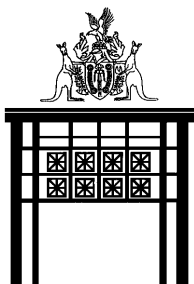


LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

Select Committee on Substance Abuse in the Community

TRANSCRIPTS
PUBLIC HEARINGS & OFFICIAL BRIEFINGS

Volume 1: 6 March 2003 – 29 July 2003



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MEMBERS OF THE COMMITTEE

Membership of the Committee:

Ms Marion Scrymgour, MLA (Chairperson)

Ms Susan Carter, MLA

Mr Len Kiely, MLA

Dr Richard Lim, MLA (discharged 25 November 2003)

Mr Peter Maley, MLA (appointed 25 November 2003)

Mr Elliot McAdam, MLA

Mr Gerry Wood, MLA

Committee Secretariat:

Secretary : Ms Pat Hancock

Administrative/Research Assistant: Ms Liz McFarlane

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TRANSCRIPT NO. 1

PUBLIC MEETING, DARWIN

6 March 2003

PRESENT:

Committee: Ms Marion Scrymgour, MLA (Chair)
Ms Susan Carter, MLA
Mr Len Kiely, MLA
Dr Richard Lim, MLA
Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Attended by: WITNESSESS
Mr Leon Morris, Coordinator 'Itinerants Project'
Mr Kelvin Costello, Co-ordinator Larrakia Nation & Co-Chair
'Itinerants Project'
His Worship the Lord Mayor, Mr Peter Adamson
Ms Dianna Leeder, Director, Community Services, Darwin City
Council
Mr Robert Parker, Chairman, Esplanade Action Group
Dr Shirley Hendy, Asst Secretary THS
Mr Alistair McLay, Alcohol & Other Drugs Unit, Dept Health &
Community Services
Mr Xavier Demarchelier, Alcohol & Other Drugs Unit, Dept
Health & Community Services
Ms Jane Lawton, Manager, Mission Australia
Ms Margaret Barton, Aboriginal Hostels
Mrs Irene Pantazis, Parap Traders Association
Mr Ross Webster, Director, Drug and Alcohol Services, Salvation
Army
Mr Bernie Valadian, Manager, Aboriginal Development
Foundation
Mr Geoff Jones, Auditor, Aboriginal Development Foundation
A/Commander Greg Dowd, Northern Territory Police
Snr Constable Scott Mitchell, Northern Territory Police

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Madam CHAIR: Good morning, I declare open this public meeting of the Select Committee on Substance Abuse in the Community and welcome all participants appearing before the committee today to brief it on its terms of reference. The 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 wish any part of your evidence to be in camera. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to the committee is protected by parliamentary privilege and, for the purposes of the *Hansard* record, I ask that you state your full name and the capacity in which you appear today the first time that

you speak and thereafter. Simply state your name to assist the recording and transcribing staff. All comments, if at all possible, should be directed through the chair.

Before we get started this morning I need to record a few apologies. I acknowledge the apologies of one of our fellow committee members, Mr Elliot McAdam, who is the member for Barkly. The following people are also unavailable and send their apologies: Her Worship the Mayor of Palmerston, Mrs Annette Burke; Darwin City Council Alderman, Mrs Robyn Burridge; Ms Stella Simmering, Coordinator, Long Grass Association; Miss Lynn Jones, Site Manager, and Mr Mick Moloney of ANSTI; Mr Eddie Cubillo, Chairperson of the Yilli Rreung Regional Council; and, Dr Anthony Maroulis, Chairman of the Mitchell Street Residents Association.

I ask that all presenters who are going to make presentations to the committee, if they would take a seat up the front here at the table. I call on Mr Kelvin Costello from the Larrakia Nationan Aboriginal Corporation, along with Leon Morris.

Mr COSTELLO: Good morning, Madam Chair, good morning, committee members. My name is Kelvin Costello. I am the coordinator of the Larrakia Nation Aboriginal Corporation. The presentation this morning will be with Mr Leon Morris, who is the Itinerants Project Coordinator.

Mr MORRIS: Good morning, Chair and committee. My name is Leon Morris. I am the Project Coordinator for the Itinerants Project in Darwin and Palmerston. I am a member of the Northern Territory Department of Community Development, Sport and Cultural Affairs, and my position is out-posted to the Larakia Nation. It is very important that I am sitting here today with the Larrakia Nation, because their role in the project is fundamental to how we are developing the strategies within the project. I would also like to advise the committee that I have had informal conversations with Mr Eddie Cubillo, the Yilli Rreung Regional Council Chair, who is happy for our views to represent those of ATSIC, given ATSIC's role within the Project Management Committee for the Itinerants Project. If it is okay with the committee, I will work through a Power Point presentation.

I will provide a brief background to the project. It relates to concerns about the large number of indigenous people from remote communities living an itinerant lifestyle in the Darwin and Palmerston area. This, as we all know, goes back many years. The concerns are twofold. The first is about the alcohol use and the health and wellbeing, social behaviour of the itinerant group themselves; and the second concern is about the effect of this group's behaviour on both themselves and the lives of relatives and acquaintances who reside in Darwin.

The actual process of responding to these concerns happened in a number of ways, but the itinerants project itself really was kick-started at a workshop in August 2000, when the Northern Territory government and ATSIC combined to pull together a stakeholders' workshop at Health House. Out of that project was a recommendation from those stakeholders, that there should be an action-based research project to provide more detailed information and recommend recommendations in the area, and the establishment of a project management committee was also recommended at that workshop. I will turn to the project management committee in a moment.

The consultant was commissioned and his report took the best part of 2001 to research, compile and it was finally presented to the project management committee and accepted in November 2001. That report is entitled, 'The Long Grassers: A Strategic Report on Indigenous Itinerants in the Darwin and Palmerston Area', and four working parties were convened to provide specialist advice to the project management committee which was recommended should stay on. Those four working parties have been slightly modified from the original research proposal. They are now an accommodation working party, an alcohol and patrolling working party, an educational and regional working party, and a data collection and research working party.

Up there at the moment is the current project management committee for the project. Its significance is probably the large range of organisations and interests that are represented there. It is unique in its character, certainly in Darwin in this respect, and represented there include the Larrakia Nation, ATSIC, the Northern Land Council and the North Australian Aboriginal Legal Aid Service and AMSANT, as peak Aboriginal organisations, and two departments of the Northern Territory government, the Commonwealth Department of Family and Community Services and Darwin City Council are also represented. I can advise the committee that the project management committee has also sent an invitation to Palmerston City Council to join the project management committee.

On the screen now is a list of organisations from the alcohol and patrolling working party that have either been involved, invited or in some way or another committed their support to the project. If we move on quickly, the next slide is the education and regional working party, following that the accommodation working party, and then the data collection and research working party. Again, the importance of showing you these slides is to give you an idea of the wide range of community interest and support that are involved in the project.

In response to the researcher's report, and throughout the process of that action report, the project management committee spelt out a series of defining principles which would be the basis and underpin the project. They are, firstly, that the project was going to take a proactive, not a punitive approach. Former approaches, best characterised by the statement, 'Stomp on them and move them on', have been rejected as not working and the idea was to take a much more positive and proactive, responsible approach.

The second defining principle is the protection of a range of interests. That includes the rights of the itinerant group to access services to which they have a right within the Darwin and Palmerston area; the rights of itinerants to access urban areas. In other words, from the very start, the project management committee did not see this project as a means of making Aboriginal people disappear from public spaces. And, thirdly, the rights of the public to avoid antisocial behaviour. In other words, no member of the public, whether Aboriginal or non-Aboriginal, should have to put up with behaviour which is unacceptable. Within the project, the role of Aboriginal law was regarded as crucial, and I will return to that when I pass over to my colleague, Mr Costello. The underlying rationale for all of the strategies will be to provide pathways out of the itinerant lifestyle, towards either a return to the home community, or a more productive lifestyle in town, which could include appropriate accommodation. I pass now to Mr Costello.

Mr COSTELLO: Madam Chair and committee members. My name is Kelvin Costello. I represent the Larrakia Nation Aboriginal Corporation. In terms of the defining principles, the role of Aboriginal law, the Larrakia Nation, even prior to the joint funding project by the NT government and ATSIC, commenced work on a public behaviour program under the old Safe, which was the wine cask levy funding process. Larrakia Nation members were very conscious of the role that traditional owners should play within their land area, particularly in terms of the other indigenous people who travel through or live on their country.

There is a series of protocols that have been developed, which you can barely see on the bottom of that, I will just go through some of them. These protocols were developed by the Larrakia Nation and other Larrakia people, and endorsed by the project management committee to this committee. Larrakia people have always welcomed people on to their land throughout the long struggle for the recognition of their land. The Larrakias, as members would certainly know, had the longest running land rights claim under the Aboriginal Land Rights Act. That claim was lodged back in 1977. The recommendation for grant by the then Land Commissioner, Justice Gray, recommended that a subgroup of the Larrakia, the Tommy Lyons group, be acknowledged as the traditional owners of the greater Cox Peninsula area, the Kenbi land claim, with recognition of all other Larrakia people as well. The Larrakia have also been very successful in terms of negotiations with the previous and current government in relation to native title claims. The Larrakia see their role as a role of assisting indigenous people who travel through their

country with opportunities such as training and employment, and also representing their interests on a number of other roles, boards and committees.

Aboriginal law requires respect for the cultural authority and the traditional owners. The Larrakia people have historically welcomed people from Port Keats area, the Tiwi from the Tiwi Islands, the Bininj from Oenpelli/Maningrida, the Yolgnu from East Arnhem and the Anindilyakwa language group from the Groote Eylandt area. The Larrakia people speak for Larrakia country, other traditional owners speak for their traditional country. There are community government councils throughout the Northern Territory, where traditional owners for that specific area where the community government council and housing have been located, see the same role that the Larrakia do, they are the traditional owners for the country where the established community has been established, and they have rights for that country as well.

Visitors have the right to be treated with respect and understanding. Indigenous people who travel through or live in Darwin have the right to access all services as any individual who lives in Darwin has. All visitors are responsible for their behaviour and should respect the guidance of Larrakia. The Larrakia have set up a number of activities and programs which have an educational base to assist people in terms of the requirement that the Larrakia people expect them to have whilst they are in Darwin. I worked in the Katherine area in the 1990s, and in places such as Lajamanu and Kalkarindji/Daguragu there were, at the community government councils, lists of courtesies that the Arrente people sent through the Central Land Council, expressing that they had concerns with people who travelled through their country as well. So I believe this process has certainly engaged different levels with other indigenous people who represent traditional owners in urban areas. Inappropriate behaviour reflects badly on Larrakia people and we do not accept it, nor do any other traditional owners for any of those other major urban areas.

At the implementation stage in July 2002, Minister Ah Kit announced a \$500 000 commitment to the itinerants project. The project funding allowed for the appointment of an itinerants coordinator, funding for a number of initial projects, such as the proof of identity facility, which is operating at the rear of the Centrelink office at Casuarina. To date, there have been over 500 proof of identity documents that have been processed through that small proof of identity centre. Obviously, the opportunity exists there as well for further research into those individuals who are seeking the proof of identity and also linking them to proactive activities that the PMCR are involved in.

Priority areas in Year One included, obviously, the Information Referral Office, the Larrakia Education Regional Strategy. There is a video and posters that are being developed that will be circulated to indigenous communities within the Northern Territory. The video also will be sent to and accompanied by a delegation of PMC members who identified communities with the Top End and Katherine region, and the video is an opportunity for those communities who have the Brack systems to be accessed at a community level and just not through community government councils or outstation resource councils. It would involve the opportunity for all community members to have access to the video.

Mr MORRIS: I'll just run through the remaining initiatives that were prioritised in Year One by the project management committee and then talk about the new initiatives for this year. The Community Day Patrol was introduced and launched in December last year. Its intention was to provide a different kind of intervention to that which exists with the night patrol, and that is early intervention and assistance with the referral network, to try and avoid any difficulties before they started. That was associated with the additional hours to the sobering up shelter. I'll leave it at that at this stage because I understand that Mission Australia have a presentation a little later this morning and can give you more information and detail about that particular service.

The Information Referral Office run by the Larrakia Nation, as Kelvin has described, has a number of functions but because of the extraordinary take-up on the proof of identification facility, it really has not been able to do anything more than proof of identity since it opened. As Kelvin

advised, we've had over 500 IDs processed within the first two months of operation and, although we're starting to get some repeat IDs being issued, there doesn't at this stage seem to be much of a let up on the demand for that service. So the intention of the office to act as a one stop shop for information and referrals has been put on a hold to a degree while we're working through the proof of ID applications. We expect that there is a natural rate of proof of IDs must tail off and then we'll be able to do some of the other functions which are just as important. What the office has done, is is introduced a range of daytime activities. To this date we have a traditional canoe making project being run at the Larrakia Nation office by two Larrakia gentlemen, and we have a whole range of projects in arts, crafts, music and other small scale training ready to roll out within the next few weeks.

The data collection and research priority grew through the working party structure and the realisation that there was an extraordinary amount of work that hadn't been done and needed to be done. Very quickly, we have commissioned the Northern Territory University Legal Department to do a research project on legal issues surrounding the regulation of behaviour in public places and its relationship to Aboriginal law. We are working closely in association with the CRC for Tropical and Aboriginal Health, to develop a model for in depth discussions which will be a – the first pilot will be done in March with the Yolgnu speaking groups from those communities and we're devising that project in association with women from the Yolgnu research project. We think that this is an extremely important initiative because what it will mean is, we'll be bringing in senior representatives from home communities to talk to their own people in language and there won't be other people present; the interviews will be video-taped, transcribed, and what we're hoping to devise from that is a much more in depth and deeper story as to the issues that surround these people and their concerns, their reasons for being here, why their behaviour is as it is or isn't as it and what it is that's impeding people going home or what services they need in town. We genuinely believe, from the work we've done so far, the only way to get that in depth story is to do that with their senior representatives in their own language. We're very confident of the model that we're going to be setting up will, you know, set some bench marks for research and work the client group. We anticipate that we will have, through this process, on ongoing referral group to evaluate and update us on information and evaluate our initiatives.

We also have, as advised earlier, an alcohol working party and within the alcohol working party we have a group that we call the A Team. The A Team is comprised of alcohol treatment services organisations, and they have prioritised a number of specific issues that they want this project to research. Again, we're working with the CRC for Tropical and Aboriginal Health to design those research projects. The first is in relation to licensing issues and what the research project is intended to demonstrate is what the group knows as reality and that is, that use and problems are linked to availability and the range of issues around availability and licensing will be investigated by that research project, with the intention that the process will go through the whole project management committee and working party structure so that ultimately any recommendations or views on licensing issues will have the endorsement and support of the large range of organisations and groups within this project, so that those kind of recommendations can have some weight when it's finally decided that the material is ready to be made public.

We are also looking at a specific case study approach to chronic and problem abusers and one of the options that's being considered, and hasn't yet been detailed, but it's certainly on the table, is an option for compulsory care, which may be triggered by a number of triggers. Clearly, people going through the criminal justice system is an obvious trigger but there may be other mechanisms that can be developed as well. So this particular research project is being done in association with all the alcohol treatment organisations and as part of that project - if we go to the next slide – we are employing a coordinator with a long history of alcohol treatment organisations in Darwin and Palmerston, to work with a network of service delivery organisers, to assist with that research project but also to develop the networking, which we have found as being a unique feature of this project. The bringing together of these organisations who, historically, for a range of reasons, have tended to operate quite separately, has been a very productive exercise. The

groups themselves have been asking for more efficient and effective means of networking that they've identified. They don't have the resources within their organisations to take on that job, so we've employed somebody acceptable to those groups to do that, and that role will assist in the coordination of effective service delivery and help to identify gaps in service delivery, so that appropriate models, such as the compulsory care model, if people agree a model for that may be introduced.

We also have a range of appropriate accommodation options on the table. I will mention the four models that we are talking about, to save some time. The first is a basic shelter model; the second is a cluster village model; the third is a specific purpose model for renal and other disabilities; and the fourth is an expansion of existing accommodation services, which already do a good job. Some of the new forms of models, or new options for models, of accommodation may fit comfortably within existing accommodation services.

