic that I would like to bring up too, is that 75% of our clients are male.

**Ms CARTER:** You just mentioned then another resource that is being built.

**Mr ILES:** Our Director can talk a bit about that if he wants.

**Ms CARTER:** Can somebody explain that to me?

**Mr MORONEY:** Alan Maroney from Kalano community. We have got a grant set up to do a 52 bed facility set in three stages at this point in time.

**Ms CARTER:** On the grounds at Kalano?

**Mr MORONEY:** No. It is 35km out of town. Through a joint negotiation with the Northern Land Council, the Jawoyn Association, which is we ostensibly picked up a piece of land from the Jawoyn so that is incorporated. They are represented equally on the board of the rehabilitation centre.

**Ms CARTER:** And it is a rehab centre?

**Mr MORONEY:** Yes. And while we are onto the new rehab program, this can actually lead a bit further on where Lisa and Mick were talking about future projects in remote areas. One of the main objectives we have got in our rehabilitation centre is to link in most of our people who come to our service to their homeland areas where they rather sort of continue their program. And a lot of the success rate, we believe, comes in through that transitional phase, where they get out of town, into the bush environment, get off the alcohol dependency and then actually head back towards their own communities, and get the lifestyle and sort of living that they abandoned when they came into town.

**Ms CARTER:** Who is funding that rehab centre? Where is the money coming from? When do you expect, like, you obviously feel quite strongly that it is going to happen; when do you think it will be built?

**Mr MORONEY:** The head works are due in three or four months.

**Ms CARTER:** So in 18 months' time it should be built?

**Mr MORONEY:** No, sooner than that, about April next year.

**Ms CARTER:** And is it designed to take families and support people as well?

**Mr ILES:** Stage one is a 16 bed hostel and we have set aside two units for two families. Two single men's huts and two single women's huts. Four beds in each hut. We are also developing the co-dependents program.

**Madam CHAIR:** With that new rehab centre, is there facilities for people to detox?

**Mr ILES:** Anybody coming onto the program must be free of alcohol 24 hours before.

**Madam CHAIR:** There will be a facility in terms of detox.

**Mr ILES:** No. You can not detox 35 people.

**Madam CHAIR:** So where is that going to happen, before they come to, when the referral gets done, for them to come into detox.

**Mr ILES:** They can get access two beds at Katherine Hospital. We do not use them, but the people that come onto our program, each morning except Wednesdays, I have a counsellor that comes into town, and goes around to the communities around Katherine, around the town camps, and up the

main street; and talks to the Aboriginal people about the problems, - if you want, and either refer them onto another service provider or they can come out to Rockhole; do an assessment, and if they are suitable, come out to Rockhole, they then go to Wurli for medical. Usually, not usually, a client is free of alcohol when they come onto our program, because they have to be; because we can not provide the 24 hour care that is needed for detox.

**Madam CHAIR:** And I notice that Wurli are here, so I will ask the question. If somebody off the street comes to Wurli or presents at Wurli, they have got the heeby geebies or whatever happens in terms, and they want to give up now; the first process for all of this is detoxification. What is the step in terms of when they come and present to the doctor.

**Dr TRAILL:** I am Alex Traill, medical officer at Wurli Wurlinjang. I have been working there since February this year. I would have to say I am not aware of any acute detox facilities in Katherine at all. I am not aware of the hospital having two beds available for acute detox. Most of the patients we see from Rockhole rehab when they come in, we do a medical assessment; most of them have been off the alcohol for at least 24 hours. If it is deemed, that they are at a high risk of withdrawal syndrome, in particular, alcohol withdrawal seizures, then either we medicate them and review them regularly; whilst they are at Rockhole we get them to bring them back here, or we go out there; or alternately, we do not recommend them to go to Rockhole.

**Madam CHAIR:** So where do they go?

**Dr TRAILL:** At the moment, they have to manage within the community.

**Ms CARTER:** And is that satisfactory do you think?

**Dr TRAILL:** No. There is no satisfactory detox availability that I am aware of in Katherine at the moment. Essentially, what happens with most of these people, what you will find is they go through the milkshakes, as they refer to them, or the dry horrors, on their own or in their home. They may even experience it if they go to Rockhole. The other common scenarios, are having a fit, and they get carted to Katherine Hospital and are observed there for 24 hours and then discharged. We routinely get discharge summary after discharge summary of patients – "Seizure, alcohol withdrawal". They come repeatedly, we get letters from hospital about that, but that is how they are managed.

**Ms CARTER:** Why doesn't the hospital keep them in a bit longer?

**Dr TRAILL:** I am not really able to answer that question. You would have to ask the hospital themselves. There is always bed pressure. Basically, they keep them until they are stable and they feel that they are no longer at risk of serious alcohol withdrawal symptoms, and then they discharge them. But as to how long, and what their policy is, you would have to direct that to the hospital.

**Unidentified Woman:** I would just like to add to the reasons, but I have heard of people who have been to hospital.

**Ms GOVIN:** May Govin, Wurli Wurlinjang. These people are only there for a short period of time, and in the sort of situation that Alex is talking about, there are other areas where Aboriginal people, and non Aboriginal people, at the hospital who are not sick enough to be kept in bed, they are not sick enough to be kept there so you are well enough to go out there now, into the general community, and hopefully, look after yourself. So that is another part of the reason why people are not kept for further observation. They are possibly sent back to Wurli, to come back and see the doctors at Wurli, to see how they are going but again they are just thrown out into the street.

**Ms CARTER:** Are there times where the person will have another fit, or is it usually just one and then they are on the road to recovery, or sobering up?

**Dr TRAILL:** Usually what will happen is, they will have one seizure, they will go to hospital, they will receive appropriate medication, which will alleviate that seizure and prevent further ones, and that is it. And then more often than not, what happens, is they are discharged, they go back into the communities, resume their alcohol..

**Madam CHAIR:** Revolving door syndrome.

**Dr TRAILL:** Yes, at some stage later. I would just like to say that detox, it is all very well if you label certain beds in the hospital as detox beds, but they are completely useless unless you have the appropriately trained staff to manage them. I have had experience in a previous hospital I have worked where there was great reticence from the staff to look after people who are withdrawing from drugs, be it alcohol or otherwise, because they are difficult and require specific experience, they require quite close nursing care because of potential dangers. It is often the reticence from staff to deal with these people due to various social and cultural attitudes. So if you are going to provide a detox service, you have to provide some appropriately trained staff, particularly nursing staff, as well as medical and appropriate counselling staff to look after these people whilst they are an in patient.

**Ms CLARENCE:** Could I just make a comment about the detox unit in Darwin. It is Christine Clarence, Health Department. They have closed it down because it was not economically viable, because statistically, the number of people who actually needed intense medical care when detoxing is very low. It is now managed through GPs and there is a team of Darwin, two psychologists and a couple of counsellors, who will do home visits, and they have found that a lot more effective.

**Ms BATCHELOR:** Danielle from Anglicare. The problem there which is coming up through the SAP services, is that how do you detox someone at home when they are in the long grass? They said there is a whole lot of people now that do not have access to detox.

**Mr ILES:** Bill Iles, Rockhole. We had a meeting with Territory Health in Darwin and they were talking about Rockhole being able to provide a couple of beds for detox. Like home detox. The problem being is, lack of funding again, to be able to provide 24 hour care. You know, you are talking about three eight-hour shifts overnight and through the day, for those two beds; and, as the doctor said, specialised staff. I am a specialist Aboriginal or Islander Alcohol and Other Drug rehabilitation counsellor, but I am not, I have not done detox. You need somebody to specialise in that area, that understands it, and to provide staff to man that detox unit 24 hours a day, it would cost you. It all comes down to money, funding. And we are south of the Berrimah line, we come up against this.

**Ms CARTER:** I tell you, north of the Berrimah line is not that sweet, either.

**Madam CHAIR:** We might just break for about five or 10 minutes and we will come back to this because this discussion is getting quite good, so we will come back to it.

**BREAK.**

**Madam CHAIR:** We might just get back to that robust discussion we were having prior to the break.

**Ms HILLEN:** My name is Sharon Hillen, I am the committee development manager with the Katherine Town Council. Council's move to try to address some of the issues all started when the Health Minister's taskforce was set up and we were asked to do a submission. Council asked me to go out into the community to investigate what were our drug issues, both illicit and licit drugs. Talking to several community groups and the police, it was obvious that alcohol is by far the biggest drug issue, social issue, economic issue, that we have here in Katherine.

There were other things that were prominent and that was marijuana which has a market in town and it is like a sort of business. The police suggested that we are probably never going to be ready for the other bigger drugs like heroin and cocaine and things like that. There are a couple of users in town but there is really no business of those sorts of drugs in town. And the other big one was prescription drugs, which are probably, I do not know whether they are more prominent in the white community rather than the Aboriginal community, I am not sure about what the statistics are. But alcohol is our biggest issue. From that, Council has also been given the task of coming up with solutions for anti-social behaviour in our town and particularly in our CBD area, where I guess substance abuse and social disorder is most obvious. It affects our tourist industry, it affects the perceptions in the minds of the people in town as well. It also directs a lot of racism in this town, too; because people see those 80 to 100 people who have the substance problem, and discount the rest of the Aboriginal population and

say well, they are like the blackfellas in the main street, sort of thing. And so it is unfair. I think our biggest priority is to encapsulate those 80 to 100 people, and get them some help.

The other big issue is the 80% of people that Bill is dealing with that come from outside town, that do not live here in town. They come here to town for whatever reason; and there are a million different reasons, from coming here to have fun, like all of us, go visiting, we go visiting family, we go visiting communities, whatever, for holidays; and we have this phenomenon like Darwin and every other community, is we have this urban drift. You get people leaving their homelands and coming into Katherine for the bright lights, be it there is only one street worth of bright lights, but they still come for whatever reason. Some of these reasons are cultural. People have deaths in their families on the community and they must leave their community for a period of time. Where do they go, who is going to look after them, how can they assimilate into town when they do not have any services available to them? So through dealing with Council and looking at their priorities to address anti-social behaviour, I spoke to many different stakeholders within town, and we were hoping to come up with a project which we have called the Living in Harmonies project, because it sort of encapsulates everything; from housing, to alcohol abuse, to the retail industry that is selling the alcohol; to urban drift, the transport back to communities; and it addresses why people are coming to Katherine.

Like everything else, we are waiting on funding. We believe, I mean, it has been my experience, I manage the river, and the Katherine river is the preferred place for our itinerant campers and longgrassers. Longgrassers are made up of the groups that either choose to live in the long grass or people that do not have the facilities to have their own home or to go anywhere else to live. They do not have the resources. We have had families in the street that look like, we have come across them living in the river corridor and they look like they have just been evicted from a house. They have got their furniture, their kids toys, everything, and they are living under a tree in the river. I had a particular group of people that we thought, they need some help; and I rang up one superb organisation that I thought just had the perfect name, they had Katherine Aboriginal Family Support Unit. And I thought, well these guys are going to be able to help me. And they couldn't. They said basically, well it is not our task to go down into the river and meet these people, they have to us.