I will now pass back to Mr Costello, to take us through the last three new initiatives for this year.

Mr COSTELLO: Madam Chair, committee members, Kelvin Costello, the Larrakia Nation. Larrakia Host is a project that has been developed with the support of the Larrakia Nation's governing committee and its members and the PMC. The role of the Larrakia Host is to have a presence in major shopping centres and other gathering areas, public areas, such as the Mall, Parap, other areas where, historically, there has been identified. I guess gathering areas or antisocial behaviour has been demonstrated as well by indigenous people. The Larrakia Host will identify Larrakia groups of people, upwards of four or five people, that will spend two to three hours in identified areas, such as shopping centres. There will be displays; there will be interaction between those representatives of the Larrakia Nation talking to indigenous people; talking to the general public as well, about the activities that we have developed in consultation with the PMC, offering the opportunity for indigenous people to participate in some of the proactive activities that have been developed and also linking them into other activities, such as the proposed surveys that will be undertaken by senior representatives from the Yaloo and other Yolgnu Mattha speakers. The promotion of the cultural protocols to the general public and itinerants will also play a major part in terms of the Larrakia Host.

The day facility: the Larrakia Nation has agreed to allow a day facility to be considered on the current bush tucker garden up at the Royal Darwin Hospital. The Larrakia Landcare team have developed a bush tucker garden at the rear of the hospital - which is adjacent to the helipad - over the last three years. We have worked, in terms of developing this, with Greening Australia, and it is an ideal facility to be utilised as a day facility. We have undertaken negotiations with the RDH management and the PMC have agreed to the area being used as a day facility. The opportunities exist there for indigenous people, particularly those who come in with patients or are already living in Darwin, that have people that they visit at the hospital, to participate in proactive activities, such as art and craft. There will be other opportunities, such as if people want to have showers or wash clothes, or even developing some type of training through the Northern Territory University delivering a Certificate 2 in landscape and horticulture if there is interest from people who wish to participate.

To return to the home strategy, the PMC have, through Leon, negotiated with Centrelink and is continuing negotiations with Centrelink, to look at opportunities for people to access Centrelink payments to return to home. Currently, in terms of the proof of identity facility, anyone who requires proof of identity signs a declaration, Centrelink payment form, that allows a deduction to come of their Centrelink payment. Similarly, there are opportunities to undertake a similar process for people who wish to return to their home communities. Consultation with home communities are continuing. There are also opportunities through the ATSIC Regional Council – Leon and I have attended meetings with Miwatj, Regional Council and Jabiru Regional Council, to talk to council members about their involvement and their input into the opportunity to have some of their senior people come to Darwin and talk to their community people as well about returning home.

Madam CHAIR: I'm also conscious of time, but I know that members want to ask some questions.

Mr MORRIS: Well, if I could just refer to the concluding remarks that are on the next slide. They are self-explanatory on their own, I think. If they could be included in the record, because I think it's important, we could move to questions if you like.

Madam CHAIR: Go quickly go through them now and then we'll go straight into questions.

Mr MORRIS: I'll go very quickly through them if that's all right with you, Madam Chair.

Madam CHAIR: Okay.

Mr MORRIS: Years of neglect have created the current crisis that existing services are unavailable to deal with in the short term. We are not going to try and pretend there is not a crises out there, there is. There are more people in town than there has ever been before and we do not have the capacity within our services to deal with those numbers at the moment. The project's response is to look at long term and responsible initiatives through carefully planned research and data collection methods, setting new bench marks for research. Opportunities exist to eliminate duplication and provide better coordination and service delivery from within existing resources and the service delivery organisations are identifying, and have identified, that themselves. There are gaps in services that do exist. These need to be identified quantitatively and qualitatively in coming months and appropriately addressed. An additional resource intensive initiatives will be needed to address gaps in service, because of the nature of the multiple issues that are associated with those people who are falling through gaps in service delivery.

Finally, I would just like to say that the culture of cooperation, which was a principle enunciated by Minister Ah Kit when he launched the project, is one that seems to be working very effectively through the project, and it is through that culture of cooperation that a lot of the improvements in service delivery and the community support for the initiatives that have been developed will be found, and we think this is the reason why the itinerants project, given time and the opportunity, will have major impacts in this area.

Madam CHAIR: Questions.

Ms CARTER: I was wondering how long you would expect it would be before people, basically on the streets here, non-Aboriginal people, non-itinerants, would expect to see some sort of change. Say, for example, in the Mall.

Mr MORRIS: I think there will be a dramatic change in the Mall within the next month or two, when the Darwin Ambassadors kicks in, which is a project that the Larrakia Nation is involved in, because we do know from experience that the cultural intervention of Larrakia is very effective. The Larrakia won't have patrolling or policing roles at all, but their very presence and their ability to talk to people does have a major impact. The other thing I want to say as well is, that there is a major seasonal difference in the patterns of behaviour for this particular group. So there will be a natural change in any case when the wet finishes. So I guess there is – in the same way that no one solution fits all the individuals. Similarly, there are different behavioural patterns and different responses to different times. By the nature of the group that we're working with, there are changes within the structure, in the way the group are acting or operating together, that needs to be addressed on an ongoing basis, which is why we need to establish this ongoing research, that is genuinely participatory, with which they're involved, so that we can start to make those changes.

In short, there will be, maybe, changes this year, but long term changes are not – it's not going to happen – you know, we need a number of years to address the many years of neglect that have not been addressed until this project was introduced.

Mr KIELY: My question revolves around resources and partnerships with government. I didn't pick up – you said that the invite had gone out to Palmerston City Council, but I don't see them on the project management.

Madam CHAIR: I actually put in an apology for them.

Mr KIELY: Oh, right. Well, the question I have for you is, what sort of participation, as far as resources and partnerships with all levels of government, do we get from Darwin City Council, do we get from Palmerston City Council, and I guess LGANT they're probably in there more as an observer. It states that Darwin and Palmerston is a project, but I see that there are a number of committee –but I'm not sure whether they're down there as invites or whether they're actually active participants or whether they do contribute to, the NT government's given over \$500 000 funding, what sort of resources are being applied from the local government level? Also, while you're talking, I notice that local government, especially in the accommodation sub-committee, well, they don't appear to be on the sheet, and I was just wondering why not, given that – you know, I daresay that people, as to the siting of accommodation, for different types of accommodation, are probably well within some council responsibility.

Mr MORRIS: The construction of the working parties, in the same way the whole process works, is consensual, so it's groups who put themselves forward to be on those particular working parties. If there are specific issues that need to be discussed outside of representation and working parties, they happen on an interdepartmental level. In terms of resources, the reality of the project is that the two major funding sources at the moment are the Northern Territory government and ATSIC, and there are a number of discreet grant proposals and proposals for additional funding in other areas that are being canvassed at the moment, but my best explanation to you at this stage is, that I think a number of partners and people involved in the project have been watching the project to see where it develops. We think we've demonstrated that it is an inclusive, constructive approach, and we anticipate that for the next financial year that there will be a number of other partners who will be contributing to it. If you ask specifically about Darwin City Council, Darwin City Council provides a small amount of funding to the night patrol service and provides its own patrolling service. We have to say we've been working very effectively with those groups within Darwin City Council and, notwithstanding some recent statements by members of the Darwin City Council that have been problematic for some of our project management committee, the official position of the Darwin City Council has always been very supportive and the role of the particular departments within the city council has been very effective.

Palmerston City Council, they're not on the list at the moment because at this stage they've only been invited. The invitation included an explanation that partners to the project would be expected to provide resources. Whether they were in kind, expertise and commitment or direct financial resources are just some of the initiatives. They wouldn't have had time, I believe, to have considered the invitation and responded at this stage, but we're hopeful that they'll come on board. I should acknowledge that Mayor Annette Burke has been a regular and strong contributor to a number of the working parties.

Dr LIM: First of all, I congratulate the Itinerants Project. I think it's a really great initiative commenced by the prior government and coming through to this government. The evolution of the process has really been very significant for the Top End, and I would like to see a similar project in Central Australia also. Having said that - my question is addressed to Kelvin – the Larrakia traditional owners have articulated respect for country. Having come to this country myself in the cross-cultural context, I see lots of itinerants coming to this town and that the respect for country is missing. You have explained some of the ways of how the Larrakia people have articulated the needs for respect for country. How is this message being carried back to

where the people are coming from, so that that message of respect for country, not only in Darwin but for their own country? 'You respect your own country. You respect somebody else's country.' How are you managing to get that respect for country message across, so that people in the Top End all share that equally? 'I respect my home. If you want to stay in my home, I will then respect your home', and vice versa.

Mr COSTELLO: I guess, in terms of the question, the Larrakia Nation itself has only been in existence for three years. Prior to that the Larrakia people had no resources whatsoever. We had what was previously called the Larrakia Association. You're right, it has been absolutely difficult for people to come to Darwin, either driving in or flying through to the airport, for Larrakia people to acknowledge them and to talk to them about what we believe they need to know about being in our country. An example I've used previously is, if people were to drive across to Cahill's Crossing and drive into Oenpelli and then on to Arnhem Land and camp somewhere, at some point in time there will be Aboriginal traditional owners who would approach them and say, 'What are you doing here? Who are you?' – if you can stay, this is where you can stay, you can't do this, can't do that', it's impossible, effectively, for us to have done that, historically, particularly when we didn't have the recognition, particularly from the previous government.

In terms of what we're trying to do now, the Larrakia people, through the existence of the Larrakia Nation and the consultations that we have had by that recognition, we have been able to have fairly important roles on a number of committees and organisations. There are a couple that come to mind, in terms of the Darwin Regional CDEP. The Darwin Regional CDEP has over three hundred and twenty people who are currently on the CDEP. I play a role as the secretary of the organisation – we are, firstly, trying to attract more positions. We are certainly identifying that there are a number of indigenous people that travel from remote communities that are on CDEP, that come to Darwin, and they just can't access, particularly, employment opportunities and training opportunities. Through the Larrakia Nation we have had a partnership arrangement with the Batchelor Institute, where we have delivered basic computing courses, basic admin courses, art and craft courses. One computer course we had for three weeks at our old office, we had 20 people attend. Four of them were men in their 20s and early 30s from the One Mile Dam community; the first time they've ever had an opportunity to touch a computer. They were there for four or five days and then they left, but they certainly acknowledged the opportunity to be involved in that training.

We are delivering from our new office accommodation in two weeks, the Certificate 2 and 3 in horticulture and landscaping with the partnership arrangement with the Northern Territory University. We have indigenous people from the Bagot Community and other living areas that have expressed an interest and willingness to participate in that. By talking to people, by developing activities, by interacting – there was an example last week, for example, where the Larrakia are currently in the native title court, there were five or six senior men from the Gunbalanya community in the Jabiru area that attended as part of a closed session, that were effectively – you know, they were asked to come in and support the native title claim – and, certainly, they did – and through that process, of senior people particularly being aware and responding to our request, when we need them to assist us, particularly in terms of the native title. I think it comes down, I think, effectively, to, historically, the resources.

The video that we are developing now, that should be accompanying the representatives from the PMC in June/July this year, is an opportunity that we have to play on the Bracks system, to show people that the Larrakia Nation, the Larrakia people, have been successful in the struggle for recognition by the government. The Kenbi land claim for 22 years. We had an outcome three years ago. It's difficult for people to be acknowledged as traditional owners if the majority, particularly the government, doesn't acknowledge them. We had or will have the Kenbi land claim in a land trust. We are traditional owners in that sense. Arnhem Land people are traditional owners in the sense that they have the Arnhem Land reserve, the Daly River/Port Keats Land Trust, the people from Peppimenarti, Wadeye, all those communities are traditional owners because they have a land trust. We are working through, again, you know, through a short period of time, a number of key issues. We are encouraging people to participate in

training and employment opportunities and we are reminding them that out, you know, in places within their clan groups, homelands or outstations, they expect a level of courtesy when people travel through their country as well.

Dr LIM: Leon, the proof of identity, the proof of identification facility that you have got, and you said that you've had 500 applicants, while it's early days, do you anticipate that there will be a fairly high revolving door situation, where the people that you provide identification, will come back to you for more, because of the lifestyle they have, they'd lose their identification and start all over again and so your workload is not likely to be decreasing at all?

Mr MORRIS: No. We do anticipate repeat presentations but the workload is dramatically less to provide a card once we've done the identification. The identification is extremely stringent. It's more stringent than Centrelink's process. We have authorisation from home community, followed up buy authorisation from births, deaths and marriages. It's a very resource intensive, time consuming process for a number of agencies in town. Somebody coming in and saying, 'I've lost my card. Can you issue me a new one?', is a very easy process, because we already have a database. So it's just a question of pressing a button and out pops the card. So we'd be quite pleased to move to repeat card issuing, because it will reduce the load on the office and allow us to do some of the other work.

If I might, I'd like to add a quick comment to your earlier question, if that's all right, Dr Lim? That is, we have developed a draft communication strategy within the project. It includes trips to the regional communities; it includes representations at a range of regional forums; and we are already finding that senior traditional owners are responding very positively to the initiatives about Larrakia cultural protocols. For example, the work we're doing with Yolgnu women on our research project has already had a major flow-on effect in that people are already talking about the Larrakia cultural protocols back at their home community.

Dr LIM: I wish you all the best in this. I think it's a fantastic project. My final question, if I may, Madam Chairman, you mentioned research into licensing issues. I will be interested to hear from you on what basis you need research into licensing issues. What other parameters you would try to develop your brief around and what discussion have you had with the Licensing Commission itself, in terms of your research?

Mr MORRIS: The Licensing Commissioner, Peter Allen, attended one of the alcohol treatment services groups and we had a frank and lively discussion over some of the issues. The alcohol treatment groups themselves are pretty clear about what the impacts of licensing are on alcohol use. They deal at the end of the chain, so to speak. So they set the parameters up for the research project. The key component of it is the relationship between availability and usage, but it also includes a whole range of specific issues the group wants to look at, such as which outlets are being used? Why? A number of organisations in town have interests in this area and their views on the subject and so on. I would be able to provide the committee with a draft terms of reference. I don't have it on me at the moment.

Dr LIM: One last question, if I may. In terms of the licensing issues still, talking about types of outlets and all that, this morning Mr Allen was on radio being interviewed by Fred McCue as well. There was a discussion between the takeaway outlets versus on premises outlets, and there is quite a large issue to the two groups. One has a very strong element of control by the licensee within their own premises – you know, talking about night clubs and hotels and pubs and all that – versus a takeaway that literally has no control, because once you've got the alcohol in your vehicle, or whatever, in your possession, it's up to you how you deal with it. Are you looking at the two different areas?

Mr MORRIS: The short answer is yes, but I'd also like to point that there major concerns within our group over the licensed premises as well, and a strong push within the project, for example, for training programs, so that all workers and licensees are required to have an

understanding of alcohol and other drugs issues. But, yes, part of the research, we'll be looking at the different forms and styles of licenses and their various impacts.

Mr WOOD: One of the things that concerns me, I mean – I suppose the core problem here is alcoholism, generally speaking, with itinerants and I don't think alcoholism has any racial bounds yet. This project – which I think is a good project – is basically looking at Aboriginal itinerants only, and we know there's more than just Aboriginal itinerants; you only have to look around. Why hasn't this project covered all itinerants and, if it's not funded for that, who is going to pick up, you might say, the non-Aboriginal itinerants, and should that be the case, that you have separate projects and programs to do both?

Mr MORRIS: I would probably respond by saying it's not an indigenous specific project. There has been a major focus on indigenous itinerants for obvious reasons, because there are large numbers in town and they need very specific responses and approaches to deal with that issue, but part of our research, part of our data collection and so on, has been to identify other groups that may be involved and within the treatment parameters, for example, you'll know the group, I think, that you're involved in, ANSTI at Bees Creek. We're working closely with them, to try and assist them to provide additional capacity and so on. I don't think it would be fair to characterise it as an indigenous only project. It would be fair to say that there's been a strong emphasis on indigenous issues, because they need a very specific and new and innovative approach. The relationship between indigenous people in this group and non-indigenous people is clearly critical to the work that we do. For example, the services that we are supporting and the issues we're running don't discriminate between Aboriginal and non-Aboriginal. If there's a non-Aboriginal person who goes into the proof of ID office, we'll assist if we can.