Later on, I had an e-mail back from the manager of that facility, because I think it is something to do with legal aid, and she said there are 13 different organisations in this town that can help you with these people. Now, it sort of made me think, one of the things that was obvious in my investigation, that there are lots and lots of different agencies out there. They all deal with a minute part of any particular person's situation. There is no coordination. There is commonwealth funding coming into this town, ten different avenues to deal with these situations, but there just doesn't seem to be any coordination between the many. The referral situation that Bill brought up. You know, why aren't people getting referred? And who does these referrals? Who goes down into the river corridor and refers those people to the services that are available? And who also looks at whether those services, they get their commonwealth funding, but are they actually fulfilling their charter, fulfilling the task that they have been funded to do? Does Anglicare do that?

**Ms BATCHELOR:** Just to quickly answer that on behalf of most of us; we are actually probably doing more than we are expected to do, and it comes down to the same, the funding; who will be funded to have that as their group of people to look after. Because as it is now, every service is actually filling in gaps where there isn't funding for, and asking their staff to be doing more and more stuff. The job description just gets longer and longer.

**Ms HILLEN:** One of the tasks that the Living in Harmonies project will have is to find out what are all the services, where are the gaps, and what are the priorities. Because if all these services and agencies exist, and they are able to assist small factors of each individual situation, where are the gaps, what are the resources that are required. We have had youth development forums here in Katherine too, and there seems to be a lack of housing for youth; of activity for youth. Unless kids have parent support, they are not involved in organised sport, they are not involved in anything, they are not told to stay home and eat three meals a day and go to bed and you have got to go to school tomorrow. So there are all these compounding situations that simply come from one situation and that is substance abuse, and alcohol is by far the biggest cause of all these problems that we have in town. So I think alcohol needs to be the focus point. I do not know about all the other illicit drugs like, you know, the heavy duty stuff and whatever. It is alcohol that is killing our people and causing the rift between our

people and it is also widespread. It is in every town and it is in every community, it is in every colour, race and creed.

**Ms ASHTON:** Jill Ashton from the Crisis Centre again. Can I just say we have SAC programs supporting accommodation assistance program, the same as Sommerville and Anglicare, and if you are looking at, I mean SAC has certainly investigated uphill and down dale and in our forums, there has been a regional forum held down here about those sorts of things, about where the gaps are. I know as SAP services and also with Centrecare and CAFSU, we work really closely; the whole lot of us do, all the time. I mean, we would be in phone contact most days of the week, with clients. And the same with the Centrelink social worker, Territory Housing, the Indigenous housing support.

**Ms HILLEN:** So housing is obviously an issue. It is being covered fairly well.

**Ms ASHTON:** Well, it is not, no.

**Unidentified Witness:** We are working on it, also there is that, what is happening with …

**Madam CHAIR:** Can I just, as you are talking, if you could say your name, because it is just going to make the recording a bit easier.

**Mr ILES:** Bill from Rockhole. Can I go back a bit before we keep going. About referral from different service providers around Katherine. I have got my statistics here from 1 January 2002 to 30 June 2002. Here is an idea of the assessment of the referral assessment that we do. We had 58 people come onto our program in that six month period. Sixteen of them were referred from the courts or (inaudible). One from the sobering up shelter. One from Alice Springs hospital. One from Youth and Family Services. The rest are from our field work, brief interventions, going down to the creeks, camps around the communities, the town fringe camps and the main street. That is where our clients are coming from. None of the service reports, that just shows you. The service providers are not referring clients. There is none. That is Alice Springs hospital, that is not Katherine hospital. I know Jack (inaudible) as you said Mick, 55, 56 patient beds in hospital are alcohol related. But none are referred from Katherine hospital.. We keep not just Aboriginal, we have European people coming onto our program too. They are not referred. They go into hospital with an alcohol related problem and they come out of hospital, and what happens. They are not referred.

**Ms ASHTON:** Jill from Family Link. Jane works for me and on JPEC. I hear her on the phone to Rockhole and (inaudible) quite regularly about her client group. I am from Family Link, from JPEC. Jane Lewis. She speaks to you quite regularly about trying to get people into your program. So whether the referrals are successful or not, we are accessing your service.

**Mr ILES:** Yes, she has done, I think it was three, in that six month period.

**Ms BATCHELOR:** Danielle from Anglicare. It is something that we always do offer to, as I said earlier on today, that a lot of our clients are saying that they want to go to Darwin because it is too close to family. It is always an option, firstly, if they identify they want to go to CAAPS and can not get in, we always offer the option of contacting you guys, but that is usually the answer that we get back.

**Mr ILES:** CAAPS only take family people, you know, they will not take singles. They found a big problem. And we are the European people sitting around here, but they found a big problem with local CAAPS, mostly the people working on their program, and most of the clients coming onto the program are saltwater people. Saltwater people and Katherine Aboriginal people are different. Same as if you go down to Tennant Creek, same in Alice Springs way. It is each group, they are different, and they have run into a big problem and that is why they said, no more single people. And 100% of their clients, 95% of their clients now, are saltwater people. So really… if clients are wanting to be referred to FORWAARD or CAAPS then I think they need to be aware of what is happening up there. Oh well, you guys did not know that… I have opened my big mouth.

**Ms BATCHELOR:** You are right because I did a week in CAAPS. I did a short course with them. All the communities, I think there was only one person that was not from the saltwater.

**Mr ILES:** Do you know what program they are using? It is ours. The one we use.

**Ms CARTER:** Just on another topic. In Katherine, is there a night patrol? Who knows something about it? Is anyone here associated with it in any way?

**Mr MORONEY:** Yes, I can speak about it.

**Ms CARTER:** Can you tell me about the night patrol, and the word sobering up shelter was also hinted at just then.

**Mr MORONEY:** I am Mr Moroney. We do not call them night patrols in this region here. We call them community patrol because we work day and night. We find our night patrol is one of the biggest helpers in the Katherine region. Our people break the barriers before they get into the cycle of getting locked up by the police. A lot of our referrals are self referrals, straight to the out services. If we find we have got a lot of people going in to the sober up shelter, in a cycle.

**Ms CARTER:** Where is it located, the sober up shelter?

**Mr MORONEY:** On Giles Street. Yes, a lot of people that quite frequently using our patrol services and going up to that sober up shelter. We try to make an agreement where people that are quite regular users of the sober up shelter in Katherine might be able to be referred out to Rockhole Rehab. Bill gave you the statistic dates, numbers on that, they are practically non existent. Most of the people that we have identified from the community patrol and taken up to the sober up shelter, we have included them ourselves, because there are a lot of services that I can pick up when dealing with these people.

**Ms CARTER:** How often does the community patrol operate? Is it every day?

**Mr MORONEY:** Virtually five days a week, six days a week. We start 12 o'clock midday, these are the opening hours of the alcohol outlets here. The biggest problem, we find, is that we have got a two hour time frame, hopefully that will ….

**Ms CARTER:** What do you mean, you have got a two hour timeframe?

**Mr MORONEY:** It only operates at 12 o'clock, our patrol, and sober up shelter. I think they still do… we have got a time difference of two hours where virtually, there are people meaning to go up to the sober up shelter, have virtually got no way to go back to the …

**Madam CHAIR:** Who runs the sobering up shelter?

**Ms ASHTON:** Jill Ashton, Women's Crisis Centre. I just had to say, we use the patrol heaps. If we have women, we do not admit anyone that is under the influence of alcohol or drugs, for safety reasons, in the centre, so we will often ring the night patrol, or if it is busy ring the police, to take them to the sobering up shelter. And then they can be admitted when they are sober; they can come back. So they are a valuable resource.

**Ms CARTER:** And is the sobering up shelter open every day?

**Mr ILES:** Except, not on Sundays, on Sundays it is closed.

**Ms CARTER:** And are there enough beds in the sobering up shelter?

**Mr WALLIS:** No, when that is full they take them to the police station.

**Ms CARTER:** And is that often, that that is done?

**Mr WALLIS:** Yes, yes. Every day and every night. They can fill that sobering up shelter within about three or four hours after they have started work.

**Ms CARTER:** Some places we have found the frequent drinkers, the well known drinkers, actually quite like the services of the community patrol and sobering up shelter and essentially use it for their own benefit, as a taxi service. In one place they had actually stopped picking up drunks, and the sobering up shelter has in fact become a domestic violence shelter, to hide the women and children away from the drunks. I am not suggesting that is a great thing, but that was an interesting development in one of the communities here in the Territory.

**Madam CHAIR:** Especially from the hotels, they would ring up and say, we have got drunk people down here could you come down and pick them up and take them to the shelter.

**Ms CARTER:** So do you feel that your service gets used somewhat in that regard? You know, that people are quite happy to jump in the back of the car and go up and sleep it off in the shelter?

**Mr MORONEY:** Our local people have tried the service out. Most of them go home now without actually flagging down our patrols to pick them up and take them. They are usually using it are the long grass and people that are badly in need of help and have nowhere to go to. Like the out of towners. They virtually go into that spin cycle. We, with the town council and others trying to develop programs that are actually helping people that are in need of help through no fault of their own, to get back home, or trying to find out a possible avenue of actually getting them back.

**Ms CARTER:** And do you feel that community patrol is working well?

**Mr MORONEY:** Our patrol, yes, I find a lot of our community people have accepted the idea. Before they thought it wasn't too good..

**Ms CARTER:** Is it staffed by people on CDEP?

**Mr MORONEY:** Most of them are. We have only got three permanent staff members on patrol, we have got about 30 CDEP people that are on it. One of the regulations are that we had, culturally appropriate people that jump in the car, that there are males as well as females. And even handling of personnel, males cannot help women. And I believe we are continuously strengthening our relationship with the police. If the police feel that this person should no get locked up but should go to the sober up shelter, we have got direct contact with the police with our radio. The police will advise that they have a client ready to go to the sober up shelter. So I think the relationship between stakeholders in the community is growing in strength and I can see it going better and better, continuing to grow.

**Ms HILLEN:** We meet every month, the police, Kalano and council, the three patrolling agencies, and it is really positive.

**Mr ILES:** As far as the people that we can pick up and can take home, that is what is happening now. As you see, the statistic I gave you before, 80% of the clients come into our program are not from Katherine. So really, 80% of Aboriginal people here in Katherine are really not from Katherine, they are from the surrounding communities. So where can they be taken? Either to the sobering up shelter; they can't be taken home, unless they have family in town; or to the police station.

**Ms HILLEN:** Sharon from the council. That is one of the big issues council has to deal with day to day, with itinerant campers. People complain to us they are robbing the bins; even over to Kalano, we had Kalano ringing us up from the old people's home saying that there is a group of people that are not actually on Kalano, you know, they wanted us to get rid of them, but where do they go to? There is nowhere for them to go to. You can kick them out of the river day after day after day, but they have got nowhere to go to; and that is one of the biggest issues that we face.

**Madam CHAIR:** I want to take this a bit further, but it seems to me, that for a long time there has been an alcohol issue and problems with anti-social behaviour and other things in the Katherine town. I notice, and I look around the room, that we have representatives from all the various organisations and stakeholders that play a role. Everybody has a little patch or territory which they deal with and a charter to provide a service. I think you touched a bit on this before in terms of resources and the lack of coordination that is happening: There seems to be no strategy in terms of all the stakeholders, everybody.