Mr WOOD: I don't know whether you remember a gentleman called John O'Sullivan. He used to be a person who lived in Geranium Street. He was funded by the previous government some years ago. John O'Sullivan has since died. But he used to go around at night and pick up long grass people who were certainly suffering from the effects of alcohol. He would try and take them out the next day to Middle Arm. He would just stay there with them and allow them to go hunting and collect bush tucker there. Have you ever looked at that sort of project? That gave them some peace and quiet, they were away from the hustle and bustle. Have you looked at that sort of approach?

Mr MORRIS: Yes. We've asked for public expressions of interest. They're very specifically the kind of projects we're looking at. We haven't been prescriptive about the day activities. We wanted proposals from the community and the idea to take people out hunting and fishing and so on is definitely one of the proposals that's on the table. But we do need community groups or individuals to put their hands up to help us with those. We've had a lot of very interesting responses and where we think there are gaps – for example, if we can't deliver on the kind of program you're talking about we'll proactively go and seek out people who can help us with that.

Mr WOOD: We'll see if we can keep Middle Arm, so they can do that.

Madam CHAIR: No other members have questions. I have a couple of questions now that most of the members have asked questions. One of them, Leon, and going through this project, which I think is a fantastic project, but it is not going to solve all the problems. Maybe, yourself or Kelvin can answer. Where in this project – you talk about responsibility and I think it's fantastic that the Larrakia are taking responsibility. There is that recognition from government to now implement this program. But where is it in here where the responsibility shifts from governments and other people to the itinerants themselves, in terms of taking responsibility and control of – I mean, the whole issue of accessibility and availability of alcohol, not just in the CBD, but we only have to go out to the northern suburbs and elsewhere, is quite a big issue and something that has to be looked at, but within here, and your various working parties that you've got, is some sort of strategy, in terms of the taking of responsibility for their actions – I mean, you know, for the problems that are happening. That's just one question.

Mr MORRIS: We haven't developed a specific strategy which is defined in the terms that you express, but it's certainly within the thinking of the project management committee and the various initiatives that we're implementing. For example, all of the groups on the project management committee believe that people do need to take responsibility for their actions, they do need to contribute and pay for the services that we are providing. We don't think that providing free services to people is going to solve the problem, because it may just create an open ended policy for these issues. I think, in terms of – for me the most encouraging part of the responsibility taking is the involvement. I go back again to the Yolgnu involvement, which we're seeing as something of a model. They're coming in and saying to us – and, in fact, when we've talked to each of the regional councils, each of them has said, 'We want to take responsibility for our own countrymen', and what they want to take responsibility for is moving people out of what is a destructive and dangerous lifestyle that is costing their family and relatives dearly and costing our own communities dearly, in terms of how they have to deal with the end product of that. They want to take responsibility and assist their people to move to either – well, go back to the original pathways idea of the project, which is either back to the home communities or into a more productive lifestyle, and I think those two pathways sort of underpin – I think, they – you know, they haven't articulated the concept of responsibility as you have – and maybe that's something we should be introducing into our education programs.

Madam CHAIR: Something I was interested in, in reading through this, and maybe if I could just get you to expand a bit, you were saying there's one part of the working party that is looking at compulsory care options. If you could just expand a little bit. Under the Liquor Act there are provisions for prohibition orders, in terms of actual ...

Mr MORRIS: I would have to say the A Team, in its response, from an early day liked the idea of the prohibition orders but tended to accept that they're likely to be unworkable and that putting the emphasis on the licensee may not be the answer. So their view was to look at a different schemata, which would be that the actual ...

Madam CHAIR: You were saying the licensee, so is that how they read that.

Mr MORRIS: Well, the prohibition order, as I understand it, is directed at the licensees and their ability to provide alcohol to – and that involves a whole series of problematic issues, such as putting people's photographs in shops and how that is enforced. One of the major problems the A Team has always had is the enforcement of liquor licensing. So, placing the onus on the licensing and licensee was not dismissed, it something that the group, I think, had some support for but recognised that it has serious problems and that their response was to say this, 'We know who the problem groups are, the police know who the problem groups are, the day patrols know who the problem groups are, the traders know who the problem groups are. Many of those people go through the court system and so on. What's happening is, these people are going through a revolving door syndrome, because they're receiving the kind of service they need.' If I can give you one example that was described to me, of one particular client who came to one organisation, that organisation spent about a week working with that person and ultimately decided they couldn't help them because of the range of multiple issues that were associated with that person.

They're equipped to do a particular job; this person needed more than one job done. They couldn't deal with it. This same person has probably gone through at least three or four organisations, taking up at least a week's time of each organisation and at the end of it not getting the service this person requires. So the group has said, what they want to do is identify those kinds of pathways through the service groups, identify the gaps and, where people are in this revolving door circumstance, have some kind of mechanism to trigger a compulsory care option, which may differ from person to person according to their circumstances, but the problem that they are identifying is happening now is, people are falling through gaps because the specific services don't have multi-dimensional responses or the people don't fit or the people

don't want to go into that and they're looking it at the, I guess, the service end rather than the licensee end.

I can certainly say that any strengthening or improvements in the licensing end would definitely have the support of the groups within the project, but the approach so far has been looking at the other end, and I have to say that they're very – as I'm sure this committee is aware, dealing in these areas is very sensitive and there's still a lot of work to be done to work out how that program could be developed, could be implemented and could be monitored, so that it's not misused. Once you introduce compulsory notions and prohibition notions, there are serious issues about civil liberties and other issues that people have genuine concerns about. There's a lot of work to be done but we're starting that work right now.

Madam CHAIR: I'm also very conscious of time and of other members. I thank both Kelvin and Leon for coming. I ask if you can join us for the remainder of the day, because one of the things that we want to sort of go to is, a final workshop with everyone who's given evidence, to sort of work towards a common objective. So, thank you.

I'd like to now invite His Worship the Lord Mayor of Darwin, Mr Peter Adamson and Miss Diana Leeder from Darwin City Council. I must apologise. I sent Pat to apologise as well, for the time that we've gone over. As you'll appreciate, this is such an important issue and I think the most burning issue around – not just Darwin and Palmerston but, certainly, throughout the Northern Territory. I now hand over to you for your small presentation and then we'll open up to question.

Mr ADAMSON: My name is Peter Francis Adamson and I appear in my capacity as the Lord Mayor of Darwin.

Ms LEEDER: I am Diana Leeder, the Director of Community Services for the Darwin City Council.

Mr ADAMSON: What I'd like to do, Madam Chair, if I could, is give a brief outline of the issues as we see it here in Darwin. Can I also fully support the work that we've just heard about by the previous group. The itinerants project is one that the Darwin City Council fully supports and can I say, is in fact represented on all the committees, both the management committee and the four working groups, so we are, in fact, on all of them and, at a very senior level, we have aldermen involved and also Madam Director herself, so one of our four most senior staff members are giving it, I think, the due weight and importance that we believe it deserves. So we are, in fact, represented on all the working groups there.

Your letter did mention about itinerants and that's the issue that we'll mainly touch on. From the city council's point of view, we are still observing people in continuous and constant breach of the 2k law, which, I guess, is the main area in which certain things could be enforced, if we were to look at those short term solutions. The impacts on that particular issue of course, we all know, and I will touch on very briefly, but I think we all know the extent and the magnitude of the problem, so I don't want to deal with too much of that. Certainly, some of the observations we're noticing is that the 2k law is certainly being breached on a regular basis. Alcohol is readily available, but not just normal alcohol, vanilla essence and methylated spirits; it still appears to be extremely readily available. The type of alcohol consumed, while the majority is cask wine, our officers are observing more and more cases of premixed drinks; so that's certainly happening as well.

Other issues, in terms of not just alcohol, officers are noticing chroming, which is with young itinerants. That's involving concentrated aerosol spray paints which are normal sprayed into a container and then sniffed, predominantly in the Rapid Creek area, but that's certainly there. Cannabis amongst itinerants is increasing: bonges, bucket bonges, crude pipes. Particularly taking up Mr Wood's comments about non-indigenous itinerants, we have noticed an increase in

non-indigenous itinerants that are affected by substances other than alcohol and whose behaviour is very unpredictable and they're very unresponsive to many of the issues that we deal with. We generally find, I must admit, that those people aren't causing us the great problem but, certainly, other drugs are involved in that particular case, in terms of the observation from our officers.

What we're trying to do about it, Madam Chair, we, as I said, are fully supportive of the itinerants project. We also are a full partner in the Larrakia Ambassador program, to the tune, I think it is \$30 000 a year over three years. That's a full commitment that we've given. We also have a three year commitment to the community patrol that's about \$10 000. We have four officers who are on the ground, working in groups of two and a day shift, morning shift and afternoon shift. We also have a number of programs targeted at youths; Graphic Measures is one, which is, again, trying to be very proactive, in terms of a positive intervention into the entire cycle. I believe that while we've certainly been very proactive, a lot of this stuff is probably happening almost without people realising it.

In terms of the numbers involved, we are seeing an issue of anti-social behaviour with itinerants across the board. It is not confined to the CBD by any means. We are receiving complaints in areas around major shopping centres, including smaller suburban shopping centres, suburban parks and also laneways. One that I've noticed, in increasing numbers in recent times, simply on footpaths, where people may be doing nothing more than sitting and gathering on footpaths. But I know, particularly in these conditions at the moment, we're finding that other citizens are finding it very difficult to walk on footpaths, particularly people like young mums with babies, who may be having to be forced to negotiate other ways around some of these people. Even when some of these folk aren't necessarily even abusing alcohol at that particular stage, simply the fact that so many do appear to be on footpaths – and I must admit, in Nightcliff just the other day, I came very close to running one of them down, who stood up and staggered across, and it was only the fact that I saw this group in the distance and having slowed down, but I think if that had been of a night time and that person had stood up, I don't think I would have had that warning and I suspect that I and they probably wouldn't have been as lucky as they were.

Could I just mention – in response to Mr Wood's comments about Mr John O'Sullivan, I sincerely wish we had a dozen John O'Sullivans today. I think not only was the program we're supporting by both the previous government – and I think also the council supported – but I think it was also the quality of that particular individual. I think he had a lot of excellent qualities and characteristics. But I do think that there is a place for the John O'Sullivans of the world in this day and age.

Madam Chair, we don't have a lot of detailed information in terms of formal submissions, because of the late notice of our invitation, but certainly I'm happy to provide the notes we had. It's not an official submissions, because, again, with the time constraints, we weren't able to do that through the council, but the pair of us are certainly happy to field questions, because I felt that while we can give some observations and, I guess, a commitment to with government and others, my, I guess, emphasis is, that I think we do need to work on solutions. Simply talking about the problem is not necessarily the solution. I do believe that at times a punitive measure is needed in there along with the proactive measures. As I said, something like, I think, a better enforcement of the 2km law I think is something that could be done. But I certainly acknowledge the positive work with things like the community patrol, and I acknowledge what's been done to increase their resources and, certainly, from what we've seen, that does make a positive difference as well.

Dr LIM: Your Worship, in terms of the 2 km law and whether Northern Territory Police have to be more proactive with it, are there any by-laws within the Darwin City Council that could complement this at all?

Mr ADAMSON: In terms of, I suppose, powers as such at this stage I think it's probably fair to say no, but that's something that we don't have by-laws as such that can deal with that, do we?

Ms LEEDER: We don't have by-laws as such but the council determines the areas that are exempt areas and the areas that aren't and has those signposted and can certainly require people to – how can I say it?

Dr LIM: Vacate those premises?

Ms LEEDER: Yes. But in terms of actually enforcing it, it's difficult. The council staff are neither trained nor equipped to be able to remove somebody from somewhere if they don't wish to go, and we rely very much on police assistance for that. We certainly take the first steps and are able to take the first steps. It's when it really comes to somebody saying: 'Well, I'm not going'.

Dr LIM: Working under the Alice Springs experience and being on the town council myself once upon a time, the inspectoral unit request police assistance and have police accompany them, say, to the Todd River, for instance, where they then will exercise some of the by-laws to ensure that orderly behaviour is maintained, and whether that could be something that the Darwin City Council actually has already in place anyway.

Ms LEEDER: The council certainly does that. The council is entitled to request police assistance under the Local Government Act, but the police are not required to provide that assistance. So, naturally, it's a matter of determining what is the most important incident that's at hand. They are very cooperative and we work very well with them, but there are just occasions when the resources on both sides are not available.

Mr ADAMSON: I think, in terms, then - it's not really a go at the police as such – but it's the old story of, in terms – if you look at the statutes, the magnitude of the offence, when it's weighed up, I guess, in the priorities of the police, it doesn't always come down on the right side, as far as I'm concerned, because I think the impact of what may on the books be a relatively minor offence, the reality is that the impact on the community at the moment is far greater than that. I do believe, Madam Chair, that that is something that I think does need to be looked at, probably in terms of a policy thing of policing, and I guess I use policing with a small "p", in terms of what we, but also the police themselves, do.

Madam CHAIR: Yesterday afternoon I went for a walk on the Esplanade, which is a council jurisdiction area, there were about 20 itinerants around the Cenotaph at about 5 o'clock, which is an unfortunate time because it's also when the tourists are coming out to have a look and have a special moment in that special area. The itinerants were drinking wine out of Coke bottles. Is there anything like – what time in the afternoon does your patrol finish and what would your patrol do if it came across that situation?

Mr ADAMSON: Do you want to talk about that?

Ms LEEDER: I can talk about the actual specific question about our patrol time. Our patrols finish at half past 6 or 7; however, if we come across people drinking in a public place, then we would call for the police assistance after telling them that they can't be there and asking them not to, because we have no power to empty alcohol or confiscate alcohol or to take people into protective custody, if they are actually intoxicated. We would normally also advise the community patrol and advise other people to contact the community patrol first, because they often have a much more successful rate of intervention than our officers do.

Mr ADAMSON: It is also one that we have identified with the police, in terms of their patrols, and I must say that, while I believe that there are not nearly enough, the Esplanade is probably one of the highest targeted areas in terms of alcohol being poured out by officers, but I

believe it's far from acceptable, in terms of the amount of times that goes through, and certainly the Esplanade has been targeted as one of the higher priority areas.

Mr KIELY: Out in the suburbs we have our share of itinerant issues, particularly around the Airport Hotel and around the larger shopping complexes, I am really interested in substance abuse amongst the youth. You mentioned chroming kicking in, so I'm not talking about itinerants here, I'm talking about the kids in the houses in the streets where we live. We've all seen the headlines, you know, the business that went on down at Casuarina. I hear stories about kids congregating in large numbers, and you get the feeling that there might be some sort of substance abuse going on. So when somebody starts chroming – and I'm aware that that was occurring, in fact, I think it was Dollars & Cents at Casuarina took the paints or whatever off the shelf because the kids were getting into it and they – so that was the store itself, the retailer picking up on an issue and addressing it. But the issue of chroming, the issue of cannabis, you know, I think that now we've knocked over the dreaded foils in Moil the small deal bags getting out to the kids might have decreased quite a bit. And the laneway gangs, I mean, what – how effective are the measures that you've put in place or the strategies that you're employing. Will we be seeing some sort of positive outcomes on that side. I mean, do we see the issues of the kids congregating as an issue of one where the substance abuse occurring because they're together and substance abuse, the anti-social behaviours, or is it some other factor at play that you might know of which is causing these anti-social behaviours amongst the youth? I'm talking about itinerants here; I'm talking about the kids in the suburbs.