I mean, it is a community issue, it is not Wurli or Jawoyn or Anglicare or The Katherine Women's Crisis Centre issue. The whole alcohol issue is a community issue, and it is one that we have got to work towards. Look, I can see that some of the communities and what they have had to come up with is an alcohol management plan. I do not know whether that is something that the various stakeholders sitting here would want to consider, where everybody comes up and has input into a plan to manage this issue and deal with it.

I mean, you can have enforcement, and we can change it, legislate it, we can do everything else that government can do. The committee can put those recommendations forward to government in terms of, and I know you said before, it is not a policing issue. We can do that, we can enforce, we can get more resources to do the law and order. I do not think it is at that level of operation. It is at that community level, and whether a plan where all the various stakeholders come together, and start pooling energies and resources. The government purse is getting smaller and smaller and that is a reality.. Resources are being stretched. One of the things I do not see for the various stakeholders is the pool of a number of resources that are here in this town in terms of the problem. Maybe, we have had some discussion, I mean

**Ms GOVIN:** Mae Govin. It is really interesting listening to everybody talk about what steps people are taking to overcome the problems from their organisations. One of the things that the four Aboriginal organisations, Katherine West, Jawoyn, Wurli and Kalano, have done is signed up and incorporated a group, in regards to the sharing of our resources. Now, certainly the three, Katherine West, Wurli and Jawoyn, were dealing with alcohol related issues. But I think when we talk about Aboriginal issues in this town, people tend to label it as being black issues, or as politics, or it is not my problem. So the labelling starts before you even attempt to deal with these issues. Certainly from the four organisations' point of view, we have just incorporated, we have just had our AGM; certainly we want to include other Aboriginal organisations. I am the Chair of this Board. We certainly want to incorporate other services, so we can talk as a collective group about issues that are affecting us in this town. Now, we are trying to get together, the Aboriginal organisations are trying to get together, and possibly, you know, the likes of the Women's Crisis Centre, Family Links, places like that, are also trying to get together somehow.

But I think that one thing that government has got to take on board, and certainly from the Aboriginal organisations' point of view, is that we are all about a sense of fairness. We are accountable for the spending of our money. And that takes a very long time. Even coming to these meetings here, and dealing with some of the issues in this town, you have got to really try and tap into your short numbers of staff to go along and speak on behalf of the organisation, and you just can not do it because the demands are far pressing in your everyday job. So as far as government is concerned, one of the things, if we all come together as a collective, we will really try to work together on this, you know, maybe government has got to look at some further acceptance of meeting or reporting requirements, things like that. Because we are dealing with such big issues here.

**Mr ILES:** We have all got our hand in the same bucket, eh. Let's just have the one bucket.

**Ms CLARENCE:** Christine from the Department of Health. One thing I think we all tend to do is take too narrow a focus on the whole issue. Because substance abuse is a symptom rather than the actual problem. We tend to just look at the patterns of the alcohol abuse or the substance abuse, and we keep putting bandaids on, we all do our little bit, but there are bigger causes. I mean, here in this room, we can not solve all the problems. The social, educational problems and things which are the causes of the substance abuse. It is going to need a solution, a higher level inter government working party or something to try and focus more on the bigger picture things. Because if people have a job, they have a house, they are much less likely to be substance abusers. If they have activities to occupy them they won't do it. So you know, looking at your rehabs, and night patrols, they are all nice things to have and they do have their small part, but they are only just a bandaid. If we keep spending all our money on the bandaid bit, we will be here in 10 years' time and nothing will have changed.

**Mr ILES:** You have got to remember people coming in to town. There is all the people coming in from the communities to come here to Katherine, but why are they coming here in the first place? You know, the kids on the communities, they haven't got what we have in town. They can go to the amusement parlours, and go for the footy and the basketball and things like that. What have the young

people got to keep them in the communities. Maybe that is what we should be looking at, the cause of them coming to town.

**Mr FRIEND:** Mark Friend from Sommerville. I take Mae's point about service agreements and so on. We organisations are really forced into a way of competitive tendering. Now, we have to be accountable for the work that we do, but if you have got an organisation like ours, we can do work preventing a lot of issues, but at the end of the day, the statistics are only really interested in the remedial results, what we do to remedy a situation once it has actually become an issue. If you change the way that the efficiency of the service is actually measured; and if you want organisations to cooperate and to be coordinated, perhaps look at Katherine as an issue, or the Katherine region as an issue, and measure the efficiency of the community results rather than actually each individual organisation.

**Ms PACKHAM:** I agree with Christine [Clarence]; I do counselling for a time, and most of the people I see, alcohol is an issue, but most of those people are saying they started drinking when they had the first emotional problem. They use alcohol to stop the pain often. So it is going right back to the root causes of the reasons for drinking. I have got a worker who works with the youth, and she said that some of the kids that she sees, the teenagers, some of it is parental encouragement to drink. Parents are drinking so much, "Stop humbugging, have a drink, be quiet." Some of the kids get their alcohol by just nagging their parents long enough to say, "Oh, for heaven's sake, here is enough money, go and get it, get out of the way." Some of the kids are saying, "It's bad enough, we might as well join in." Some of them are saying, "Well, what else is there to do?" Some of them are saying, it is longgrassers particularly, saying, "It is so cold we need drink just to keep us warm instead of a blanket." And some of them are saying, "It pays the rent. We can take a carton around to friends; they will let us sleep there."

**Ms CLARENCE:** These are real family and social issues. Alcohol is just a symptom of it.

**Ms PACKHAM:** It is the symptom, exactly.

**Madam CHAIR:** Can I just ask if Sergeant Mark Coffey from the Katherine Police would like to join….

**Sgt COFFEY:** I only just came in so heard bits and pieces of what you have been talking about. I have not actually brought anything together. But from a police point of view, there are a lot of issues that cause problems in the township of Katherine. Obviously, as far as the police point of view is, the two main ones are alcohol and illicit drugs, mainly marijuana. The alcohol contributes to anti-social behaviour around town, which is mainly in the main street, which everyone sees, and people jump up and down about it all the time. That is one big issue on its own and when you look at the cause of that, there are lots of them. There is lack of housing in town; for the people that come in. The reasons why people come into town, maybe it's got to do with the restricted areas out bush, they can not drink out bush. There are lots of those issues that need to be looked at, but looking at them on their own, in isolation, does not get us very far. I mean, we had the liquor restrictions in Katherine a couple of years ago, and although I was not here, I believe that they had a fairly good impact as far as anti-social behaviour went. But at the end of the day, those restrictions were not carried on, so we have gone back to where we were prior to the restrictions. Maybe we need to look at, okay, can we look at restrictions there, can we do something about the housing in town, can we do something about all the social problems as far as employment goes and things for the children. But we probably need someone in the high level of government to coordinate all this, and it is probably useful to have a high level committee to look at these issues within Katherine. Perhaps we need to get rid of some of the other committees we have got because there are a lot of little committees, like there is a Chamber of Commerce, there is this committee, there is that committee, and they are all working around the fringes and doing similar things…

**Ms CARTER:** She is just chuckling in the background.

**Madam CHAIR:** Could we get a list of what committees actually operate down here Jim, is that possible so that we can; I mean, in terms of that deliberation, is it possible to get a list of…

**Mr FORSCUTT:** I think anything is possible, Madam Chair.

**Sgt COFFEE:** We spend a lot of time at these meetings doing bits and pieces but we never sort of get together and spend a lot of time doing that.

**Ms CARTER:** Mark, you have only recently come down to Katherine in the position that you are in. What is the feeling amongst the police? Are things getting better or worse as far as anti-social behaviour goes, and alcohol problems?

**Sgt COFFEE:** They are getting worse. They are certainly not getting better. There was a marked increase when we had phase one for liquor restrictions.

**Madam CHAIR:** What was phase one, reduction in hours?

**Sgt COFFEE:** Yes, the exact restrictions I am not exactly sure; maybe Mr Mayor or someone could elaborate, but I think .

**Ms CLARENCE:** Yes, hotels could open until, front bars could open until 11am; takeaway were from 12 noon to 9.00pm

**Mr FORSCUTT:** Takeaway is from two o'clock.

**Ms CLARENCE:** Sorry, 2.00 until 9.00pm initially. You could only buy two litre wine casks on Wednesdays, Thursdays and Fridays.

**Ms BATCHELOR:** I thought you could not buy them on those days.

**Ms CLARENCE:** You could only buy two litre ones, you could not buy four litre ones. And they did not sell, I can not remember exactly what it was, but they did not sell casks at all on Mondays and they changed it during the second half of the trial.

**Ms CARTER:** Mark, it has been put to us earlier on this session today, that when the liquor restrictions came in, they had a positive effect on anti-social behaviour. But after a while, the drinkers realised how they could get around it, by storing alcohol in the long grass and stuff like that, they eventually came back to an unchanged behaviour in town.

**Sgt COFFEY:** Yes, I can not really comment on that. I was not here. There is nothing in the documents I have read to say that. It just says that the first six months of the trial when those restrictions or phase one was in there was a marked decrease in apprehensions and anti-social behaviour. The second part of the liquor restrictions which was a lot less onerous, it went back to nearly what it was pre-liquor restrictions. But certainly from my experience in Tennant Creek, with Thirsty Thursdays, they did try to circumvent the restrictions, and in some cases it did lose some of its effect later on. But it still gave the opportunity for people to have that grog free day. It was only those hardened drinkers, perhaps, that went to the extent of buying grog and storing it or whatever.

**Ms CARTER:** But as a general thing you would support - in Tennant, you would support these thirsty Thursdays as a positive.

**Sgt COFFEY:** Certainly. I mean, the statistics down there, the first couple of years just showed that it worked very well. Maybe we need to look at the liquor restrictions again, in Katherine. One thing that did happen, though, when they were on; there was an increase in disturbances in licensed premises. But at least there, that is in an environment where it is controllable, where you have security and police are available to attend, and it is something that should be controlled by the licensee, or there is legislation that will enforce that. It is a lot easier to manage than when they have them down in the riverbank, where no one can see what is happening or whatever.

**Mr WALLACE:** Can I speak on that, as a street person. You know, I have seen that you can get grog everywhere, you know. It is like drugs. They can't stand it. There are a lot of key cards being

held by, serving Aboriginal people, they have got their pin numbers and everything for that. I have seen taxi drivers pull up at seven or eight o'clock in the morning out in Kalano with cartons of grog.

**Ms CARTER:** Where do they get it from?

**Mr WALLACE:** They store it themselves, the taxi drivers themselves store it. I have seen them drive out the back of cafes in town here. I have seen mango wine, and I have seen that home brew long neck bottle been sold at $10 a bottle. It is like drug trafficking, you know, they can be very sly, they are very cunning I have seen a lot of my countrymen here, you know, with their key card and everything, and they have got to give the pin number and everything so they can get paid.