Ms LEEDER: I'm not in a position to make a lot of comment on what causes youth behaviour and issues like that, but in talking with our youth officer about what are some of the issues, then certainly there are concerns about chroming and substance abuse. One of the things that we have identified is, that young people don't necessarily want to be provided with a whole lot of organised activities, and so running programs as such that are designed by others is not necessarily effective. However, we've just made an appointment of a youth officer to start at the end of March, who is an indigenous person, to work with young people out in the Malak/Karama area for a six month period, to identify what are perhaps the sorts of issues and programs and to work with existing services out there. So, not to be running particular programs, but to try and make connections between existing programs and to identify what might be issues for young people out in the northern suburbs. I don't know whether that specifically answers your question, other than to say that, yes, we're conscious that there are some developing and ongoing issues there that we need to look at: (a), the causes; and, (b), the longer term solutions rather than just the punitive approach.

Mr ADAMSON: Maybe just following up on that too, if I could, Madam Chair, we are trying to also work with other groups that are working with youth, whether that be the Red Cross or the YMCA, but I think it's fair to say too, that in terms of what we can do as an organisation, we are, limited simply because, I suppose, to an extent because of the difficulty of the problem, but also the range of services that we're trying to provide but, certainly, the more that we can work with both government and other organisations that are out there working on youth-related issues, we would be very keen to continue to do that, because, through things like the Graphic Measures project and the like, but, certainly, I think there's – Mrs Leeder had said that there is a group out there, a very large group, that simply doesn't have an interest in being involved in organised type activities, and that was even back in the old days, when most organised activities were just sport, but I guess they are always going to be the difficult group to do anything proactively with.

Mr KIELY: Look, I always hear good stories about the efforts of the council regarding youth. The last question I've got is, you mentioned the chroming and the cannabis as a substance, are your people on the ground detecting any other substances amongst the kids being used, or is it mainly the shelf items, like your glues, your petrols?

Ms LEEDER: When I was speaking to the field officers this morning.

Mr KIELY: I'm really going to illicit type of stuff.

Ms LEEDER: Yes. When I was speaking with the field officers this morning the comments from their observations were that they have only really observed the chroming amongst young people and some younger people amongst those who are consuming alcohol. They didn't make any comment on other substances. We really are neither equipped with the knowledge to determine that or work in that area particularly. So, I can't add a lot that's constructive information there.

Mr ADAMSON: Just on a follow-up, Madam Chair, on that though, can I say though that probably behaviour of things like chroming does tend to be more of a public behaviour than the use of illicit drugs by younger people. That does tend to be done in a less public environment, with my experience and the anecdotal evidence that I've had on the street and that, but certainly the issues of things like chroming. There are certain behaviours that seem to be more likely to be done in a more public environment.

Mr KIELY: Would I be able to ask one more question, in fear of getting you offside, Madam Chair? One of the behaviours that we might see on chroming – I mean, I know of it, I've heard of it, but I really don't know what it does to the individual. Do you know what it is?

Ms LEEDER: I'm not equipped to comment on that.

Madam CHAIR: It's something that you can check with the Department of Health and Community Services.

Mr KIELY: I'll save that one for them then.

Madam CHAIR: Maybe you could save that for them.

Mr WOOD: Just a quick question then. You said that the two kilometre law isn't working and one of the reasons is that the police basically have not got enough people to carry that law out, would the council or the staff that are involved, the field officers, be against perhaps the concept that the police gave them certain limited powers? In other words, they could take on that role, if that was legally possible.

Mr ADAMSON: I might let Mrs Leeder comment on that too. There are issues, that certainly we will have to train our people up more. I must admit it is coming to the stage that I think that we may need to be involved in a far greater level, I think. Ideally, considering the nature of the issue and the training that should be done and the way certain things should be handled, while I would prefer they were done by the police, as such, maybe there needs to be this policy decision that ultimately we know what the expectation is from the police point of view, and if it's too low a level, then maybe we do need to look at some issues.

Mr WOOD: Maybe we can look at some scheme. I think the opposition leader mentioned that when he went to New York the parking inspectors and other people who had semi-policing roles were all brought under the umbrella of the police. They weren't necessarily law enforcement officers, in the sense that they were a gun and did all that sort of thing, but they are a little bit like peacemakers, even though pouring out alcohol mightn't be a peacemaking job.

Mr ADAMSON: It is part of a growing, increasing expectation on demand on local councils around Australia and I suppose it's one of the reasons I believe that this federal inquiry that is going on too, in terms of cost shifting. The demands on local government in our policing type of environment appear to be growing. Local governments have never been resourced for that in the past. You either increase your rates, I guess, and charges or you try to get funding elsewhere, because I think, to do it properly, you would have to do that. But the reality is, that not only this council but local governments – and I guess you'd have some background on that too, Mr Wood – but certainly we've seen it around the country, where local government

authorities are getting far more involved, not necessarily all that willingly, but resignedly almost in the policing area, but often at the expense of other council projects.

Ms LEEDER: Madam Chair, if I could just add to that too. In terms of if the local government authorities did have more power in relation to alcohol and so on, it really does become a matter of cost, in terms of training and a totally different focus of the type of staff you recruit and the training that you provide and whether they work singly or in pairs, and a whole range of things like that. So it's not that it's not possible, but it changes both the focus from what has perhaps traditionally been the council ranger to deal with animal control and vegetation and the issues like that, to things that are much more affecting people's individual rights and the way in which people interact with each other. Whether or not that's a good or bad thing is not what I want to comment, but just the fact that the requirements to do that are different from the requirements to catch a dog.

Madam CHAIR: Thank you.

Mr ADAMSON: Madam Chair, could I just say, I'm sure, I'll try and make it back for the forum, but we weren't sure, when we got the letter, and it was a bit late notice, just in terms of timeframes and things ...

Madam CHAIR: It would be good to participate in the roundtable discussion, because I think issues that you've just raised and one thing that I think, and I was going to leave it till later, that I think needs explaining is that two kilometre law. I mean the issues of enforcement, monitoring and also the provisions – and I keep going back to the Liquor Act, where you had provisions for restricted areas, and something that hasn't been explored in Darwin or Palmerston or any of the urban centres, is the restricted areas provisions, which I only get supplied to a number of remote Aboriginal communities but it isn't used or seen as being something that could be put in place in the urban centres. So that's something that would be good to have the discussion with the council, you know, during the roundtable discussion.

Mr ADAMSON: Okay, Madam Chair. Just maybe on that – I suppose something we maybe should have touched on, was just the sheer mobility of itinerants, in terms of taxis, minibuses. It's one of the reasons why I don't necessarily think that restricting liquor outlets necessarily is going to be an issue.

Madam CHAIR: If I can just clarify that.

Mr ADAMSON: Yes.

Madam CHAIR: I was talking about – I wasn't saying restricting liquor outlets. I mean, availability and accessibility is an issue that we have to talk about and the whole issue of the Liquor Act, I think, and that's something certainly the committee has outlined, that there's a number of things that have to be looked at and that we are pursuing. I think, in terms of parks and people are saying that the itinerants congregate in parks and other places, is there an avenue under the Liquor Act with making parks and other areas around Darwin, or does Darwin City Council, under its by-laws, you know, pass and make that a restricted area, or does that restriction come in under the Liquor Act? I mean, those things that need to be explored, which I don't think has been. It could have been but whether they are further explored.

Ms LEEDER: Madam Chair, perhaps I can respond to that, in that the only areas in Darwin that people may drink in a public areas are those areas that are signposted as being exempt, which are only certain areas along the foreshore. None of the small suburban parks are areas that people can drink at, so all of the alcohol consumption that occurs in public throughout the municipality, other than the designated areas along the foreshore, between particular times.

Mr ADAMSON: Which we changed recently, in fact.

Madam CHAIR: So along the foreshore any individual going there – say, if the family goes there and you're having a congregation in these parks, they have to apply to Darwin City Council for a permit?

Ms LEEDER: No. During the hours of – I think it's certain hours during the week and extended hours at the weekend, being those are areas where there can be consumption of alcohol without a permit. Outside those hours, then a pre-permit is required from the council. Generally, that permit is only issued for an organised activity. If somebody was having a champagne breakfast for a wedding or something like that, then they can certainly have a permit to do that at a time outside the hours, but it would then be restricted for the period. Those were the changes that the council made last year after wide consultation in the community and with the police and with other organisations, in terms of having the previous 24 hour exemption certificates revoked and the council determining the hours during which alcohol can be consumed in areas under its control.

Mr ADAMSON: What we did too, Madam Chair, in those areas – I'm mindful of the time. I'm sorry – but, for instance on weekdays, particularly in the mornings, we did change it so that you can't first thing in the morning have a drink, particularly on a weekday along those particular areas. So, hopefully, to try to target some of those things. Taking into mind that the average person probably wasn't going to be out there having a drink first thing in the morning. They're a little bit more liberal on the weekend, because you do find people with a bit more spare time, do a bit more of that sort of thing. We did restrict those hours for that particular reason, to try to sort of restrict those hours we could just drink in those exempted areas, and we can certainly...

Ms LEEDER: We can provide the committee with the information sheets that go with all those areas, if that's of some assistance.

Madam CHAIR: That would be good. Thank you. We're certainly way behind. Mr Robert Parker, the Chairman of the Esplanade Action Group. I do apologise – we are running way behind and you've been sitting and being patient.

Mr PARKER: It's a good sign. There's a lot of interest, obviously. Robert Parker is my name, obviously, but I am the Chair of the Esplanade Action Group. We have also here today Guy Marinucci is General Manager of the Novotel, as the Secretary of the Esplanade Action Group. We have had some problems and I'd just like to go through a little bit of our story with you.

The Esplanade Action Group was formed during a difficult period two years ago, when we were experiencing problems with itinerants on the Esplanade and Bicentennial Park. When a public meeting was called we realised that many business people were having similar problems to ourselves. Not only was there residential being targeted but hotels and business houses alike. The fear of crime in the community is growing stronger and it is reality that the Esplanade Bicentennial Park is not going to miss out. It is true that the area is an unsafe environment. It takes time to change a culture of thought. It is a shame that hoteliers are advising guests not to frequent the area from late afternoon. Tourists, in particular, are at high risk of petty crime and assault.

We have received one grant from the Office of Crime Prevention, NT government, which was immediately passed on to Darwin City Council, but this only touched the surface of development needed. We are striving for much more with the combination of Mitchell Street Business Group, not only with the Office of Crime Prevention but through other associations; thus lightening the burden on the controlling bodies. Development is essential for a safe environment. We are seeking to look at ways of increasing activity and usage of the area. It is great to see that such events, such as the Glenti, are held annually but this is only represents a glimpse of potential. It would be encouraging to see indigenous groups showcasing their culture through a variety of media, song, dance and art, similar to the Daly River group do, community or family days, expos or al fresco dining.

When we look at the itinerant problem, we no longer just relate the habits, the routines of our fellow Australians. Being nomads by nature, it is difficult for them to relate and be expected to be involved in our routine way of life. Having too much time on one's hands is the biggest problem for us all. This gives one time to create idle thoughts, and in many cases results in a drunken stupor. The health of people generally should be foremost in our minds, but because of the lack of this, in many circumstances we have created a society which has problems in standing alone but needs to be propped up and cared for. Thus, throwing responsibility not only to the government, through education, but to ourselves.

Speaking with a professional healthcare worker, it would appear that we have a huge problem in the islands and the outback communities, who have major mentally sick people. This has been published and the view of mental health services, and I quote: *'With a mental disorder no-one cares any more.'* The people are not wanted on the islands or remote communities, so they come into the city. Here they are abused, preyed upon by others, having unprotected sex and spreading disease, living with their wanderings, nowhere to go.

The Esplanade Bicentennial Park is an ideal habitat for such people as the rainforest foliage, especially the dense foliage on the cliff-face, going down to the beach, allows for unsavoury people to gather, causing problems not only with the drinking of alcohol but the loitering of itinerants. Watching their prey they try to gain, by whatever means available, to obtain by force, money and therefore support the habit to which they have become accustomed. We now have cars being broken into or generally damaged, people sleeping under carports during inclement weather; thus, making it unsafe for older Australians to feel safe in their own homes. We need to clear some of the cliff-face, which is covered with environmental weed, so to open up the Esplanade Bicentennial Park. Place efficient and effective lighting, create an environment to attract more people, place facilities; thus, keeping activity at its highest possible level. It can be easily done by using the expertise of the Darwin City Council, Darwin City Promotions, Darwin Entertainment Centre and private enterprise; good sponsorship gets people involved.

There is a huge amount of talent in Darwin and we should promote the Esplanade Bicentennial Park. This could be the tourist attraction of Australia with the magnificent harbour as a background. The tropical paradise of Australia. By looking at the big picture we can create a future for all Australians, at the same time securing a more friendly and safe environment. The Esplanade Bicentennial Park belongs to the people of Darwin. Let us not just talk about it; let's work together to make it happen. We need to create a feeling of love and loyalty, not hate and fear. The Esplanade Bicentennial Park should be the focal point of Darwin, the big attraction. This will bring life back into a beautiful city. Thank you.

Mr KIELY: Here, here.

Madam CHAIR: Thank you, Robert.

Mr KIELY: I'd just like to say, Mr Parker, I share your views about the Esplanade. I'd recommend that we look to Townsville as a model, what they've done on their Esplanade down there. They've got these features, kiosks, they've got just a range of activities which suit all of the community, and it acts as a magnet, attracts more people down there. The more people you have, of course, the more community policing goes on. You really turned my attention to thinking of the Esplanade along those lines. You're right, it's there, it's got all the good features.

Mr PARKER: A natural feature, a natural beauty.

Mr KIELY: Yeah. I think you're right on the money, when you say that it's got the potential of the great attraction, to really enliven the city and to bring people in. We are seeing a lot of units going up around the place. I think the population mass ...

Mr PARKER: The more people want it.

Mr KIELY: Yes. Get in there and agitate for it. I think it's wonderful.

Mr PARKER: That's exactly what we're doing, and thanks to a great committee.

Dr LIM: Would you consider the lighting of the Esplanade adequate at the moment? I ride my pushbike along there regularly in the dark of night, and it's an unduly dark place for something that's in the middle of the city.

Mr PARKER: Yes. As you said, you ride your bike along there in the dark at night, because – yes, we have recently, through the Darwin City Council and the NT government, put more lighting there. It is certainly an improvement; far from necessary. Perhaps I think we should call Guy Marinucci up – he's also the secretary of the group and he represents, obviously, the Novotel and many other hotels. I'm sure he would like to make a comment on this one.

Mr MARINUCCI: Guy Marinucci, Hotel Manager, Novotel Atrium, Darwin. Just following on from that comment, I have a lot of feedback from our guests, even some of my staff, it's a fantastic environment but they don't feel comfortable being there at the ends of the day, be it in the morning and at dusk, due to inadequate lighting. They say it's a shame because they think it's a fantastic piece of public space that has potential but, because of that unsafe element, given the lighting, the undergrowth and some of the people that inhabit that park particularly at those times of the day, they tend to avoid it and they think, *'Well, we've got this great piece of space but I'm not too comfortable using it'*. I think it's a real shame because it could really add to that part of town. I think, being right on the foreshore, overlooking Darwin Harbour, as Robert has said, it's fantastic natural asset and we don't utilise that to its full potential.

Mr PARKER: When you drive around the other Esplanades I think that you will realise that they are very beautiful, and I congratulate the Darwin City Council on what they've done, because I think, from right around from Nightcliff to Casuarina is just magic, but it is a shame that our focal point is not the feature of Darwin, and to me it should be and so – I think all our committee would agree on that one.

Mr MARINUCCI: Madam Chair, if I may, one of the objective, or the main objectives of the group being foremost, to ensure a safe environment in that public space, improve the lighting, reduce some foliage. We're not talking about removing all the trees – that's the last thing we want to see – but, as Robert pointed out, just on the cliff-face, over the side of the fence, is a lot of overgrown vegetation and it's not natural. I'm not a horticulturist by any means, but it's not native to the environment, it's a lot of weed and it really inhibits the view and it offers a lot of hiding spots for people that are doing things that they shouldn't. We have had a lot of problems at the hotel and along the Esplanade with car break-ins, with people being assaulted, with general poor behaviour. That's really disturbing, because when people come to this town, if they leave with that sort of impression, as you know, word of mouth is probably one of our strongest forms of advertising, and if they walk away saying, 'Look, it's a great city but you're not too sure, when you go out, be it in the morning or at night', it's not going to give Darwin a good reputation. But if they can go away and tell, you know, what a fantastic city we've got and we've got magnificent parks, and you can oversee the harbour, that's only going to encourage more and more visitation. I think the spin-offs of that will benefit everybody.