**Mr ILES:** They keep the PIN number now so they can make their deduction.

**Mr WALLACE:** They keep the PIN number.

**Ms ASHTON:** That is an issue for our clients. Keycards are then held all around town, no money.

**Mr WALLACE:** It is not illegal.

**Madam CHAIR:** Well it is illegal.

**A member:** You see the card belongs to the bank. The bank owns the card.

**Mr WALLACE:** We have been told time and time again that.

**Madam CHAIR:** There have been a few stores in Darwin that have been jumped on in terms of the holding of personal key cards complete with PIN numbers, especially when it is to do with the booking down of grog.

**Mr WALLACE:** This is not booking down. They can not get clothes, etc.

**Mr ILES:** But the taxi drivers

**Mr WALLACE:** Taxi drivers, oh yeah, I know there are some bad….

**Mr ILES:** There are men's shops, how many around town have got a draw full of keycards,

**Mr WALLACE:** Yeah, and sell the grog at the back door.

**Ms GOVAN:** I just want to support what Henry says. I grew up in this town and I am the same age as Jim which is very….

Laughter

**Ms GOVAN:** But my mother and father used to live under these trees over here on the banks. We never ever lived in a house, we had a tent. Now we spent most of our time working out bush. We would come in here at Christmas time. That was the only time that my father saw alcohol, my mother did not drink. Not until after a while, and there was three of us kids. Now part of our education process in regards to being brought up by my parents and a lot of these family members that are born here now, knew as a child, that those times that the clubs would close at 10 o'clock, they would open at whatever time in the morning, but there were set hours. You could not go to Woolies and buy your alcohol, you could not go to any of the other outlets and buy your alcohol. The only place was the pub and there was those clear opening and closing hours. Now, part of my mother and father, they were not alcoholics, not until later on, but part of my education was that if I saw my Mum and Dad and a whole lot of people sitting around having a great big 'piss up' we would hide grog, us kids would hide grog because we knew the next morning my Mum or my Dad or my Auntie, my Uncle's going to have a hangover. So we would physically hide bottles of rum, six packs of whatever, that is the education process. They become addicted to alcohol. And it gets back to what Mick says, people will do

anything to get what they really need. So I mean, that is my life. Now what is happening with young kids today? So you know, people go to that extreme.

**Madam CHAIR:** We get to that point where the availability and accessibility of, not just alcohol but also the other drugs, ganja and the rest of them. But in terms of grog and you look at the population of Katherine, the availability and accessibility of liquor outlets. What do you have, the two major pubs…

**Sgt COFFEY:** I think there are twenty three licensed outlets in Katherine. That is not to say they are take-aways, they could just well be restaurants or whatever. Twenty three which is a fair number per population.

**Mr ILES:** The thing is when we were young, you went to the supermarket to buy tucker not grog, you went to the butcher to buy meat, you went to the candlestick maker to buy candles and you went to the pub to drink. These days you go to the supermarket to buy grog, you go to the butcher to buy grog, you go to the candlestick maker too.

**Ms CARTER:** Mark, did you want to, because we are aware that you were actually given a time slot at some point, did you want to make any other specific comments with regard to drugs and alcohol in Katherine, perhaps touching on ganja for example.

**Sgt COFFEY:** I think there is no doubt that the availability and accessibility makes it more difficult to police. For instance if you look at the illicit drugs like marijuana it is used a fair bit. There is no doubt that young people use it a lot, but it is easy for us to police in that it is illegal. So if we come across it or we have information we can seize it. Whereas with grog it is not illegal and therefore people are entitled to go and buy it, they are entitled to drink, albeit that they are not entitled to drink in certain areas and if they are in a public place later and they are intoxicated we can do something about it.

**Madam CHAIR:** There is some things that as a Committee we wanted to have a talk to you about. I would like just ten minutes of this to be an '*in camera'* session if that is alright.

**Ms CARTER:** Which means it is not going to be recorded.

**Madam CHAIR**: If I could just ask members of the public, I would like an *'in camera'* session with Sergeant Coffey if that is alright if you could just go out of the room. If that is alright. There are just a few things that we wish to discuss.

**Public Meeting adjourned for 10 minutes.**

**Meeting reconvened.**

**Madam CHAIR:** I think that certainly, and a lot of what we have heard is not any different from what we have heard in the past. We thank you for your contribution to most of this morning. Does anyone have any more to add.

**Dr TRAILL:** Alex Traill from Wurli Wurlinjang. I just want to give a perspective from my point of view as a medical officer in an Aboriginal health service, whilst you need to understand that the drug problem particularly the alcohol problem referring to is both a black fellow and a white fellow problem. From my point of view I am dealing with Aboriginal people so I will focus on that. But the enormity of the problem that constantly day after day we are seeing people in our service who are dependent on alcohol, and who have multiple medical conditions caused by that, or whose medical conditions are affected by their alcohol use.

We see all the social consequences of that, of their alcohol dependency, from their drunk and disorderly anti-social behaviour to domestic violence to child abuse and child neglect. Criminal activities where we at Wurli Wurlinjang we are required to go and examine prisoners in custody. Without exception, every prisoner I have examined this year has had a substance abuse problem, 90% of which is alcohol related. The other effect of motor vehicle accidents, effects on adolescence, truancy, not attending school, so educational effects and most disturbingly I see effects on new-born children through mothers

using substances in pregnancy, particularly alcohol, which as people may be aware is associated with foetal alcohol syndrome, which causes intellectual subnormality. And the problem as I see it is that we are producing a generation of indigenous people who will not have the capacity to contribute to their community as they grow older. They will be dependent rather than actually being able to contribute.

**Ms CARTER:** What proportion of Aboriginal babies in this area would you think are affected by that.

**Dr TRAILL:** I do not know the exact statistics.

**Ms CARTER:** No, as a ball park …

**Dr TRAILL:** Well in terms of affected by foetal alcohol syndrome or just by the effects of alcohol in general?

**Ms CARTER:** No, foetal alcohol syndrome.

**Dr TRAILL:** I do not know the exact figure on that but it would be in the region I would suspect of five to ten percent. That may sound like a smallish figure but when you look at the whole population that is an enormous figure. The alcohol has further effects because of the social disorder causes within the family, you have issues like the family has run out of money they can not buy the food, what happens? The children were the first ones to go without. They get malnourished, they get iron deficient, which also has effects on their growth and development including their intellectual development. So again, you are indirectly through the alcohol problem affecting the future generations.

I think a lot of the talk here was a bit about the problem of alcohol, but Christine mentioned earlier on that we will need to also look at alcohol dependency as an illness but as a symptom of underlying issues, and although we may need to focus on issues such as the direct effects and the availability of alcohol we need to focus on what is it about this group of people that is leading them to become dependent on it. Just as we do in other communities we look at why people are dependent on heroin. What is it that is making them do it. Well the same thing should be happening here, and I think that goes a step up into facing big issues of the problems with the indigenous population of loss of self esteem, loss of identity, poor housing, chronic unemployment, the loss of respect of the authority of elders.

We have talked a bit about role modelling, Mick mentioned that earlier on. As I see it, I think one of the issues is there are less and less role models around for the younger indigenous population now. Because a significant number of the older people are dependent on alcohol themselves, or they are unwell and they are dying 20 years younger than the average white fellow, so there is not many around, and it is only going to get worse before it gets better.

I think they are core issues that government has to look at in terms of policy and direction of where it sends funding. Yes, alcohol is a symptom, we have to address the effects of the alcohol, but we should be looking back and saying what is it that is leading them to do it, to get into the alcohol? It is a bit like saying well, someone comes to you with a heart attack, we can treat their heart attack and treat their existing heart disease, but you always go back the step and say how has this happened, what can we do to prevent this getting worse, how can we prevent other people getting the illness? And alcohol and substance dependency needs to be looked at in a similar way, saying we have got the illness to treat, alcohol dependency, but we have got to look at the prevention of illness to start with, and a point is made that really looks at some very big core social issues which government and other members of the community need to face up to.

In terms of treatment and what is available here in the Katherine region, our resources are pretty limited. Rockhole Rehab is probably the major sort of provider of services to clients we see at Wurli Wurlinjang. Often a difficulty that was alluded to before is they do not get many referrals directly from us, because we tend to find, in my experience, that you get a bit of resistance that while I can suggest have you thought about it, and there is resistance.

**Ms CARTER:** To rehab or to Rockhole?

**Dr TRAILL:** To doing something about their alcohol dependency. Now I think it was interesting that people bought up about most of their referrals when they go out and get them. To me that says that is what is working, you should be pursuing that further, and saying okay, if it is not working because other health providers are not referring them, that when they go out and find them and tell them about the services they are bringing them in, then we should be saying, can we develop that further. I would suggest that maybe it is because they have better respect for the clients they are seeing, that they are culturally appropriate. It is all very well for me as a white fellow to say you are alcohol dependent, go off and do something about it, but that patient may not respect me for that, as a white fellow. But when it comes from someone in the community, that is taken out of the context of a medical service or a hospital where actually a lot of clients do not want to be there, hospital is a classic. When an indigenous client goes into the hospital usually the first thing they are thinking about is can I get out. You only have to look at the number of people who abscond from Katherine hospital because they do not want to be there any longer than they have to be. So getting in the community and sending people out there, members of the community say, hey mate you have got a problem, do you want to talk about it? These are the things that are available, is probably where some impetus should be going in trying to get these people engaged in doing something about it. Accepting that you will never get them all in, that is just a fact of life.

**Ms CARTER:** Alex, it has been put to the Committee in the past that, and this is probably touching on your medical knowledge, and we do not have a value judgment on this statement, but the gist of it is that there is a belief that Aboriginal people can not tolerate the amount of alcohol that non-Aboriginal can. In that if an Aboriginal person drinks X amount of alcohol the effect would be worse than say non-Aboriginal person. Do you think there is any validity in a statement like that?

**Dr TRAILL:** I am not aware of any good evidence that supports that. There is good evidence to support that alcohol dependency is more common in indigenous population and it is believed that that may relate to a genetic predisposition because we do know that with people who are dependent on alcohol that there seems to be a genetic factor that contributes to that, and it may be that the indigenous people it appears, have a higher predisposition to becoming dependent on alcohol once they start drinking it as opposed to a Caucasian person. When you look at the newspapers, and you read the drink/drive charges, it is enlightening to see the sort of breathalysed levels that people are getting done for, I mean .2, .3, and they are drinking a hell of a lot of alcohol. I do not think it is because they are, they are not drinking less and more susceptible to it, they are drinking a hell of a lot, be they white fellows or Aboriginal people, and I do not think it is useful in any way to say well they are more susceptible to it. There is no evidence for it and it does not have any impact on your management. The management still is the same to say the alcohol causes problems.

**Madam CHAIR:** Does anyone have anything else? Mr Mayor we have been waiting for you.

**Mr FORSCUTT:** Well I have been waiting to hear what everyone else is saying Madam Chair, but I would like to just make a basic statement if I may. Jim Forscutt, you know I have been listening this morning with a lot of interest to everybody that has spoken and there has been a lot of concern and there still is in the community as to what to do. I have always believed and this is a personal view, I have always believed that we are targetting the wrong people, we are targetting I think as Mick said this morning, why take the whole of the community on it, not everybody is breaking the law and becoming a pain or creating problems in the community. I would like to see the fact and it has been stated here and in other places that there is a continuous 80 probably to 100 if I stand corrected re-offenders, and I would like to see those people targetted at least to the extent where they should be taken somewhere and dried out.