Mr KIELY: Guy you mentioned about the break-ins and crime rates down there, but is this down to the substance abuse or is the crime rate really that you've got hotels, you've got open carparks with no security – well, discernible security, and so, if some lad was going down there, 'Oh, there's tourists in here. They're bound to have something in their car' – bang; is it really a community safety issue we're looking at here or is it a substance abuse issue?

Mr MARINUCCI: I think it could be a combination too. I mean, I'm not in a position to comment exactly on the reason for the break-ins, but if we look at most of the things that they're

taking: they tend to be looking for loose change. We had one whose car was broken into, it was a travelling salesman that had a lot of expensive samples in the car; they weren't even looked at. They took some of his CDs and any loose change that he had.

Mr KIELY: So it's property damage which is ...

Mr MARINUCCI: Yes, that's the big inconvenience, and that also affects the business. The main majority of the carparks are in open air and apart from lighting and some video cameras that some of the hotels have had to install, there's not a lot of security and isn't even undercover or locked, so it does make it an easy target.

Mr WOOD: Is there movement of itinerants into hotel areas, you know, into the carpark, poised to sort of humbug people for money?

Mr MARINUCCI: That happens, yes, particularly at this time of year, and our staff may be a bit more diligent and move them on. We have, you know, them coming to the front of the hotel, turning on taps, having a wash, that sort of things, sitting undercover and humbugging, as you say, the tourists, our guests, as they come in and out of the buildings. That tends to go in spates and this time of the year it's probably more prevalent. As we move into the wet, it really reduces then.

Mr KIELY: What level of humbugs do you get from non-itinerants, from people pouring out of Mitchell Street, you know, full as chooks and going along the Esplanade? I mean, does that particular group, when the hotels close or anything, cause any difficulties?

Mr PARKER: That's, you know, the 2 or 3 o'clock in the morning rush, I suppose, but, you know, that's when they probably come into, for instance, where I have Grenada Court there, under the carpark, because it's a nice, hidden – which is bad in design, when you think about, part of the designing – but it's easy for people to come in, hide and be blocked off from the street. So any passing patrol would not even see them and this when, of course, cars can be damaged.

Mr KEILY: You get a lot of folks, or itinerants, down there – I mean, the substance abuse issues and the behaviours that go with it, tend to fall over into your ...

Mr MARINUCCI: The feedback that we get from the operators on Mitchell Street, more so than nightclub owners and whatnot, is that most of the clubs tend to close certainly at the same time, I think 3 am or 4 am – I'm not sure what hour of the morning – but it's getting the people away from the environment. You've only so many, say, taxis, minicabs, etcetera, available. So, once the first lot have gone, you've got a timeframe of anywhere up to 40 minutes before the next lot of vehicles come along and take them away. So you've got, as you say, people come out, they've had a big night, congregating in the same area, and who knows that sparks it off, and then a lot of that problem stems from that, it seems to be.

Mr KIELY: I've certainly seen the same behaviour out at The Hub when it clears off and there's no vehicle around to get the people away.

Madam CHAIR: Thank you. Now may I ask Dr Shirley Hendy, Alisdair McLay, Xavier Desmarchelier. I hope I've said that name right. I always get mad when people don't pronounce my name right – from the Department of Health and Community Services. I do apologise to the person who's surname I might have mispronounced.

Dr HENDY: This is Xavier, this is Ali, I am Shirley. There are three of us for a good reason. I just want to start off by saying this is, obviously, a very important issue to the community. It is a concern to everyone and, of course, an enormous concern to the great majority of indigenous people, given that much of the focus of this is on itinerants who are of indigenous background. It is, of course, also not a new problem. It has been around for many years and, indeed, the wine cask levy was introduced quite some considerable time ago in order to provide some funding to,

in fact, address some of these issues, and that continues to be invested in initiatives such as night patrols and so on and so forth, under a program called the Public Behaviour Program, which does provide roughly \$1m a year for that purpose.

There are no quick fixes to complex social problems which have developed a very long period of time. That does not mean there isn't anything that can be done, and we support and are participants, active participants, in the itinerant strategy. That is the main DHCS role; that plus the public behaviour program. Otherwise, we run a series of general programs to improve the health and wellbeing around issues of substance abuse, and we have, in fact, provided a very comprehensive list of those services to the committee when we prepared before it on a couple of other occasions, plus written information. So we haven't brought that along again. We came along today prepared to be very specific about the issues that we addressed in relation to itinerancy. I did just want to make one comment about the chroming, and I think this is particularly important for any media that are still here. The more attention that is played to chroming and these issues in the media, the more it is reported, there is very considerable evidence that that, in fact, stimulates further activity by young people around that of an experimental nature and so I would ask the media to please not report on that, and not report specifically around that on things that happen to be said today about it. It simply draws attention to it. It is part of a spectrum of inhalant substance abuse which is again, a part of a spectrum of substance misuse which occurs for various different reasons.

Rather than going into the details of what any specific inhalant does, we can say that there are, clearly, effects from it that are mood altering, but a very small number of young people, by comparison to the total population, like to experience, but that it also has very harmful effects in various different ways and is damaging and injurious to the body. I think that those are the main things that we should say actually about chroming, then if you want, you know, further information, for your own purposes, then I would suggest that we actually talk to you about that afterwards, in terms of the effects and so on and so forth, but we wouldn't want to go into specific facts in a public forum of this nature. It would be inappropriate.

Having said that, I am going to hand over to Mr Xavier Desmarchelier. Xavier is the person who specifically works on these issues in the alcohol and other drugs area of the department. He has a long association and history and experience with remote communities and indigenous issues also and, indeed, in other forums, with this particular issue of itinerancy, and that's why we've asked him to make our oral presentation today.

Mr DESMARCHELIER: Madam Chair, members of the committee, thanks for making this time available. Different people use different drugs for different reasons, and there's no one reason or situation that causes all people to use drugs. Drug use issues, including alcohol, that results in anti-social behaviour and linked with an itinerant lifestyle is very complex and extremely emotive. The alcohol and other drugs program is aimed to reduce the impact of substance misuse in the whole community. It's linked to national agendas, the goal of the national alcohol strategy has been developed under the national drug strategic framework, and the goal is to build a healthier and safer community by minimising alcohol related harm to the individual, to the family and to the community.

Prevention is one of the priority areas within the framework. When we relate that to alcohol, prevention is used to describe measures that prevent or delay the onset of harmful alcohol consumption patterns and behaviours, as well as measures that protect against risk and reduce the harm associated with alcohol misuse.

Consumption patterns of alcohol that result in high risk health harm and anti-social behaviour are both characteristics of the itinerant lifestyle within the Darwin and Palmerston region. The public face of itinerancy within this area has a negative profile, and I draw the attention of the committee to the recent visit to Darwin of the QEII and the reaction of some passengers and business people in the Mall. Such images and reaction to itinerancy are not new. Descriptive language, such as beggars, along with the anti-social behaviour by itinerants is

often, unfortunately, simply describing reality. Yet homelessness is a complex human experience involving issues concerned with accommodation, substance abuse, transport, economic, employment, social, primary and secondary health, and any strategy that is developed to address itinerancy must take into account the inter-relatedness of these issues.

I'd like to refer the committee to a thesis that was written last year, the year before, by Anne Coleman of the Queensland University: *'Five star motel spaces place some homelessness in Fortitude Valley in Brisbane'*, and I refer that to you because of its capacity to link together many different issues that go together to create this so-called issue we call 'itinerancy'.

The presence of alcohol is a factor within the itinerant lifestyle and most notably within indigenous itinerants. The pattern of indigenous drinking tends to be hazardous and results in a wide range of harm to individuals and communities. Research indicates that although fewer indigenous people drink alcohol regularly compared to non-indigenous people and more indigenous people have either stopped drinking or are lifetime abstainers. Many of those who do drink do so at hazardous levels. These hazardous drinking patterns expose indigenous people to alcohol related violence and crime and therefore they suffer from higher rates of alcohol related mortality and morbidity.

Within the Darwin and Palmerston region the availability of alcohol further determines the pattern and location of drinking by many itinerants and contributes to the overall impact on anti-social behaviour. Itinerancy, anti-social behaviour and alcohol abuse form part of the inter-related issues that are, by nature, very complex. Most anti-social behaviours exhibited by itinerants in Darwin and Palmerston emanate from alcohol abuse and results in a drunk/dry/drunken cycle pattern of existence. The public perception is that most itinerants have problems with alcohol. When they are inebriated issues of violence and anti-social behaviour are prevalent between them. This is particularly so for indigenous itinerants; however, when sober, these behaviours are often uncommon. Therefore, effective responses to the itinerant situation within Darwin and Palmerston requires a planned coordination of services, with greater participation within the supply of alcohol.

In August 2000 the Northern Territory government commissioned an independent report on the issues concerning itinerants with a particular focus on indigenous itinerants. The consultant was Paul Memmett from Brisbane. The report recommended a strategy based on four working parties to address issues: patrolling, education and regional, alcohol and accommodation. The patrolling and alcohol working parties were later combined and a data and research party was established. The Department of Health and Community Services has carriage of issues in all four component areas but with a specific focus on the alcohol and patrolling working party.

In March 2002 cabinet requested the Department of Community Development, Sport and Cultural Affairs to develop a submission on requirements needed for effective action concerning all itinerant issues. This project is managed through the Project Management Committee, with representatives from the Larrakia Nation, ATSIC Regional Council, the North Australian Aboriginal Legal Aid Service, the Aboriginal Medical Service Alliance of the Northern Territory, the Northern Land Council, the Department of Health and Community Services.

The purpose of the alcohol and other drug program within the department is to promote individual and community wellbeing by minimising the harm associated with alcohol, tobacco and other drugs, and this is achieved through a coordinated range of approaches which involves increasing people's knowledge and skills regarding substance issues; engaging a range of care and treatment services and supporting an environment to minimise substance related harm. To achieve these aims the alcohol and other drug program focuses on three principal domains of influence or change areas: culture, care and control.

I have indicated that there is no one solution to itinerant issues. Itinerancy is a complex interaction of human needs and is best dealt with through a holistic and integrated approach. The principle of culture refers to the alcohol related knowledge, attitudes and behaviours of the

general community and, through education, to change our values and our capacity to live with alcohol without harm. In the context of the itinerant project, the underlying principles that inform the strategic areas for action include: a proactive rather than punitive approach to indigenous itinerant issues; a consensus; a recognition of indigenous landowners through the Larrakia Nation; provision of cross-cultural education; and, establishing effective communications between the many agencies with interest in that area.

The project is being implemented through the Larrakia Nation who deserve high praise for the manner in which they have brought together the many and varied agencies and people concerned. The project has recently received some negative comment due to the continued presence of itinerants within public areas and associated anti-social behaviours. There is some feeling that, because the project is currently up and running, there should be fewer itinerants and the issues concerning antisocial behaviour should have been resolved. The project has been running for only three months. Issues surrounding itinerants are complex and it takes time to address entrenched patterns of behaviour that are part and parcel of the itinerant lifestyle.

The principle of care concentrates on the treatment and intervention services for those who are directly experiencing problems with alcohol use. The project has presented government and non-government agencies with the opportunity to coordinate resources that assist all itinerants. The initial meetings regarding the project attracted over 30 agencies and had contact with people living in itinerant lifestyles around Darwin and Palmerston. Coordination between frontline patrolling service providers has been achieved, which has enabled more proactive use of facilities, such as the sobering up shelter. The provision of patrolling outreach services during the day enables the shelter to be more than just a holding facility and provides the opportunity for real interventions. This has particular relevance to those whose issues are more chronic in nature.

The alcohol treatment sub-committee of the alcohol and patrolling working party is looking at ways to overcome duplication of their services and to prevent itinerants from falling through gaps that may exist between services. One example of these gaps concerns appropriate accommodation for assessment and/or rehabilitation. Clients sometimes referred to agencies for alcohol or drug assessment but, in fact, their need is accommodation. The coordination of service delivery through the employment of a consultant coordinator is an important community-driven initiative and will allow resources to be more effectively employed and, as mentioned previously, will enable gaps in service delivery to be identified.

There are a number of itinerants who are best described as 'chronic' and whose lifestyle is best represented by the revolving door syndrome, people who have contact with a range of agencies and are in constant use of their resources. The sobering up shelter now functions on a 24 hour basis, providing more opportunities for interventions to occur during daytime hours, when clients may be more open to such intervention. The principle of control relates to the supply control, control demand and harm reduction approaches through regulatory, legislative and public policy aspects involved in the availability, promotion, servicing and consumption of alcohol and reflects, reinforces and contributes to changing cultural values.

Preliminary discussions between the police Alcohol and Drug Policy Unit have been held to explore the concept of some form of licence accord to manage and plan liquor licensing outlets in the Darwin and Palmerston areas. Further discussions will take place to consider how similar accords, such as the Geelong Local Industry Accord, could be useful within the current structure. This accord, in Geelong, involved the police, the liquor commission, licensees and local government and established a code of practice that facilitated self-regulation.

The Northern Territory is one of three jurisdictions that do not have harm minimisation as an object of its Liquor Act. The alcohol treatment sub-committee of the alcohol and patrolling working party is planning to carry out research to equip the project with a comprehensive and relevant information concerning licensing issues, with a particular emphasis on the relationship between availability and social behaviour. At this stage the department has not developed a

policy position on set periods for licences. In jurisdictions where harm minimisation is the object of liquor licensing – for instance, Western Australia – licensees have a responsibility to implement harm minimisation strategies and to inform regulators of such action. Through this process public health and welfare issues become the primary criteria in deciding on licence application and conditions.

Finally, the itinerant project does encompass the goal of prevention for people within Darwin and Palmerston, as outlined in the National Drug Strategy. The issue of itinerancy has a long history within this region and, through the current project, solutions are being sought in a coordinated and planned manner. The itinerant project is supported by and includes a broad range of government agencies, NGOs and Aboriginal organisations and has been designed to achieve meaningful and lasting outcomes.

Dr LIM: Madam Chair, it might be worthwhile for Dr Hendy to repeat her comments about the chroming while the media is now here – because they were not in the room when you said it.

Dr HENDY: The comment I made about chroming was to say that the more, in fact, the issue of chroming is reported in the media, there is considerable evidence, that the more likely it is that young people will be then stimulated to experiment with it. We have various agreements with media across the country about not reporting suicide, for example, and the media has a very responsible attitude there. I am asking for the same responsible attitude to be shown here and, please, the reports about chroming and that word, as much as possible, not to be used. Certainly, one would not want to go into detailed descriptions of what the effects are that young people seek from chroming. I think that what one would want to say is, that various inhalants contain chemicals and substances that are extremely dangerous and they cause very considerable harm to one's body and one's brain in the short and long term.

Dr LIM: I have a question to address to Mr Desmarchelier. You said that the Licensing Act in the Northern Territory does not have harm minimisation as an object in the Act. I find that curious, because we've had the licensing commissioner and the CEO of the commission both here at different times to address the committee and their principal aim is harm minimisation, and they've said that, and I will quote from the Hansard. How do you marry those two comments.

Mr DESMARCHELIER: The principle of harm minimisation is mentioned quite specifically in their mission statement, which is quite different to the Act itself. If you look at jurisdictions which have harm minimisation as their object, you find it stated quite specifically at the beginning of the Act itself: *'The object of the Act is'*, and that's the context in which I referred to harm minimisation as being the object of the Act. The NT Act has the principle of harm minimisation in the Mission Statement of the commission; it's not within the Act.

Ms CARTER: My understanding is that the Western Australian Act is relatively new; I think the year 2000; it might have been adjusted. Do you think it's made any difference, that change, at the grass roots level?