Now I know, I stand corrected, but I do not believe you can talk to a drunk and in my lifetime in this town, I have not from the record just the fact that I have lived and seen alcohol in very close proximity of my own and my family and everything else and of course to the fact that two of my brothers have died from grog. I know how hard it is to try and tell them to go and get help and you are told to go and jump in the creek, and you do not know and I am alright mate. So, I do not have any sympathy for an alcoholic in that sense personally. I just believe if we are going to do anything about it I would suggest that it would go something like this. I go before a magistrate, and the magistrate says Forscutt, you have been before me five times, or whatever the figure is, in a month. I do not believe you are any good to yourself, you are no good to your family and you are definitely no good to the community and

I order you to be dried out somewhere. At least to the extent where they can be spoken to and shown the way. Now I do not know whether it works or not, but I have seen people go through those periods and they have dried out and with hard work in stock camps, over the years, many many people black and white who cares. They have been out on a binge and then dried out and got back to work and everything has gone on fine. I just feel that while ever we continuously put on the bandaids and try and fix this problem as a whole of community problem I do not think it is going to work. I think we should target the perpetrators, that is a personal view and I think the infrastructure should be put into place to at least dry those people out so you can get them sober enough with support with all those things from the family and everything else to say, but that is all I wanted to say.

This community, with many organisations, with many community organisations I should say, involved, you have tried many, many things and I believe like the Police said, that I think the first six months trial, that a lot of people put a lot of effort and work into, I think was working for the community and that was where, 2 o'clock in the afternoon, take-aways to 10 o'clock, I know it upset a lot of people but it was a community effort to try and do something to bring a bit of sanity back to the town. I heard comments this morning that some of the figures, well some of the figures I heard was that domestic violence dropped dramatically at the hospital, and yes it would be nice to see those figures. I believe that child molesting went down quite dramatically. I know that the Police cells, the figures there dropped dramatically. I mean we had community people sitting in the main street Katherine having breakfast as a family. We had senior citizens come up to me and say hey we have got our town back. I mean, they talk about reclaiming the night, we were giving our town back to the people in that first six months trial. It is history now for the reasons why, but there was a lot of support from Aboriginal organisations, our own Katherine Council, the Health Department, the Police Department and we still lost the fight to retain that first six months trial.

So I think that people like me, we have been there and I am trying to indicate, and within this room I can probably name six or eight people who have been in just about every one of those committees and I think we have tried to fight the good fight, and for some reason we have been let down. I think we have to go a bit further this time and take it the next step. Thanks.

**Ms CARTER:** Thanks Jim.

**Mr ILES:** Can I say something? Bill Iles, Rockhole Rehab. I assure you Mick that Rockhole Rehab does take offenders, Sixteen from the Courts in that six month period. We have actually got two out there now that are Court referred, meaning that they do their time in Berrimah and then they have got to come to do their rehabilitation program before they can go back to their community. So really, that is happening. There needs to be more of it I suppose. As I was saying about funding, putting a person through a rehabilitation program does not rehabilitate them. Rehabilitation is for the rest of your life. After they have completed the rehabilitation program you need to do follow-up and after-care, as you suggested, make sure they are looked after when they leave the program. We can not provide that, we can not afford to provide that. It is just lack of funding to do it. To be able to go out, refer them to the home community on completion of the program and to be able to go out to the community and sit down with them and do one-on-one counselling sessions with them, we can not do it.

**Madam CHAIR:** You said before Bill that you had sixteen Court referrals, and Jim talked about enforcing and talked about getting tough. Of those sixteen, were they all people that have come out of Berrimah and come back into, part of their requirement was to go into rehab. How many of those were in gaol because of …..

**Mr ILES:** Maybe not the whole sixteen, but I would say twelve or thirteen out of that sixteen would have had to come and complete the program. They were sentenced to a time in prison, three months, and then they needed to complete our rehabilitation program on exit from prison. Say three of the others, they would have been, I think the Court finds it easier to sentence somebody to do a rehabilitation program, it is cheaper than sending them to Berrimah., but they do do that.

**Madam CHAIR:** I take it that the bulk of those sixteen are males. Were they coming out of the Court system plus the rehab set, or going into rehab because of domestic violence incidences and stuff like that?

`**Mr ILES:** We do, the initial assessment and we do request priors. We would have second thoughts about accepting the client on our program if there is a conviction of child abuse, sexual misconduct and things like that, so, no I do not think any of them were child abusers.

**Madam CHAIR:** No I meant what about domestic violence?

**Mr ILES:** Oh, I would say half of them would have been domestic violence. I can not quote that as being, it is not an accurate figure though. There would have been much more, 50% of them would have been domestic violence issues, as in the missus or something like that.

**Mr FORSCUTT:** Madam Chair I just wanted to say, look, I do not know, I am not in that game, but I believe that the community, we need to get some runs on the board. I mean we keep saying about it and that is what I think so many people are tired of recycling and what we have been doing. We need to put something into place so that the community will come out and support whatever that is, and I do not think that taking on the perpetrators, drying them out and giving them somewhere, whether it is money I do not know, that is something for the Committee to look into.

**Madam CHAIR:** Well, is that something that government has to look at? That programs, we have strong women and have other programs that focus on women. Are we leaving that gap in terms of looking at the perpetrators in the men that are continual, because

**Mr FORSCUTT:** Well, I would have to say yes.

**Mr ILES:** In the new rehabilitation centre as I said before that we will have family units there. We are developing with the help of CAAPS, Roger Sigston, a co-dependent program, very similar to CAAPS where the husband will go through the program, our present program, where the wife, even if she is a non-drinker usually needs more support than your family needs. She will be, there will be a co-dependent program put in place, plus child care. The children need rehabilitation, and the wife needs rehabilitation, I would say more than the drinker.

**Dr TRAILL:** Yeah, just to follow on, you know, drying them out is not enough. You put them in and dry them out, but if they then go back into the context they were in beforehand, into the home where there are issues, disharmony, unemployment, it is a waste of time, because they go back to the same thing and you see this re-offending. It is fine while they are in rehab, it is controlled, they are not allowed to drink, they have got one-on-one counselling and things going on. Once they get back out in their community, if the issues in the home, and the community are not addressed in the terms of personal, family and the wider issues then you are wasting your time, you are not going to get anywhere.

**Mr ILES:** There is a break down, always. In 99% of the times there is a breakdown in the family unit, more so with Aboriginal people because the family unit is so tight and so close, and there is a breakdown every time. As soon as the head of the family, or the uncle or uncle-father or cousin-brother is missing or he needs money to drink, he is going to take the kids money. 100% of the time there is a breakdown in every one of these times.

Our model at the moment is based on therapeutic community, relationship forming, counselling sort of thing and you can see the progress clients are making. The first day they come in out of the long grass, filthy dirty and smelly. Two days later these guys will not come to session unless they have had a shower, shave and have got clean clothes to come in, and you are bringing people back in. You know, it is not very often after six months you have found out you have got somebody who has remained totally abstinent. But once or twice a year it is a big build up. And getting into something more, staff are burning out, working in these areas sort of things, and in-house seven and a half hours a day you are taking problems home. Now the three staff I have out there, the three counsellors I have out there now are in training. Two of them are Aboriginal men and a mental health worker and there is burn-out there. Because we can not get staff to work in, not trained staff to work in the area. The clients are coming good, but the staff are burning out, and as I said, after six weeks, we refer them back to the home community or maybe Kalano CDEP program or something like that, try and get them started or housing sort of thing and unless you can provide that after-care and support to follow-up with them the peer pressure is there for them to go straight back into it. Because you can not be there and

follow-up. You can make a phone call after about a month if you know what community they were going to go to, but that is about the only follow-up we can do.

Really, it is getting hard for the staff and really for the clients themselves I think it is unfair, because they are coming so far and then they are just dropped because you can not support them no more. Every client they have had, the whole 58 in the six month period deserves a pat on the back, even though a lot of them have gone back on the grog, they deserve a big pat on the back because they have had a go, and because we can not provide the after-care they have just been dropped, we can not do no more for them. Yeah quite a few of them have come back. They have re-admitted onto the program. I have one young fellow from Alice Springs, this is his third time on the program. Every time he goes back to Alice Springs, family, peer pressure, he knows where it is safe, and there is a fence around Rockhole, not to keep clients in, but to keep people out, and it is a safe, I will use the word, loving, caring environment, and they are happy there. There is no humbug from people from camp or there is now and again, but you can put a stop to that. But the thing is, as soon as these clients come to town, they come to town shopping on Wednesdays, you see everyone waiting at the bridge, or outside of Woolies and they know the Rehab bus and the humbug is there again. As I said, staff are burning out because it is, we are over-loaded.

**Mr FORSCUTT:** Madam Chair, for the record, Jim Forscutt again. Can I just say, I was just talking to my mate about this. I mean, Katherine is a regional centre for about a quarter of the land mass of the Northern Territory, so a regional centre it needs to, and all business disseminates out of the town in both government department and private sector banking, you know every government department that looks after a region from here, from Borroloola to the West Australian border. The point I wanted to make was, that it is really catering for about 25 000 people as a regional centre, and the service infrastructure I am advocating is not in place to meet that demand. And I think that is one of our issues. People look at Katherine as a population of 10 000 or 12 000 whatever and yet all these organisations are trying to service this massive area.

**Mr HAYNES:** John Haynes. I do not live in Katherine anymore. I lived here for four years many years ago so I understand a lot of the problems. I now work in the AIDS/STD area in Darwin. There is actually another urgency that has actually been put in regards to substance abuse and what this Committee is looking at. The incidence of HIV amongst Aboriginal people living in the long grass. It has been shown through research quite recently out of Alice Springs, that sexually transmitted diseases which you can lump HIV or AIDS into, is higher than those people who do abuse other substances. What is of concern to me and it is common knowledge in the papers and the press, that is that there are Aboriginal people in the long grass. If you think you have a problem now with things that go on in this town, could you imagine what it is going to be like with a high boom of disease of HIV. It is of concern that organisations are not being funded enough, like Wurli Wurlinjang. I had a phone call from them the other day, they had actually run out of condoms. Wurli does a wonderful job giving out free condoms. That really needs to be addressed in regards to funding. I am not quite sure if they have addressed that issue yet, but that needs to be an ongoing issue. So even though you have the huge social problems, what concerns me is the 13 year old girl out there who is just starting off on a sexual life, put aside the child abuse and every thing else that may happen, but when she goes for consensual sex, she can not negotiate condom use unless she has got one. It is very important they be made available, and amazingly quickly there is an incredible amount of resistance amongst health services, both government and non-government to provide condoms in communities, in Aboriginal communities. I base that on people saying oh, the community will not like it, oh the councillors do not like it. The community and the council have not the right to say no. For the 13 year old girl, or to put it another way, the married woman who is having an extra-marital affair because her husband is a drunk, is impotent, or is older, she is having a bit on the side, she can not get condoms, because they are not in the toilets at clinics, they are not in those areas.