Mr DESMARCHELIER: I couldn't comment specifically on that. I don't have the material or the data. I can comment on the fact that the change has certainly impacted on the way people think about the Liquor Act, and has also created an awareness within the public generally, that the Liquor Act is more than just a resource for or an economic tool for gaining revenue, that there is a public health perspective within the provision of liquor.

Mr KIELY: You mentioned that addressing issues of substance abuse in itinerancy that there's a whole range of social and economic issues that never have to be addressed, to really see a positive outcome. What sort of measurements might you put in there to say, 'Okay, this is working' or 'needs fine-tuning' or 'this is not working', in that – you know, just say, 'Well, we've provided 10 houses' or 'we've provided, you know, five programs of this'. How do we measure the effectiveness of the programs? Is it lack of use or more increased use?

Mr McLAY: There are a number of measures that we actually have, which eventually become stipulated in service agreements with agencies that we fund. Some of those things that we count are specifically about the numbers of people who access a service, who stay in a service, but the aim is actually moving towards being able to have better information about, 'Well, what did you actually get out of being here?'. In the past we've specifically had numbers. It's quite a bit of extra data, of course, to collect some of the other bits and pieces, but the aim is to move to that. I can't tell you off the top of my head what those particular pieces are, but the aim has been to move towards more qualitative information about what clients actually get from the services and whether it's made a difference.

Dr HENDY: It's also that we're saying that the data – what was the name of the other working group, data and research working group? – is looking at what kind of data and information would you, in fact, collect around a study on itinerancy, and the level to which that might include some of those much broader indicators is, obviously, something that needs to be explored. There are many strategies across government, the Department of the Chief Minister is developing a social development strategy as we speak, and that will have an evaluation component and a number of indicators also attached to it. So there will be a number of ways of actually approaching the issue.

Mr KEILY: If you look at it in the short term, given that this has been an ongoing social issue for quite some time, and we did not address it fully in the past, now we're bringing resources to bear to the issue, can we expect that we will see a growing demand upon services and therefore a greater demand on the public purse to fund up these particular projects. But then it should plateau out and then we'll start seeing a return to the community, we should start seeing the level of service provided – I mean, if we are starting to get a few hits on the board, it should lead to a place where it is cheaper to fund; that is what I am getting at?

Mr McLAY: I think that there are a couple of things in there: (1), that you actually have consider are services that are actually provided adequate to do the job that you're actually asking?; or, do they actually need capacity building to actually get them to a state whereby they can deal more adequately with the task that you're asking them to do? We believe that we are funding a good cross-mix of services out there at the moment, but there is still a level of capacity building within those agencies that need to be done to enable them to actually work better with a broad range of AOD issues. We're not also stopping just at agencies that we specifically fund for alcohol and other drug services, because many of the agencies that are outside the bounds of what we fund deal, in their own right, with these people from whatever service they're dealing with now.

Our aim is also, because we class those as frontline workers, our aim is also to build their capacity to be able to deal better with these people too. We have a fairly large training program that has been running for a couple of years and, anecdotally, is starting to make some difference to the skills. I was at a meeting a few days ago where it was reported that if you look at the number of people that we have working in industry versus interstate, we have a higher number of trained personnel working in the Northern Territory in the AOD field now than we had previously and a higher number than you've got per head of population in the other states. I think we are making some inroads in that respect.

The other thing is, that over the last couple of years the department's been part of a consortium with New South Wales TAFE and with Next Step in Western Australia, to develop under a Commonwealth contract specifically to develop training packages for frontline workers working with youth, with regards to alcohol and other drug issues. A couple of those packages were actually trialed in Darwin and Alice Springs and we've just received the final draft of them and we will continue in the interim to trial those even further, to build out the capacity of the broader agencies to deal with young people and to deal with the AOD issues within their own agency as opposed to seeking somewhere else to refer them off to.

Mr KIELY: We've got all sorts of different models for having a look at lost productivity right across the community and what crime costs the community. Have we got any models whereby we look at, like itinerant substance abuse, I guess is what we're really coming down to here, what it costs for a person in that class, not treated, what cost they are to the community, worrying about their behaviours as they are now, what cost it is if we bring in effective treatments, you know. So I mean if you look at it at purely economic answers, it's cheaper to leave them out there as it is? Or is it cheaper, in the long run, to get them in and treat them?

Dr HENDY: I think there are a lot of issues around with the use of the word of 'treatment', in a sense, so perhaps rather than trying to provide an answer to that question, which is a kind of black and white question, I'd say that one of the focuses that we would have in the department is also the issue of what program is provided in the communities where people live, given that itinerants, again, are quite a complex and diverse group. Some of them virtually live in Darwin and Palmerston now but many of them are visitors from country elsewhere and one of our concerns is to ensure that there are adequate treatment programs out in the bush - that's certainly what people ask for; it's what communities have asked for - without placing an additional impost, of course, on the communities, which they, in fact, they can't cope with. And that's where Ali was talking about the issues of capacity building being all important.

We would say that it is, obviously, sensible to make an investment in various kinds of programs, some of which would be treatment, but not all of them would be treatment; many of them would be in the prevention area, and I will talk here about - we had Fiona Stanley in the Northern Territory just last week. She talked with great passion and was very articulate about the causal pathways to these kinds of social harms that are then harmful to all of us in the community, and we need to go right back, in the very longer term, and really address those causal pathways when really you are starting with infant and maternal care. You are looking at parenting support programs. At this point in time there is no such thing as an evaluated and found to be effective program to provide parenting support in the traditional indigenous context. That research just hasn't been done and we're trying to fund it, and we have funding at the moment, provided some funding through the CRC, for that to be looked at. What I guess I'm trying to say, which is a wide range of initiatives that need to be put into place, we are dealing now, obviously, of something of a crisis situation, in terms of how people feel about this particular issue and what is actually happening. But the solutions to them, in fact, are inter-generational and we need to look at those as a raft of issues. So when you say 'treatment', I guess I would say treatment is only a very tiny part of it. What actually needs to be done is a very broad spectrum of intervention.

Mr WOOD: Xavier, you mentioned the connection between itinerants and homelessness, and also you mentioned that the itinerant problem has been around for a long time. I know another speaker today will speak more on this. There have been two areas in my area, that I've known for a long time. One's Lagoon Road Aboriginal Community, near Knuckey's Lagoon, and the other is the 15 Mile group as well. From my understanding of those two groups, they are more or less people from various communities who have come in. The Knuckey Lagoon one would be Daly River, Adelaide River and maybe even Port Keats people. The one at 15 Mile are Maningrida.

In all my time, my understanding of that, that they are there purely to get access to alcohol. The one at the 15 Mile is when Howard Springs had the hotel, which has a tavern established there, and then later on Palmerston opened up, and the Lagoon Road area was for the Berrimah, Casey's Store and all those sort of groups. Even though it might be good to say that accommodation is what people need. Are we just, basically, putting these people in a little group and making them sort of 'out of site, out of mind', when they still are itinerants to a large extent? They go to the same places, they get run over on the highway, they still humbug people, for instance, when they go from the 15 Mile Camp up into the shopping centres at Palmerston. Are we really solving the problem by giving accommodation or are we just making it look good?

Mr DESMARCHELIER: If I could come back to your opening remarks, in which you mentioned Knuckey's Lagoon and 15 Mile, and also put it into context, if someone after is going to speak on that, and referring to those, Bernie's the man to really put that question to. In a general sense, I think society generally does have some obligation to provide shelter for people who haven't got it. We acknowledge that the itinerant issue is broad ranging and it's very complex and just within the accommodation span, there are various needs. I don't think I have either the background nor the competency to answer that specifically, in terms of what needs are at what levels, except to say that perhaps providing some accommodation does appear to be wasteful and useless. By the same token, there is accommodation that is needed by some people that is fulfilling their needs. I'm not trying to side-step the question, Mr Wood, but I think Bernie would be the one.

Dr LIM: The issue of availability of alcohol, Xavier, in the health model, the greater the availability, the greater the levels of alcohol abuse. I mean, that goes without saying. In the Northern Territory context, at least, we have the takeaway outlets versus the on premises alcohol outlets. In your comments do you make a distinction between those two different types of outlets and with different types of controls there are on these outlets?

Mr DESMARCHELIER: Perhaps it's fair to say that there is need for certain controls on both sets of outlets. The itinerancy issue is connected more with the takeaway and perhaps that needs specific understanding, specific legislation accordingly. I don't know. There still needs to be a lot of research done on it. But I do take your point, that drinking in-house, if I can put it that way, does in itself cause problems, as we heard from Robert earlier, down on the Esplanade, that when clubs shut trouble starts, so maybe there needs to be some sort of legislation or some sort of approach that way.

Madam CHAIR: Xavier, just picking up, and which I think is a very important point, in terms of licensing, where it's been revenue generated for a number of years, and the whole issue of harm minimisation and the debate about harm minimisation. We've had the debates, in terms of drugs and the issue of implementing harm minimisation strategies with drugs, both licit and illicit. In terms of alcohol – and one of the committee members raised before, about the Western Australia bottle – and maybe that's something that this committee can explore. It was implemented in 2000 or it's only fairly new. What I thought was innovative and, look, whether the three of you, one of three comment, I thought one of the things that needs to happen – and I don't know whether this is the perception widely – in terms of harm minimisation being part of the Act or the main object of the Act, I think there's a requirement, with it being in the Act, that there are certain onuses is placed or responsibility is put on licensees to implement certain measures within the harm minimisation policy. If you can elaborate or if you could just give us a quick snapshot in terms of what are the measures that are put in place on licensees with harm minimisation, because it's not just placing the word 'harm minimisation shall be the focus' and the principal part of the Act, there are certain requirements or measures that must be part of that, as I understand it.

Mr McLAY: Some of the easy parts of that is really if it's an on practice sale of alcohol, then it really comes back easily to the practice of selling alcohol and how I do that and, on that premise, the types of promotions that I would do to sell alcohol would have a direct relationship, as to whether I sell more or less. The way that my bar staff would be trained would be making a difference as to whether I could identify easily whether a person was getting closer to intoxication or not and needed to be cut off, or needed to be spaced out. Sometimes people don't need to be cut off completely, but they certainly need to consider the options of reducing intake, slowing intake, using spacers – ie, food or non-alcoholic beverages – other things that slow the process down, so that they can still stay out, have a good night and stay under the level for driving but also without creating harm as well.

The way that an environment is set out, obviously, makes a difference as well. If you have an environment that looks like it's somewhere that you come in to drink and drink and drink, then maybe that's what you attract and that's what you get. I think that the environment makes a big

difference; the practices make a big difference. I think that people need to also plan as to how you're actually going to deal with harm minimisation with a licensed premise. It's okay to say, 'Yes, I'm going to have it and we're going to acknowledge that we're going to do that'. Maybe part of that is the actual development of a premise plan, as to how they're going to do it and how staff are going to do it. There's been a lot of comments made over the years, that, yes, licensees will say, 'We are going to address harm minimisation. We're not going to serve people who are intoxicated. We're not going to serve under-agers. We're not going to do everything like that', but at the end of the day, there's a lot of pressure goes on to staff as well, to actually make sure that the premise makes a dollar, and at the end of the day that may mean that they break the law of serving practices. It also means that they're not actually following harm minimisation strategies either. People need to work; people need to stay in jobs; they get pressured to do practices that they may not want.

I think that it has to be very clear the public also have a perception, that when they're going into a licensed premise there is a duty of care, that when they go on to that premise, that people are also going to be considering their health and wellbeing as well, rather than them just having to take control of it or take a responsibility for it themselves, and it may be that bar staff have to be more aware of who's on the premises, the activities that are happening with drinkers and non-drinkers on the premises, a whole range of things.

Madam CHAIR: Just another quick one, and maybe Shirley or someone could answer this. In terms of your relationship with the licensing commission, when an application for a licence is put up to the commission to be granted, what is the process or does the alcohol and other drug section, or the department involved in – because it is disconcerting, that – I mean, we talk about harm minimisation and public health and the focus to be on public health – what process in those applications is the relationship with – I mean, do you get input into those licensing applications?

Dr HENDY: Until recently that was not the case. No, we were not routinely informed. A process has now been put into place, so that the department will receive a routine notification of any new licensing application or any application to change or vary a licence, as well as any application for a new licence. I guess what I'd say also about putting an object into the actual Act is that it clearly gives the licensing commission and the commissioners far greater powers if it is written into legislation than it does for them to place it in their mission statement. At the end of the day what happens, and how these processes are conducted, comes back to an issue of law, and it is the legal arguments that determine often the outcome. So, if we do not have these kinds of objectives and provisions actually written into the Act, then the powers and the capacity of the commission and the commissioner are limited by the fact that those things are not in there.

Madam CHAIR: Just one more before I sum up, because I am conscious we've got other speakers to come. You mentioned Professor Fiona Stanley, who was up here and running this whole thing, and I know that we've taken evidence previously. In terms of alcohol, other drugs and the educational prevention, the whole itinerant strategy is aimed at adults and people who already have a chronic alcohol problem. What is the strategy and what's appearing to become quite evident and it's quite frightening, is the levels of foetal alcohol syndrome, which is coming through with a number of children, in particular Aboriginal children, and if we look at the emerging numbers that are coming through now, we can almost predict what those numbers are going to be and what we're actually creating. If we think we're going to resolve this problem in this generation now, we're actually looking at a second generation or another generation of alcohol dependent people in the future. So, I'm really interested in terms of what has been looked at, in terms of that strategy, of tackling the youth, because some of the kids that are roaming the street and that are doing all the other activities are also coming from a generation where foetal alcohol was something that wasn't talked about or detected or understood very clearly. I think it's becoming more evident now.

Dr HENDY: Many of these issues, in fact, have already been canvassed through the Illicit Drugs Task Force, which took a very broad ranging view. It did not confine itself to specific drugs

or specific issues but said that the approach that you have to take has been a broad one to the issues of alcohol and other drugs and, therefore, in fact, set out quite a substantial work program for us in relation to education in schools and so on and so forth, I know, and a range of preventative initiatives, and I think the best thing I can say is, that we are in the process of putting those into place.

Part of that is to look at, of course, making sure that all the things that need to be done in the infant and maternal health arena are being done, but what you don't want to be doing is just picking it up once it's – it's not just a question of detecting it once it's actually happened but actually ensuring that our antenatal care and the education that young mothers are getting – and we do have young women who are mothers at 15, and so, obviously, what we want to do is have education in place for them. I know that one of the experiences we've had in the past is that people have then said, 'Well, you girls who are pregnant' – or 'you pregnant women shouldn't be drinking', but we all know that not to drink as an individual in an environment where everyone around you is sitting having a drink or two or three or four or more is, in fact, very difficult. So there needs to be a supportive environment for young women not drinking, and that means often that other people have to not drink as well or have to drink very much in moderation. So all those issues have to be looked at, and we are looking at them.

Dr LIM: I am just trying to explore this situation now. You talk about the Licensing Act having within its Act the issue of harm minimisation. I suppose that leads to the conclusion that licensees have a responsibility to their clients.

Dr HENDY: To the whole community.

Dr LIM: To the whole community.

Dr HENDY: I would say to the whole community. Alcohol is a substance which can be used for pleasure and health. It is also something which is habit-forming, harmful and dangerous to individuals and society, if it is used to excess. Licences confer, in my view anyway, the whole process of licensing is to say, 'We entrust you with the task, on behalf of the community, supplying the substance in a way that is responsible.

Dr LIM: Again, I see that as the health model more than a society model. If I were to take that logic to what I think is the natural conclusion, a person who sells a can of baked beans – Woolworths, Coles, Bi-Los – is responsible for obesity in society, because they are selling food but where does the responsibility stop? There's got to be a line somewhere. A licensee or the Licensing Act says, 'Yes, you can sell this product', whatever the product might be, 'How far it is used, yes, we have some degree of control but you're the user', has to have some degree of control also. Now, whether it's food or it's alcohol, do we draw the line arbitrarily for alcohol, down here, and food being up there. I am trying to rationalise that.

Dr HENDY: I think that's absolutely correct, that there has to be a balance in the level of responsibility, but I would simply ask the question, why would you not have an objective of harm minimisation in the social structure? I think, rather than saying why would we have it, I would say, why do we not have it, why do we not, in fact, give our liquor commission and our liquor commissioner the power to, in fact, take this into consideration when they are considering licensing applications? I think if the power is there in the Act to do it, then it gets taken into consideration in the way in which it doesn't get taken into consideration at other times. I would also say that there are a large number of very responsible traders of alcohol operating and I would not wish to give the impression for one moment that we are trying to say that every person saying alcohol is acting in an irresponsible fashion; I know that there are many responsible people out there. There are also irresponsible traders.

Some of the competition, when you have a large number of outlets and you were trying to say, the greater the availability, the more the harm, and greater, of course, the temptation to put on promotions that, in fact, can be excessive and harmful. I think it is unfair, in fact, to those

traders, many of the traders, around the Northern Territory, who are responsible, are just as angry about people who conduct themselves in a way that is irresponsible as anyone else, and I believe that the responsible people in the industry themselves would welcome such an objective being put into the Act, so that they are not, if you like, almost wearing the implication that the whole industry irresponsible when, in fact, it's a small number of irresponsible people.

Madam CHAIR: Just quickly and picking up what Richard said – and, look, this is an issue that, I suppose, certainly generates a lot of discussion at committee level – but picking up on what the other committee members had mentioned, it's something that's come along, do you think part of the – I mean, we talk about the Territory way of life and the lifestyle which we have in the Territory, which I think becomes instilled in the culture of what is life in the Northern Territory, and people take on that attitude. I know one of the committee members mentioned about marketing and the marketing of alcohol. You go to sporting events, sports is promoted and sponsored by alcohol. You go to many other events and the number one sponsor in that is alcohol. The tobacco industry – and it's well publicised – the tobacco industry was made liable for the chronic illnesses and diseases that happened with smoking should not – and I always steal the limelight with this, because this is something that – the marketing and also the responsibility – and I know that individuals – and we say that individuals and the itinerants – I raised that question with members of the Larrakia Nation, when they did their presentation this morning, in terms of itinerants and a number of Aboriginal people, the need for them to take responsibility. Do you think there's been a gap in terms of that responsibility, I mean, marketing and also the responsibility of the industry, as such, to control ...

Mr McLAY: I think one of the ways of addressing some of that issue around the code of practice for the advertising of alcohol – and at the last ministerial council on drugs meeting here in Darwin in July, the Minister for Health was very strong on the fact that she believed that the code of practice should be given support to be reviewed, and at a national level that is actually being undertaken at the moment and, hopefully, will be updated at the next IGCD meeting next month in Brisbane. I think it's not just an issue for the Northern Territory, it's right across the country, that people are very concerned about the way that alcohol is marketed to the target groups that it's marketed to and the ways that people market it, to actually sell the product. It's time to look at it and it's being done.

Madam CHAIR: Okay, thank you very much.

Dr HENDY: We will certainly be staying for the rest of the hearing.

Madam CHAIR: I actually missed your last session, but it would be good to stay for the round table discussions that we will be having at the conclusion of these sessions. If it's all right with committee members, rather than breaking for a short morning session, we might just keep going with some of the members, so we catch up with it.

Madam CHAIR: We will recommence proceedings, and I welcome Ms Jane Lawton Manager, and Ms Carol Barbara of Mission Australia. Carol is not here, so it is Jane Lawton, the Manager of Mission Australia.

Ms LAWTON: Madam Chair, committee members I was asked to give a summary of the services that Mission Australia provides in the Northern Territory. As the morning has gone on I have jotted down a lot of points as well, because a lot of things that other organisations and providers have been talking about cross over somewhat with us.

To start with, I would like to say that we have a very, very close working relationship with Larrakia Nation and we purposely made efforts in those areas because Larrakia are the traditional owners. A lot of the activities that we do, we consult with Larrakia Nation in correct processes to actually deal with it. At present, and I am going to break it into two sections because we have youth and adult type services, so at present with the adult type services we run the night patrol in Darwin, we run the Darwin sobering up shelter, also known as Karyiota Place,

we have the Katherine sobering up shelter as well and most recently we have introduced the day patrol.

The day patrol is a pilot project as part of the itinerants strategy. The funding actually has provided for two paid staff and that is the capital for 10 CDEP participants to work that service. It operates Monday to Friday 8:00 am at this point through until 4:00 pm in the afternoon when the night patrol activities begin, and those activities have not changed from what they were under the previous contract. The day patrol staff, the aims of what they are about is to make contact with itinerants, and I would like to also just highlight that not all itinerants are substance abusers, but are probably generally family members that are affected by the substance abuse. Many have been in permanent accommodation and because the issues, the cultural issues that have impacted on that, they are no longer have that permanent accommodation. So there are issues there that need to be addressed. So the day patrol staff are actually dealing with all itinerants, indigenous and non-indigenous, and there is quite a few non-indigenous itinerants out there, and they are trying to assist them in any particular needs that they can to develop a relationship and a rapport. This is a long term project really, nothing is going to happen overnight. What we are trying to do is collect information and data in relation to different groups, camps and where people congregate, to find out the make up of those groups. One of the concerns to us has for a long time been the kids out there. The family groups with children that are living the itinerants lifestyle and also the issues surrounding domestic violence, the child abuse and mental health issues, which our staff are not necessarily equipped to deal with. So the day patrol is more of a identifying the appropriate referral source for people and try and move them through that. And that is where the POI office also works in with us. So they are the liaison to try and make sure that these referrals are happening. We will make direct referrals but we will use the POI office to sort of monitor that as well.

There is a big difference between the day patrol and the night patrol activities because we have actively discouraged and with the support of the police actually too, to not pick up people during the day, because if we are picking people up we have limited resources, that means we take the vehicles off the road and we can not do the interventions with the itinerants group as a whole. So we are very much focussed on an intervention process there where the night patrol is more on harm minimisation.

We have two vehicles that operate and they change over as I said for the night patrol activities at 4 o'clock, so that is where our limitations come in. We are piloting the 8 o'clock start because when we first started talking about it we were looking at an earlier start before people started moving, but it does not matter what you do between those hours and 8 o'clock, no services are open to make referral to if need be. So that is where our starting point has commenced. We started that service on 18th November and we have had some difficulties with the CDEP participants and I assume, and it may be a bad assumption that everyone understands CDEP, but we have pretty much a core of about seven CDEP participants and we have gone through some. We have also recruited some of those into our permanent positions as well.

As a part of the strategy too, the projects that Larrakia were talking about in relation to the canoe project and the arts and crafts programmes and those sorts of things, there is some linkages in with Commonwealth government departments, or funding options as in work for the dole, and we are a work for the dole provider as well, so we have been able to talk to Larrakia, this is with my other hat sorry, for employment, in relation to work for the dole and making opportunities available for indigenous people to access those sorts of programmes as well.

We also another programme in our employment area which is funded through FACS called Personal Support Programme which we are also at this point finding that we are getting referrals from Centrelink of quite a number of people who are termed as itinerants. Under that programme, it is a two year process, and FACS have acknowledged that it is a long term process to deal with people who have multiple social barriers, so the case management of those clients goes for a period of two years. At the moment we have approximately 60 plus staff in our

services, 65% of those indigenous, so again acknowledging that there needs to be that focus there for the type of work that we are doing.

We also have been running the Palmerston Youth Beat project which has been operating as a pilot project on Friday and Saturday night in the Palmerston CBD. It again is an intervention programme which is to make contact with youth and identify why youth are out on the streets. There is substance abuse happening with some of those groups but not all of them and again I would like to just emphasise that we come across a lot of people out there, but there is only core groups that are causing the issues. Recently we have had some on-going dealings with these youth in that they are now starting to access our office during the day for referral to, or assistance with other options. A fair bit of the feedback from the problem kids that are out there is what is the point of going home cause I can not sleep, there is drinking happening in my house, I can not even get a bed, I can not get a feed, what is the point. So that is probably the hard core group that is out there more than any one else. And most recently we have won the contract for the Darwin Youth Beat project which we have commenced making contact with the youth. The ground that we have to cover in that is a lot more extensive and we have had to get resources in relation to that, so we have actually just finished the recruitment. We are just finalising the training process that we are going to use with that and we should have permanent staff on an on-going basis out there probably in the next two weeks. Some have had to give notices on jobs and those sorts of things. So we do not know exactly what is happening in Casuarina and the Northern suburbs areas at the moment, but it is anticipated that a lot of information will be gathered and again fed back into the department in relation to these are the issues that are being identified, these are the where the gaps in services are, these are some of the issues that we are coming across. Short and sweet.

Ms CARTER: With regard to people living in an itinerant lifestyle, years ago I was involved in some public consultations through the Territory Health Services with various agencies over the itinerant problem in Darwin CBD, and I can remember that we had presentations from groups such as the Salvation Army who have a men's shelter here in the CBD, and one of the comments that was made by one of the people running this accommodation was that there is accommodation available in town, but because of the behaviours of the people concerned they can not use that sort of accommodation because they will not conform to any level of control basically, and I just wonder to what extent do so people almost choose to be itinerants so that they do not have to be conforming to any societal controls.

Ms LAWTON: There is again a core group which has people coming and going all the time. We are often told that 'like I do not want a house because like I do not have to pay rent, I do not have to do this, I do not have to do that, and everyone else is in the same boat so we all throw in and that is fine'. But there are other people out there who are in desperate situations and I can actually give an example of a person who is a dialysis patient who lives, not in the long grass but in the mangroves, but lives there because of the alcohol abuse of the family members that actually have had them kicked out of their accommodation, and they are deep in the mangroves because that way no one can come in there. So there are a group that are certainly like that but there are also others who have been through accommodation processes and had that happen or are in accommodation processes and are trying to use the systems to support them in that, and I do not think those systems are satisfactory to do that. In the middle of the night when a group of 15 people show up intoxicated and you have your family asleep and you ring the police, it is not a high priority. So to try and have someone provide assistance there, and keeping in mind the cultural responsibilities as well, and a lot of that is the comment that we get that we have a responsibility to our family members and we can not say to older ones that they can not stay here, and those sorts of things. So it is very difficult and I do not think the programmes - I do not think there are sufficient programmes to do those sorts of things, and I also will question probably how to make it culturally appropriate in that context as well. Like how do you tell some people that you are obliged to provide assistance to them being family members but they can not stay here. Or how does an outsider do that? So there would need to be a lot of discussion and a lot of thought put into those sorts of programmes.

Mr KIELY: Yes, youth is the thing that I am banging on the desk today. So if I picked up on what you are saying, the kids that roam in groups, in packs, that it is not so much substance abuse issues for the kids, although I think we accept that there would be one or two or any given number that might be indulging, but that the abuse is happening back in the home and this is why we are seeing the kids out on the street because there is nothing to go back to, and this would probably explain where we hear the stories about the police or FACS or any one having their hands tied about taking back, they are in one door and they are out the back, and this is what you believe is the underlying cause?

Ms LAWTON: Yes, that is definitely what we see.. The other thing that we see, particularly with the so called gangs or groups is that usually there is an older member who is basically their role model. They have no other role models and this person has taken them under their wing and basically developing them in that mould if you want to put it that way. And sometimes that role model could be 15 or 16 and the others in the group might be 9 and 10.

Mr KIELY: Yes I see that out by my own way.

Ms LAWTON: But there is, like with those groups there is not necessarily with alcohol, but more with marijuana and those sorts of things, there is a fair bit of abuse of drugs by those kids and they can get it readily. Like you can say to them go and get me a smoke or something like that and they will be back in 5 minutes. They know where to get it and they are generally selling too.

Mr KIELY: So do you have any strategies in place whereby you work with the family back in the home?

Ms LAWTON: Because we have only had the Palmerston Youth Beat project and it has only been a Friday and Saturday night, and out of the funding we have had for that we have been able to provide four hours admin during the day, so it is very limited funding. There have been a range of things that we are looking at introducing into the Darwin Youth Beat project, and one of those in the Darwin Youth Beat project is that there will be a staff member available during the day as well as the staff on the Beat if you want to put it that way at night time so that referral can be made back to that person and that person will also have been out on the streets so the kids know them as well. That person, that service will also be available to parents who are having problems. Like we have had approaches from parents about chroming issues and what do they do, where do they go, what do they do with their kids? They are coming in and they are violent with us and those sorts of things, so hopefully through the networking of that person too will also be able to identify the gaps that are there, and where the interventions need to occur.

But these projects are very new and I guess the beauty I see is that the government department has built a fair bit of consultation and scope within those to be flexible to change to the needs of those services, both with the day patrol and the Darwin Youth Beat project which we are very grateful for, because as they were mentioning before those service plans can sometimes be very stringent in what you can do with your funding, and the only time you may have contact is at the end where your reports are, where with both of these projects there is regular contacts built in with the departmental officers and the stakeholders involved which is great. So, sorry that I can not give you more information but in 6 months time hopefully we can.

Ms CARTER: With regard to the sobering up shelter, is it big enough?

Ms LAWTON: I will cover a couple of things here. Someone mentioned to me just before about is the sobering up shelter open 24 hours. No it is not. That is totally incorrect. Our contract says that we can open it two days a week and that is a 'can' open it. And as I said, if we open it during the day time that means the people who are doing the patrol services are off the streets. So the community needs to make some decisions about what is the priority, trying to help people who are on the streets to get out of those environments or not. You could build a bigger sobering up shelter, but that is still not going to address the problem. Most of the people

who use the sobering up shelter are regulars, we know them, very well. At different stages there can be violence in there as well, and you have to know the groups so your staff training needs to be very good in that you need to know which groups are which, poison relationships, all those sorts of things and how do you cover this in staff training? So you make a bigger facility, you are making bigger problems as well. I honestly think that the interventions that are being trialed at the moment may have some impact, and ultimately I would prefer to see the sobering up shelter closed and the funding actually get placed into resourcing these other initiatives. However, that is a personal opinion because again I see it as rewarding bad behaviour. These people also do not want to pay rents, and they want to drink, so which is right, and that is where the question comes. Where does the personal responsibility of the people come in? Yes, we put them up with a bed, we make sure that any medical treatment is obtained, we check them regularly throughout the night. If there are concerns or issues then we intervene when the need be, getting them to the hospitals and Saint Johns ambulance and the police. But just how much further should you take a service like that? If you had 100 beds, they would be occupied during the wet season and would not be enough.

Ms CARTER: Thank you.

Madam CHAIR: Well thank you Joan. I invite Margaret Barton from Aboriginal Hostels to give us an outline of and just a short presentation on services offered to the community with Aboriginal Hostels.

Aboriginal Hostels

Ms BARTON: Aboriginal Hostels is a Commonwealth government company founded in 1973 to provide temporary low cost hostel accommodation for Aboriginal and Torres Strait Islander peoples. Nationally, Aboriginal Hostels operates 50 company hostels, providing over 1400 beds and meals per night in the following categories:- transient, medical transient, primary and secondary education, aged care, homeless, tertiary education and training, renal dialysis, prison release and diversion, and substance use rehabilitation. The company is divided into eight regions, with the central office located in Canberra.

The Darwin regional office operates company hostels located in Darwin, Katherine and Nhulunbuy with those hostels consisting of transient, renal dialysis, secondary student, medical transient and women's medical. They offer about 350 beds. We also provide funding through the Community Hostel Grants programme to 78 community organisations nationally to operate their own hostels providing over 1800 beds in a range of categories, very similar to those offered by Hostels. Aboriginal Hostel funds subsidise an agreed operating deficit of a hostel through either a recurrent operating deficit or grants for minor and major capital. The company provides funding through the Community Hostel grants programme to 29 organisations nationally to operate substance use rehabilitation hostels which in turn provide over 500 beds. Organisations funded through the Community Hostels grants programme in the Darwin region consist of tertiary education, age care and substance use rehabilitation and combined provide 136 beds, 56 of those beds being in substance use hostels.