As I said if you think your priorities are anything else now, when HIV arrives, and remember there are still three or four people living in the long grass with HIV in Alice Springs. They have visited here, they have lived here, they have lived in Darwin. We do not know what disease burden is out there. So I guess from a government point of view is that rehabilitation of alcoholics is a long term thing. What we have to do is try and keep people safe until they go through that. And I guess from my Program area and my area of interest is the whole issue of condom availability. Aboriginal people do use condoms. They know how to use them. Aboriginal men will use them. Aboriginal girls know what they are for and will offer them up if they have them. So that is another aspect to it. It will not be a

pretty looking Katherine with people with HIV dying in the streets through the lack of poor funding of Wurli Wurlinjang.

**Madam CHAIR:** It is amazing you say that, because I remember saying in 1994 that HIV through the STD rates in Katherine was the emerging epidemic. Everything you said is right. We do have those cases and we do not look closely enough in terms of those disease burdens that are there as a result of alcohol and other causes….

**Ms GOVAN:** I suppose the comment from John supports the need for further support in regards to men's health. Our guys, I mean they do say you know, you women have got it all. But we can not do it for them. We can only try and support them as much as we can but it is the fellows that have got to be out there, and they have got to chase these issues. It is another ball game that these fellows have got to play. We can only support them as much as possible, but men health is certainly something that is lacking.

**Mr ILES:** Bill from Rockhole again. We are setting a men's meeting up at Kalano. We are going to try and do it again, try and get everyone back together again and try and get something organised. But really, what happened there that day is, you mob do not call them STD no more, STI. The guys came down from Darwin, it was really great, about 60 or 70 men were there. We had a barbecue and everything like that, but I think after lunch they just said good on you Bill and went home.

**Mr HAYNES:** I think one of the problems with men's health programs that needs to be spoken of is the lack of cooperation amongst men to actually attend these things. The problem with substance abuse in the Aboriginal male from my experience is that they start substance abusing early, as soon as they can get into a club somewhere. By the time they actually self reflect on the harm they are doing they are 40 years old. They have bashed their wife, they have abused their kids, they have neglected their kids, and then they are sick. But the group we can not access is the 15 to 30 year old male Aborigines. They do not come to clinics, they are resistant to programs, they, and I guess this is like me, like all males, we do not go to doctors very often.

**Unknown female:** You are having too good a time at that age. You do not have a health problem.

**Mr HAYNES:** That is right. So how you actually engage that group to say this substance abuse is bad for you because this is the outcome, or

**Madam CHAIR:** There is a strong sense of denial amongst our men and that denial has to change. I mean I see it with my own mob, the Tiwis. Men who stand up and say we are crowded with welfare, we have got this and that. There is a real denial in terms of the alcohol abuse and assaults and everything else that is happening. We can not change that. I mean government, and look I have stood up in front of my own men on the Tiwi Islands and said, government can not change this, government can not change the fact that it is our men that have to stand up and stop denying that there is a problem, and they have to do it. Take control. I mean men's health is not just about sitting down with a doctor or going to see a doctor when your STD that you have got is that bad, I know I have seen some terrible STD's and I know there have been men who leave it until the STD is quite prominent and they will not go and see a doctor. So that denial factor amongst our men has to stop happening.

**Mr HAYNES:** I think what is important for governments too though, is that what has happened is that even though school attendance is atrocious in most Aboriginal communities. I was at Port Keats recently. There were hundreds of kids not at school during the day, I mean hundreds.

**Madam CHAIR:** Not at school?

**Mr HAYNES:** Not at school, hundreds, and what is the education department's role in regards to, as part of their curriculum, even if it is only 30% of the kids there in regards to risk behaviours. It seems to be devoid of life style education. It is a bit late when someone is 40. Now 8, 9, 10, these are kids in homes watching the bag being beaten out of their mothers. You know, they see it. They see their brothers doing bucket bongs all day, every day, and where is the commitment from the education department, it is not a government issue as such, but where is the brains trust in the education department to have as part of the curriculum, not only in Aboriginal schools but non-Aboriginal about

lifestyles. It is not about the DARE program being in or out school, it is the lifestyles. It has to be there.

**Madam CHAIR:** Well that is certainly the challenge that I have to pick up on in terms of education, employment and training. It is a huge task and it is something that government certainly has to look at and turn around because it is about education. I think it is about looking at changing the system so that it can start looking and address these things. I think, for too long, there has not only been a denial amongst our mob, but I think there has been a denial within governments at all levels and the problem has just not been addressed. Not just with our current government but I think past governments there has been a denial and at some stage you have to bite the bullet. That is certainly a challenge that has to start happening. Mick.

**Mr PEIRCE:** Marion, before we walked back in you were talking about solutions and remedies, and we have been talking about all this sort of stuff for five or six years and I am just about sick of it, but I just want to say a couple of things, alright?

In regard to solutions and at the governments end of it. One, despite what people tell you about liquor restrictions, they do not work from what I see of it. I hazard a guess to say this to you, say we brought in uniform liquor laws across the Northern Territory, which shut down the pubs on Thursday and Sunday for example. That severely impacted on a particular group or several groups in the cohort of drinkers. What I would say to you is the people on the sunrise side of me would cross the Queensland border and the people on the sunset side would move across to WA, if there laws were different. What we have is that situation happening in the Territory now, when we talked about liquor restrictions in Tennant Creek earlier and we talked about liquor restrictions in Katherine. Before those liquor restrictions come on I said to people about Tennant Creek, look, the two studies are fundamentally flawed. I pointed out one section of it earlier, about the graph. I think the Mayor talks about, the police talked about it.

Again the same thing, there are two things happening when they talk about the success of Phase One of the Liquor Restrictions, the coming down hard on it and how all of a sudden things changed. There is absolutely no doubt, historically, research wise that the rat will find his way to the cheese. There is no doubt about it. Nobody with half a brain in their head can stand up and argue that that will not happen. Now, it seems to me that solutions are like I was talking about earlier, but more pointedly now. From the government's perspective it needs to do this. It needs to totally review the liquor licensing laws right across the breadth of the Territory and come to a completely different policy to what they have now. Instead of liquor licenses being driven by what people want to do to make money, where they want those liquor licenses, they should be driven by need for a liquor license. Why is a liquor license needed? That means all existing licenses, because we all agree that alcohol is the major problem. I will throw you something else a little bit scarier about ganja in a minute too, as a solution or a partial solution, there is no one.

But I come from Northern New South Wales. I spent a lot of time in a small town where there were two hotels, four clubs and no other liquor outlets until the late 70's when people were allowed to open bottle shops, independent of hotels. Now the whole fact that there is only two hotels in a town of 3 000 which predicated on the fact that the New South Wales government had a policy that so many liquor license or hotel type establishment were issued per head of population, end of story. There could not be three pubs until the population grew for example to 4 500 in that community. The clubs had all the restrictions they still have on them where you have to be a member, sign in, there is a dress code, there is a standard applied. Now the problem was bottle shops in the late 70's. Bottle shops could just sell straight out the door on the main street to anybody, and within a period of time, with no dress codes, no standards, nothing, they could push the problems that they created from the sale of alcohol straight out the door, no responsibility thank you very much. Lovely little income spinner, as soon as I buy I will see if I can buy two or three.

Now the Territory is, to my way of thinking and I know a lot of other people because this conversation has ensued for a long, long time. There are far too many liquor licenses in the Northern Territory and a lot of them are not required. But, take heed of what I said before, prohibition has never worked in the history of mankind and it never will. The second thing I say about that with the government now with the various restrictions and the different types ostensibly to suit the needs of certain communities. Go back to Tennant Creek, one of the things at the bottom of the Tennant Creek

report was they heard reports that people had left Tennant Creek in that hard time in the first six months of the trial and had gone to Ali Curung and they had gone to Wauchope and they had gone to what ever the next little place up the road, but it was never ever checked out and evaluated. So people moved 'the rat moved to get to the cheese', and that is why the study was fundamentally flawed. The same thing happened in Katherine right. Just what the Mayor said just backed it up. The first six weeks thought wow, isn't this great. It was not great at all, it was just disguising things for a short period of time because the 'rat will get to the cheese'. It was not the fact that the liquor restrictions became less in the second six months. The need is there for alcohol, ganja or whatever it is, people have to have it once they are addicted to it. So everything that happens in a time frame here and a time frame there is immaterial. I is rubbish, it does not count, because eventually the outcome will be people will get what they want.

Now, it is a market situation and other people will supply it. Nobody was checking around outside the periphery of the main street in Katherine to find out where people were buying from the sly groggers and where they were going to drink. I came down here one day and I spent three hours with a big chart explaining to the Liquor Commission where all the drinkers were in Katherine. Where the drinking camps were, who was drinking in the drinking camps, why those particular groups were made up of the people they were made up. The dynamics of it, how it changed when a certain incident occurred, that this group sort of broke up and became another group. The thing was just an on-going dynamic, and all you could do was just get a handle on it in a five minute period. In the next five minute period it was something else. This was to do with talking about where drinking areas needed to be, because as we know with the liquor outlets in town, the two hotels, a lot of people, if there is one group in the particular pub, in the back bar or the front bar of it, other groups will not go in there, and the same in the other hotel. The time of day people go to Woolworths, and who is watching to see when they have got their grog and gone and then they go in. All the dynamics and the social mores in relation to the different groups. So, it is very difficult thing to understand.

Now the government unfortunately has a vested interest in alcohol, whether the government is the present opposition or the present government. We all face the same problem. Now, you derive a huge amount of your revenue from the excise on alcohol. You have a vested interest in maintaining the status quo, and so does the medical area, the hospitals and the sobering up shelters and everything. What I am saying to you is quite unpalatable to a lot of people who were horrified when I said it. A lot of people's livelihood depends on this continuing and they keep it going. I do not mean to be nasty about this, it is fact. It is an absolute fact. That is why we have got all the little organisations. We were talking outside about this lack of coordination . One, you have predominantly white fellows trying to do something about alcohol and the other side you have predominantly black fellows or black fellow organisations, and never the twain shall meet. Not in the foreseeable future. You have the imperative because you had different funding. The church groups are funding money through a certain segment of dealing with alcohol and substance abuse. The government Northern Territory funding it in, the government Commonwealth is funding it in. All in different guidelines, all in different accountabilities, so this forces this lack of coordination. I can do this but I can not do that, and I can not operate with you, and I can not sling some of my dollars and resources across to you. The other thing that drives the problem is this. A lot of these organisations are small. Nobody today funds positions too much. Look at what ATSIC did to all the corporations when it removed funding that funded the Secretariats. It was only those that had a private income stream or they had critical mass because they were usually urban based. They had access to all the different programs and they had the resources in the town. If they did not have them in their organisation where you get, which is an absolute profession in its own right, submission writers. You write the submissions inside the guidelines, use all the little words they want to hear, you get the loot. You do not get the loot because you need it, you get the loot because you know how to get it. A whole heap of organisations do not have sufficient secretariats to be able to run what they are supposed to do. So, all the little groups are having this problem. To get critical mass they go out and grab things in which they do not have expertise. They put in bids for this and bids for that to get the critical mass together so that they can deal with their main problem because they are under funded.

So at government level, Commonwealth and the Territory need to get their heads together about it and have the same sort of approach to problems. We need to talk about it , I mean we are talking about it for a million years, but we need to talk about it in a holistic way where everybody that is involved in the delivery of services is talking to the people who need the services and are talking to one another and they are all going in the same direction with the same funding parameters, the same accountability

parameters and so on, and the accountability should be minimised. I mean accountability is just standard out in the wider community. There are certain rules about finances and how you handle money and there is already practices and some of those auditing practices are not very good. That needs to be tightened up. A lot of things just get a blind eye turned to them, but the same sort of accountability that a company has on it. That is all you need, instead of trying to jam more and more accountability on it because you need more and more resources to service the accountability.

You need to look at the outcomes and have measuring tools to say what people are saying they set out to achieve that they actually achieve. You need to have the funding horizons long. It is a lame and poor excuse to say that you can not do it. There is plenty of money in what you take out of alcohol. Remember my little address about tobacco to the ALP conference when they wanted to shut down where you could go in casinos and hotels and nightclubs and have a smoke. I said hey, I am a smoker and I vote. This is right, this is a substance abuse thing too, so I am just digressing with something I said there to make a point. You take my money, you take 85% of everything I spend on tobacco and yet you are going to deny me where I can go and have a smoke. I do not think so, I am going to get very cranky about that. When I inevitably contract cancer from smoking you are going to deny me a bed in the hospital because I have been a naughty boy. Hey, I own the hospital. Me and the rest of the smokers contribute more taxes than any one else in the community. This is a fact, and it impacts elsewhere too. Like, at the minute you are busily raising revenue and the previous government before you were slowly encroaching on the unlimited speed limit that the Northern Territory boasts about. I used to be able to go from Katherine to Darwin in 1hour 57, now it takes 2 ½ hours to go to Darwin because of all these speed restrictions. You are happy to take my money in huge amounts, I mean what did Sunday's paper say, there have been 667 000 people pulled up in motor vehicles and checked for vehicle offences and breathalysed in the last 12 months by the police.

That is every person in the Northern Territory has been pulled up 3 times in the last 12 months, in the search for revenue for government. But how much of this money goes back to addressing the problems that we have of why I speed up to Darwin, why I get frustrated because I am behind road trains, because you don't have any passing lanes where you need them in a lot of places. A bit better than it was ten years ago. With cigarettes, you want to take my money but you don't want to give me anything. In fact you will exclude me from certain environments. With alcohol, you are taking more money from alcohol, huge amounts of alcohol, that is sold throughout the Territory, higher than anywhere else in Australia per capita, but you don't put it back. You put some of it back but you take the rest of it in your consolidated revenue. Now I suggest to you that you need to look for other places to get money, and I know it is difficult for all of the State governments because of this stupid system that we have, how states get funded and they don't have a tax base. But you need to look at other ways to raise revenue from all the public so that everybody gets an even chance, and if you are going to tax things like alcohol, tobacco, and I will throw another one here in a minute, and the motorists, to get your revenue base, then you are really being dishonest by not putting it back into where you are taking it from. So there is a big bin of money.

Now, with the substance abuse, and the other things outside alcohol, we are allowing a whole heap of people to make squillions of dollars out of all the illicit substances. They are going out there, they are not contributing to the revenue, they are having major impacts on communities, there is a whole lot of people whose lifestyle is very nice, thank you very much, in this town and in lots of other towns in the Territory and across Australia, built on the fact that they get non-taxable income from selling drugs. Now, what I am suggesting to you, it would be a very brave government, but it needs to come out and do it. Why don't you legalise the stuff? Because then you remove the crime, there is no reason for me to bust into someone's house to get a TV and to go and sell it and feed my habit. Remember the rat and the cheese. I will get it, no matter what.

**Ms CARTER:** Are you talking about decriminalising all drugs

**Ms CARTER:** Are you talking about legalising cannabis?

**Mr PEIRCE:** I am talking about legalising the lot of them and I am talking about it this way. We have kidded ourselves for years, and all the billions of dollars, in the USA and Britain and everywhere else around the world and in this country, that we have made some inroads into illicit drugs. We have got nowhere. But if you legalise something, then you can control it. You can also gain revenue from it, in which you can put back into the treatment of the symptom that it is caused by. You can also

identify those people in the cohort that are about to go into the cycle, and you can identify and get to them before they are actually locked in and addicted to the drug. You can also feed them good stuff that is not cut with all the garbage that kills them and puts them in your hospitals where you then have to spend more money.

On the medical side of things, where I said earlier, the 55% of beds or whatever it was, I think it was a study in about 1994, that talked about those beds in hospitals being taken up by people who are suffering from some form of alcohol abuse. We need to really look at the way that we provide services in hospitals. I have heard people say for years, prevention is better than cure. Alright, we spend humungous amounts of money on the problem once it has occurred, but bugger all on the problem before it occurs. You can get education, you are getting people early in the cycle and trying to help them straighten up their lives.. There are all sorts of reasons why we get on this stuff, and we all know that. But I think it requires a major change in thinking. If we go away and look at every little piece of the successful bits of the living with alcohol program, the successful bits of this problem, all we do is maintain the same basic system; we are just sticking on more bandaids, or we are just trying to push some successful programs out. I reckon we really need to have a big rethink about the whole thing.

Last but not least in that area, what I was talking about before, with the destabilising these communities. Most Aboriginal people from the bush do not want to be in Katherine and away from their families, but they come here because there are things that they can't get out in those communities; too many things. If you go back and look at the education side in the learning Burke study, that is to say that 20 years ago, Aboriginal employment - if one parent in an Aboriginal family had a job, the chances of their kid finishing year 10 or finishing even year 12 went up expediently. If both parents had a job, the chances of the kid going through and finishing year 10 or finishing year 12, went up almost to the 100% mark. People who are employed and who have activities and something to do, the old story, idle minds are dangerous. They have less time to be getting involved in other things if they have an ordered, scheduled life. There is a time for this and a time for that, and not a time for drinking alcohol in the middle of the day when you are supposed to be working. That impact, the stability of those communities so that they are not falling over. If local governments got up and stabilised those communities, that would make huge inroads. But it has to be maintained and it has to be improved on all the time. Sport and recreation so the kids have got something to do. Some communities have got sport and recreation officers, other communities have not.

We are just doing a Katherine, masterplan at the moment, across the region. Guess what, in the original masterplan that was done back in 1998, it identified the big communities in the region. None of them were Aboriginal. Yet Aboriginal communities in the region, populations surpass what we supposed to be the regional centres. So I mean we have got to get fair dinkum about looking at all our people, and making sure that the funding is right, but that the funding is long term, and that those who do and succeed are rewarded and those who don't are not. For too many years, the funding goes to submission writers, funding went to people who had the means to get to the funding pie through all sorts of ways; but it was not on the basis of assessed need. The criteria needs to be the same right across the board for everybody, and the rules need to be the same across the board for everyone. I will just go back to what I said earlier, lastly; in Katherine, in relation to the alcohol. While ever those little kids can walk around the streets and see what is going on now, the cycle will continue because they learn the pattern.

**Madam CHAIR:** Thank you Mick. Anyone else?

**Ms GOVAN:** I would just like to support what Mick is saying, because certainly, from our kids' point of view, and even in the school; one thing that is certainly an issue is professional expertise in regards to mental health or counselling. As Bill says we have got social workers in this town, counsellors who are burning out all the time; they have got nowhere to go to take the workload off their chests, so they carry that. It affects their families, and they are not just dealing with these small time drugs around the street, they are dealing with cases such as sodomy, sexual abuse, mental health, suicides. Carrying a lot of burden. So certainly so far as, I mean these are the organisations that were here before Family Link and things like that, are also suffering the same thing. They are burning out. The professional counsellors are burning out. The need is far greater than what it was here before.

The Women's Crisis Centre; the Aboriginal organisations have talked about what they are doing in regards to the women's resource centres and setting up the Rockhole Rehab, and places like that.

Certainly the Aboriginal organisations are making moves to try to cater for this huge demand, this huge market in Katherine. But what is in Katherine? What is there to support the Women's Crisis Centre? The Women's Crisis Centre in this town is seen as just for black women to go to. Where do the white women go to? Where do the Filipinos go to, where do the other nationalities go to? So there are those hidden little groups too, not getting that support within their town. Their kids are going through the same things as what they are. Seeing how Australian men smash things and are belting their kids. They are far more isolated than what we are. At least we have got family and friends that we can go to. So it is that type of thing.

And while talking about all that, I suppose, certainly our kids, I mean there is not a counsellor in any of the schools; counsellors have said to us, they are just tapping into kids in primary schools who are bullies in the schools. You know, who come from alcoholic parents, who come without a meal for the day. They bludge off other kids or they bully other kids for their food. So our primary school kids are going through that, at that younger age. These things that Mick talked about is feeding into our schools there. Whilst we talk about all these other resources that we are establishing ourselves for families, for other people, but there is certainly nothing in town for youth. Where do our young kids go to talk about their problems? Who do they talk to other than themselves. Kids that are growing up who have been sexually abused, who do they go to talk to? That suicide case, the one that happened not so long ago, and this kid, you would never ever know, had a problem. So there is nothing for the kids in this town, nowhere for them to go, nowhere that they can talk to a counsellor or professional people. And of course you have got the kids who you see now, that they don't have to be accountable to their parents any more, their parents see them as being trouble.

**Mr HAYNES:** Just one last thing in regards to I guess employment or training within the health area. I am a great believer that the CDEP program has just been a total failure. I don't think that it has been a service to Aboriginal people at all. It has just hidden the fact that there are no jobs and there is no commitment to real jobs. When I say real jobs, I recount a story many years ago that happened out at Bulla. I was watching on TV when the army went to Bulla camp to put in infrastructure and sewerage and building some houses out there. Big fanfare, and obviously the sewerage needed being done and the houses needed to be built. A politician, or an army bloke, said, "Yeah, we're going to provide training." So after the three months, they had this wonderful shot of all these really proud Aboriginal men standing up there, they had built the houses, put the sewerage lines in, and they were presented them with these framed little certificates of training. They asked one of the blokes, "what does this mean you can do now?" And he quite naively said, "we are going to build our own houses." What a joke. It was like putting a stamp on the back of a kid's hand because he could spell, he knew the alphabet. What they had done was given false hope.

What was required there was real apprenticeships and ongoing, so Aboriginal people can actually leave their communities forever. It is naive to think that all Aboriginal people will stay in their home town. There are people, who are more educated, who travel, people can't travel because they have got no skill. What is required in training is real apprenticeships that are recognised Australia wide. Where are the plumbers, where are the builders, where are the bricklayers? Not a twelve week program to get trained in bricklaying. They can't do a thing. If you've got CDEP there, oh, everybody is working, picking up paper, sweeping, give me a break. These people cannot get out. So they get into a cycle, they watch the football, and they are huge consumers in modern media. They would love to go to Melbourne to work for a while, or go to Perth, but they can't because they are scared. They can barely read, they can barely write, and if they had been trained, no one would recognise it. They can get jobs in the Aboriginal industry stuff like health worker and other things like that, providing the services, but they can't go out and work. How many Aboriginal people are working on the $50m Mitchell Street project? None, I would imagine. Yet they make up 25% of the population. It is a need for real jobs, and real jobs need real training, real apprenticeships. So you have got people who are builders. Oenpelli, many, many years ago, used to be totally self-sufficient; before self determination. They had their own carpenters; I mean, the church trained them. I imagine it would have been the same on Bathurst Island. Because the church put them through that. They were really trained, they could work around Australia. It is that realness, and not just a stamp on the back of the hand saying that you know your alphabet. It just doesn't work.

**Mr WALLACE:** I am on CDEP program, I work six hours a day as a caretaker. I used to run sport and recreation for the CDEP program. I was working in the shop, I was the manager of that shop on CDEP program. Claims. Now we have a lot of trainees over there. Builders, there is a

horticulturist, working hard and proud of what they are doing. Because they are contributing things for our community, our little community out there. You walk in there and you will find it clean, there is hardly anything (rubbish) in there. I think if you went there you would notice a change. They are proud, they are beautifying the community. I tell you now, straight, that CDEP program was the best thing that ever happened to Aboriginal people. I support it strongly.

**Mr PEIRCE:** We had better keep going up then.

**Mr WALLACE:** Yes. I am 61 years on.

**Madam CHAIR:** In spite of what John was saying, I think CDEP has provided some solutions. But I agree with John in terms some of our mob do want to move. I mean, I get told by some young girls, and boys that they want to get substantial training, they want to be as educated as me. They want access to mainstream and to be able travel and to go. But they are not provided with, they are not getting that access. And sometimes it is convenient for people say oh well, and they go on the CDEP program. And there has been a shift in obligations and responsibility from government in terms of where CDEP has been used as a means of putting in these employment and training programs. ATSIC has also made changes with CDEP, where if you are on your books, in one quarter you might be funded for 400 people; if 50 go away to ceremony and in the quarterly report that you have got is showing 350, the next quarter will only be funded on the 350, not on the 400. Is that right?

**Mr PEIRCE:** That is changing with the regionalisation of CDEP. It is portable when you move around from one community to another within a region. But if you jump out of here and go to Darwin, and they can't track you, that is a problem. It has improved but it needs to improve more so that you don't - see, one of the problems with the alcohol; say, you move from Kalkaringi to Katherine. You can't get CDEP. Because if you move from Kalkaringi to Dagaragu is probably not a problem, I don't know, I am just using it as an example but I do not know of a specific one. But if you move to Katherine, you can't say, get cut off from the income stream. So then you go and jump on top of everybody else to get money.

I think it is changing in Nyirranggulungg, with the CDEP which has come over from Nhulawar to all the communities, and I believe there are 167 places at the moment and there will probably be 40 added from Uinola and another 40 added from Nagalwa CDEP. So it will be over 200. Anywhere in the Nyirranggulungg region you will be able to move with the CDEP, but once you move out of it you will lose it. So one of the things that we are doing as it goes to Nyirranggulungg where it becomes a new CDEP and attracts an establishment fee, we are getting a consultant in under a lot of direction from everybody in the community, who sits on the Nyirranggulungg steering committee. We are going to suggest major changes to ATSIC about CDEP, and major changes to Centrelink about how people get money. I don't know if we will get anywhere or not. Along the lines of what was talked about earlier here, it is not only in Katherine that people are holding pin numbers and cards. They are holding them in the communities,.

So we are looking at all sorts of ways where we can make sure the money gets to where it is supposed to go. You know, the kid money and all that sort of stuff. It is separate to the CDEP but allied to, you know, that the kid money actually gets to the women, and doesn't get to her to do alcohol or for whatever else. We are looking at that very seriously and ask government agencies to make some changes or run a pilot and see whether our ideas about it are effective. With the education, that was raised by the gentleman here too, was a very big issue that has been missed by education people everywhere. The response time, for what is called the rapid response money from DEET, is a joke. It has always been a joke. If that is rapid response I would hate to see a slow response. That is to get money for training. When there is money in the community say, for a housing program, you can access the training program if the service providers are available, but you need the rapid response money to kick start it, implement the program to do the training so that people can actually go and do the work or the road construction work or whatever it is. And never, or rarely does the rapid response money or the money for training correspond for the starting time of the project. The people are in total ignorance of this. So those two things don't come together and they should, it should be very easy. It just needs a little bit more coordination.

The other problem is that there are no good entering Aboriginal kids, particularly males, for training at 18 years of age or 16 years of age. It is too late. There are a lot of people saying this out in the main

community too. The apprenticeship system needs to go back to where it was in the old days, when as soon as those kids are ready to get out of school. They are ready to get out of school, they have had enough of school because school has gone too far this way towards university, and they miss out, they can't cope, they don't have the literacy and numeracy skills, the higher level ones; or even in year 10. They should be out, like in the old days like they were able to, at 13 and 14, when a lot of the Aboriginal people in particular are little men at that age; because of the lifestyle in that community, because of where they are, we should be able to take them and get funding for them to go into training at that age.

I mean, it is not that many years ago, it is only the 70s, before the massive shift in education towards the higher end; we totally forgot about the bottom end; that we had, all the manual subjects were taught, you know, the manual arts, as we used to call them, metal work, all these sorts of basic life skills. I call them skills that fathers used to pass on to their sons. How to mix a bit of concrete, how to fix a back fence, how to repair the car and all these sorts of things. Those skills need to be accessible much earlier. Lots of Aboriginal kids are beyond sitting in school now as teenagers; because they didn't get anything in primary school, they weren't there in primary school. You are not going to be able to educate them in the mainstream sense of education, as opposed to training, because they have missed out.

So why keep them in school, trying to pursue the same things, when their maturity and their life vision is well beyond sitting in a classroom doing year five work. You are just beating yourself over the head with the same old baseball bat. If the kids get out and they go to people who have a higher level of skills, they might not be wonderful, they might not be tradesmen, but they have got a higher level of skills. It is the old system of the master and his apprentice. It will teach the kids some skills. At the minute, they have got no skills. So we don't need to get hung up on the mainstream education system because it is not serving the need. The mainstream education system is meant to serve the needs of the middle class. These people are not middle class. They have different values. And just one last thing. It will be hard to shift a lot of bureaucrats and a lot of politicians to that, but it really does need to happen, because these people have been cut out. You are not the right age, you haven't got the right educational qualifications, just to even go to the next bit of training, so you get nothing.

**Mr ILES:** Bill from Rockhole, Kalano. I just disagree with what he was saying about CDEP; he was saying too. I have got three CDEP workers out at Rockhole Rehab, studying through, studying through the new apprenticeship scheme through NT university, and that is the accredited studies that they are doing. So really, when they leave Rockhole with their Certificate 2 or 3 in Community Services AOD they can do it in locations over Australia. Kalano is providing horticulture training, certificates 1, 2 and 3; that is mainstream, so that is accredited training. Really if the building, the apprenticeships for building programs they are running is all accredited training.

**Madam CHAIR:** I would not mind having a look at the Kalano one. I heard on the radio not long ago, I am not sure who was being interviewed but certainly, the Kalano CDEP there is some recognition that it is providing and getting those the apprentices and people getting mainstream training.

In lot of the communities though , I think what John was saying, is people are not having that same opportunity as you are having in Katherine. It is just being used as meaningless….

**Mr MORONEY:** When you say CDER The type of CDEP. When you say CDEP, it is all CDEP programs.

**Ms HILLEN:** I guess, the fact is that there is no economic base in any of these communities. They are living on money that is poured in by different agencies. What Mick is doing at Jawoyn is coming up with industry for, on Aboriginal land, that will create real jobs. But CDEP is a great training ground, a great employment ground but it is not a real job.

**Mr MORONEY:** Everyone has the idea that CDEP is mowing the grass, cleaning the office and painting the houses. Well, my opinion of CDEP is not like that. If you come to work at Rockhole Rehabilitation Centre on CDEP, you will do training. You know, we must be trained, we have got to train our people for the mainstream, that we have been.

**Madam CHAIR:** That's what I am saying. Kalano has done it differently in terms of its CDEP. It has been a platform, but there are communities where it is falling down. When Mick was talking about that economic base….

**Mr PEIRCE:** Now, what the gentleman is saying here, is quite true. CDEP is absolutely useless in some places outside where you haven't got the resources; but here because they are in town and the resources are here, okay, and so there is more economy here. It is pretty simple to figure out. But it is now well beyond time to move from that up the scale. What we are talking about in Nyirranggulung, as an example, and one of the things that the amalgamation of our government is doing, it's because for example, we have got, Uinol at that end, you have got Burunga, at this end, all with different pans of money. If you pool them all together into Nyirranggulung, you have got just under $3m in one organisation. So it means for the first time, as this happens early in the new year, it is in trial now, the central finances are there, so the finances are controlled centrally. There is much more control and accountability, and reporting is happening on time. It stops the communities from falling over, and we think we have just about shut all the doors on corruption, through the constitution and through the way we are handling the finances.

So if we have got that right, then what happens now is that the amalgamation of all that money allows us, for example, to do the roads. Because instead of having $20 000, to be able to go from here to the wall and only employ with CDEP. We will now be able to do for example the Manyallaluk road the 35 km from the Central Arnhem Highway to the Manyallaluk community, that is a priority of Nyirranggulung next year. They will allocate the million dollars that is required and that road, for the first time will get done. Down at Uimol end, because of Nyirranggulung, they have now had their community numbers counted and their area counted for the grants commission. So they have got a big grader there. They now will be able to do a whole road, instead of a little bit of it and fiddling at the fringes. Following that is the employment, they can sustain a road crew, in greater Nyirranggulung, they will be able to sustain a full time road crew. There will be a few dollars there. So you can go from CDEP, train to operate the plant, to a full time job, and it is not dependent upon short term funding. It is dependent upon the fact that Nyirranggulung has critical mass.

Adjacent to that, what Jawoyn is doing on the land , they have identified two major projects that have potential. I mean, they have got to be proved yet, but they look right. That will create enterprise within a large area for a lot of people. One of them in particular, or both of them eventually, will create vertical integration. So you are going from a primary resource, one place, cattle buffalo the other place, forestry; to processing, slaughterhouse, harvesting trees etc. and processing. Manufacture, packing, of meat; sale of meat to communities. So all along the line, you are creating real jobs that are sustainable on the basis of primary enterprise. Initially, allied to CDEP, and then moving into it as people require it. This can be done in any community, once you have identified the resource that exists around it. That is without tourism, without minerals, that is without other things, just looking at the agricultural side of it. Also, because this is fundamental to all our problems, looking at substance abuse. Years and years ago, Aboriginal communities and Aboriginal places on stations grew a large percentage of their own food supply. For years, it has not happened. It is able to be done. It is very simple. It doesn't do the whole lot, provide the whole lot of the food supply required, but it certainly a big important place. It can be done in CDEP where it is not commercially viable. But in the bigger communities, just the substitution of food from importing it by growing it on the community can be done to create a crop. They are the things in the big picture about substance abuse and a lot of other things that need to be looked at and transferred to other communities.

**Madam CHAIR:** Thank you very much. I don't think there are any more questions.