As a company, Aboriginal Hostels Limited continue to explore opportunities for the delivery of effective services and outcomes for substance use rehabilitation hostels. If there are any questions that I can not answer at this time, I will leave some cards and you can contact me for further in depth information if the Committee so requires.

Madam CHAIR: And members can contact you. Is that the finish of your presentation Margaret? Are there any questions from members.

Ms CARTER: Could you give me the names of some of the hostels in the Darwin area?

Ms BARTON: Yes, there is the Silas Roberts Hostel in Larrakeyah, the Galarrwuy Hostel in Finnis Street, near the Daly Street bridge, they are both transients. The renal dialysis hostel at Nightcliff and the medical transient, Daisy Yirrmirr out at Tiwi. They are company hostels.

Ms CARTER: I have to say, two of those are in my electorate, and they run beautifully. We never have any problems at all, and congratulations for that.

Mr KIELY: Margaret, I have lived in Tiwi, up around the hospital. They have a couple of ripper card games going up there, but do you find some people come in on the medivac as a support person, an uncle or auntie or something will come in, they go into a hostel, but then maybe more family will turn up, and you end up finding these people migrate to the long grass and then, I mean do you find people might start in a hostel, come in from a community for one reason or another, coming in for medical reasons.

Ms BARTON: Yes. They come in as medical patients through the PATS scheme and they are only booked in for a couple of nights and they want to stay on.

Mr KIELY: Do you find there is a migration into the long grass from there?

Ms BARTON: Not always, no. I have not found it to be so.

Mr KIELY: No, no, not always.

Ms CARTER: Is there a big demand for your service? Like do you often have to turn people away?

Ms BARTON: Only at certain times of the year. We have really good occupancy during the wet season, and that tends to die down a bit during the dry, but overall we have a fairly good occupancy.

Madam CHAIR: Do you know why that happens? You were saying during the dry, the numbers tend to go down, and yet during the wet the numbers tend to increase.

Ms BARTON: There are a number of reasons.

Madam CHAIR: Have you looked at that.

Ms BARTON: Not as a region we haven't. That sort of information will be provided through the research planning section in Canberra.

Mr WOOD: Margaret, you said it is temporary accommodation. How temporary is temporary? Do you have limits on what to say to people, say, well that is it.

Ms BARTON: We tend to have a number of sort of long term residents. They are normally not asked to leave unless they are providing a nuisance. They normally have to be listed on the Territory housing list, but we do find that people tend to stay a lot longer.

Dr LIM: Six months, 12 months, longer?

Ms BARTON: Yes, we have had residents stay that long.

Mr VALADIAN: Bernie Valadian from the Aboriginal Development Foundation. Previously I was the Chairman of Aboriginal Hostels for 10 years, and one of the policies with the company when it first opened it was a three month limit as a temporary thing to allow people to move into the hostels for whatever reason, but if it was just for transients or people looking for jobs or other such things that was the time that was given and encouragement was given then to try and find alternative accommodation, because there was heavy demands at those times. But if they come

as a medical patient then it depends on the treatment of the patient because that could be 12 months, 2 years, and now of course that it is dialysis and stuff like that, that is more longer term. More recently the company has set up a Darwin dialysis hostel, so that is a long term thing. What happens then relatives when they come in, they then live in the parks and whatever around the place to get close to the relative in a hostel. If at times then that the patient moves out of a hostel and moves into some other place, maybe public housing, that is the downturn for the patient because the family move in with the medical treatment person, and within a two month period they are out, so I think hostels was providing some long term accommodation for medical people for their long term treatment. So there is a bigger problem out there.

Mr KIELY: So then you may be actually able to say there is a link between people becoming more at risk through being in the long grass environment to issues of substance abuse. So not only do you have the itinerant issues that have been identified by health and by the Larrakia Nation itinerants program, but also that other issue coming into it.

Mr VALADIAN: I can talk about my speech, my platforms, if I could just answer your question about, was there a term given. Initially it was a three month period, but the company would also help people find other accommodation if they were to stay in an area, but if it is for medical transients or for education whatever, the term would be education period they would be there, it could be one, two or three years, and after the school period is gone they would go back to the home communities, or they would then live in the town or city because they got accustomed to living here and I think that is what happens. We are drawing people in because we are providing such a good service in a city such as this that when they go back to their home communities they do not have the same privileges out there, so they look to Darwin again. Even on the outskirts of Darwin, in the long grassers or whatever.

Madam CHAIR: Thank you Margaret. I might now invite Mrs Irene Pantazis. Irene is representing the Parap Traders Association. Welcome.

Parap Traders Association

Mrs PANTAZIS: Irene Pantazis, Parap Traders as you all heard. Thank you for the invitation to come today and give our concern that we have as Parap Traders. Being here today we have new members come into our shopping centre, shop keepers who are not aware of what occurs in shopping centres, and they are not trained, they are not experienced, and they panic. And also it does bring a lot of concern for others who want to join up when they see what is happening and they read in the media, and what we are experiencing. We are experiencing something we have not seen for a long time, and it is over escalated at the moment. It is hard on us, it puts a lot of pressure on us. We are experiencing things that we do not want to as traders. We have to put up with a lot of harassment. Our shoppers that come into our shopping centres have not the confidence the freedom that is requested as an individual, I believe the freedom that is required for us to shop. They are keeping people away from our centres. This is harming our trading. We have our expenses to run our business. This is hindering our businesses because we are not attracting our clientele. We need our people to be back and feel free on our streets. I do not think that is a lot to ask. It needs more policing. We need someone there, there is the confidence is to come back into the community, to the shopper. Even for the children after school. They finish at school and what do they see under the trees. I do not like to see the children come out of school and have them see what they are noticing on a daily basis. I do not think it is correct. Now it is not fair for the people that are also in that position of having that alcohol, it is not fair on them as well. I do not think they want to be in that position either. But it is hopelessness on their behalf. Something is putting them where they are. They need direction, they haven't got it, they need direction, they need it bad. They need a purpose, and that is what is encouraging them to where they are today. I feel for these people, but I am only a shop keeper, I am trying to make a living and I am not. It is making it very hard for us to get the people into shopping centres. The security is not there. That is what we are asking for. If we can have some assistance, some I see it today, and fortunately there is a lot of things in place and hope to eventuate for the better of our community. I am concerned of the children of tomorrow that are

coming, because if we leave this situation that we are experiencing today it will escalate. We have to start now, and we have to address it fast, to let them know that what they are doing is not what we are asking. It is not the done thing. I do not think it is a big question. I would like to see business houses, I would like to see the areas redevelop, not see shop doors closed, and this is what is happening, doors are closing. Simply because people are afraid to walk in the streets. I have people that stay in Ross Smith Hostel who are, people would look them and say they are just people, and they say they will not walk out at night. We need more lighting in our streets. Okay during the day it is pretty okay, but night time that is why they sleep in the streets, there is not enough lighting. We need more, something is there to give them a feeling that hey what you are doing is not correct, that would tell them on a constant basis. They can see the patrol car coming, and as soon as they voice of the car they go hiding. As soon as he is gone they are back there again. They are very smart, they are cunning. There are a lot of things that we have to put up with that we are not prepared to put up with. Aggressiveness, we have never had that. I have been in business 33 years, I have never experienced what I am experiencing today. That is why I am sitting at this chair to bring our concern for other people, other shop keepers who are not prepared to come up and speak for what they are experiencing, it is not easy. It is getting pretty tough and we do not like it. We would like it changed back to what we know. That is not much I can tell you I can say. There is a health issue coming to it, they have that come sleeping, nothing fears them, they will sleep anywhere. Like I have a tenancy upstairs, the lady had five ladies sleeping up there and not only that, what they leave behind. Like everyday I clean the streets, what is left behind, it is unacceptable, it is unacceptable. So something has to be done for them, so that we can all live in harmony.

Ms CARTER: Do you ever see the police tipping out alcohol in your area?

Mrs PANTAZIS: No, but I can find the casks and put them in the bin.

Ms CARTER: So the police do not come around.

Mrs PANTAZIS: I am on a constant call, I am a regular. I police that area very well.

Ms CARTER: What do you do?

Mrs PANTAZIS: I ring instantly, I ring up the authorities instantly.

Ms CARTER: Meaning the police.

Mrs PANTAZIS: Yes.

Ms CARTER: And what happens?

Mrs PANTAZIS: They will get response, they are doing their very best. The thing is you educate them that the alcohol is incorrect. This is what we have to do, go back and address the alcohol issue. The police can only do so much. They have sobered them up but they are back on the street again. As I said there is no direction, there is no, they need to get that respect that they had once. They are losing it and it is not fair.

Mr KIELY: Do you know who it is, is it a core group or is it different.

Mrs PANTAZIS: Different groups, oh yes. But we also have white people, I saw young white fellows the other day, 20 odd, asking for money so it is not just one lot, I saw white people the other day asking for money, begging for money.

Mr KIELY: What time does it sort of kick in, is it all day or is it ...

Mrs PANTAZIS: Well, it is all day, it is all day, it is not a time schedule. They usually, they are just there. They sleep in the park. We put the tables for the shoppers that have some

recreation, you can not go near the place. The Council cleans but it is just is not - the fighting, the sleeping one on top of each other outside the shops, it is, it has already been mentioned, I do not have to mention what already has been spoken, you all are aware of what is happening. All I am asking is as shop keepers, as traders to have the public back to normal so that we can trade to clear our expenses. We are being driven out of business.

Mr WOOD: Irene, I note that there are all these alcohol programmes that might help the issue and there is also some talk that we should look at punitive action, but years ago we used to have – public drunkenness used to be an offence and was taken off the books. Do you think there needs to be a certain element of punitive action taken at the same time as having some of these programmes?

Mrs PANTAZIS: The programmes are a good start because they have never been introduced before. So this is a new programme. It is going to help our youth of tomorrow, and that is what we are looking for. We have to educate our young youth of tomorrow because there is more of them. Now if we do not address it today with the elders, with the older ones, because they are a minority, it is the young ones that are coming into the picture and they are the ones that I am concerned of, because if we do not start now looking into and addressing the errors that are affecting us well it is going to escalate. There is going to be more pressure on expenses on the government if we do not address it now and stop it now. The costs are nothing now, if you do not look at it straight away and say this has to stop.

Mr WOOD: Do you think the police should have more powers in the short term to try and overcome some of the problems.

Mrs PANTAZIS: Absolutely. If they have not I definitely believe there has to be someone who is there who is directly speaking, they do have more control, yes I do believe so, because we do not have it we are not trained. I am just a shop keeper selling groceries. I have not been trained for this kind of conduct in my store, uncontrollable. I have never experienced anything like this in all my life.

Dr LIM: You mentioned about police patrols and police responding to your calls when you give them a ring. How often do they come around through the day and at night patrolling the area?

Mrs PANTAZIS: We usually get the afternoon calls now about fiveish, they start about 5 in the afternoon, I see patrol vans coming around, but they know the time too, and they disappear, They are cunning they know what time the patrols are coming around, and they just skedaddle. They are not where they say, and they are back again, they are smart they know what time the patrols are coming. I just find that the presence of someone in uniform, someone in authority will assist us greatly. I do believe that it is essential that someone is, that they understand someone in authority is present and they will not carry on the way it is going on. How often can I be a policeman out there, and that is exactly what my job is. My job is to run a business, not to be a policeman out there to see what is happening and that is what I am doing.

Mr KIELY: Irene, you have been there some time in Parap?

Mrs PANTAZIS: I have been a long time there.

Mr KIELY: Some of us here probably have fond memories of the Virgin Parlour up there at the Parap Hotel in the bar out the back and everything. Can you pick a difference between - because that was a good place for the countryman to go there and have a beer and everything, and there was not too much trouble out the back there. I mean do you think you could - would it be worthwhile saying that since the lack of a controlled drinking place, since it was refurbished, do you think that has impacted any?

Mrs PANTAZIS: It has impacted, yeah I think they used to congregate up there a lot better but they now know it could be so, it could be so, they are coming out more regularly into the shops and into the parks and that is so, but it is a younger breed, it is another breed. I do not know what it is it is another quality that we never had before. They do not see the respect, we used to have respect for one another. It does not seem to be there.

Mr KIELY: Would you be able to put your finger on how long it has been heading that way?

Mrs PANTAZIS: Oh yes, about three years. About three years now we, it has just slowly gradually accumulated that I have been trying. Lately it has just been getting a little bit extra, a bit too much to handle. You get a lot of trauma out of it, this is what I find is hard because we are experiencing a style of conduct that we have never ever had to put up with. You know it was pretty easy to run a business but now you are always worried. They come into the shop. It was funny yesterday you look at him in front of him, you ask him what he wants you assist them he puts it into his pocket and starts to walk out. I mean, you have to be there in the shop just to keep an, you have to laugh, you laugh you know, but it is not a laughing matter. It is very hard on us we have put up with a lot more as shop keepers. Okay, I am older I am stronger, I can take it but a lot of the other ones the young ones that come in can not. That means you are losing revenue because you have not the service there for the public. Shop doors are closed. You have lost your trade and they will go to the main shopping centres where there is security, and that is what I am saying, the small shopping centres do not have that security that multinationals are providing, that shelter the umbrella. We have not as individuals because we are all independent shop keepers and we do not have a body or strength to allow us to provide for a service that should be there for us as rate payers, as civilians we do not have a service there to protect us, there is nothing. That is why the big companies that run umbrella organisations, the people will patronise them and we do not have that, and that is what we are requesting as shop keepers if we could have that surveillance as well to let business and people in the streets.

Ms CARTER: Irene where do the drinkers get there alcohol from in your area?

Mrs PANTAZIS: I would not like to pinpoint, but I can tell you and I think everyone else knows but I will not.

Ms CARTER: Do you think there is some change that should be made for example in the licensing hours of that place, would that help?

Mrs PANTAZIS: I feel that the responsibility should be where the alcohol, like myself, I know how to control it and I control my alcohol sales. I believe that alcohol should be consumed for satisfaction, not for purposes of disgrace. I feel that we have to acknowledge that once the alcohol is, they have too much intoxication, I just go straight up and I can see in their eyes and I can feel in their walk and I say I am the licensee and I refuse your sale of this alcohol from these premises.

Ms CARTER: And what happens then?

Mrs PANTAZIS: Well sometimes, they know now. First they did not like the idea of me telling them, but they soon got the idea and they got the message that I was loud and clear and I was not going to sell them that alcohol. And they know that they can not go to that one, tough lady, cheeky one.

Madam CHAIR: Thank you, Irene.

Mrs PANTAZIS: Well, that is the way I feel, and that is all I can say is we are looking for more surveillance, we would like our streets to be cleaner than they are today. Hopefully, with my message and hopefully something can be done for our community and our people on the streets so business can go back to normal. Thank you for listening.

Madam CHAIR: I would like to ask Mr Ross Webster, Director of Drug and Alcohol Services with the Salvation Army.

Drug And Alcohol Services - Salvation Army

Mr WEBSTER: My name is Ross Webster. I am the Director at the Drug and Alcohol Services with the Salvation Army. Madam Chairwoman, members of the Committee, the service that we provide at the moment has varied from when we first started the drug and alcohol services in Stuart Park. When we first started we were mainly focussed on the caucasian Australian people with alcohol problems and alcohol problems only. But the focus has certainly shifted and we had to shift with it. The itinerant problem with substance abuse has certainly made us shift. We needed to look at more than just alcohol abuse but drug and alcohol, and the effects that that was having.

We at the moment provide a 15 week residential and non-residential drug and alcohol programme for both men and women of both caucasian and Aboriginal people. We at the moment have 15 beds for residential and we have nine places for non-residential people. The programme is such at the moment has moved more from white population in the last six months to us taking a greater proportion of Aboriginal people of up to 35% - 40% of the people that are coming into our services. At the same time we were at one stage only looking at single people, but that has also had to shift and we are now looking at couples. With the itinerant population as has been mentioned here, that white and Aboriginal people are in mixed relationships and substance abuse is the major contributor to the problems that go along with that. With the 15 week programme that we are running at the moment we also had to move into a withdrawal programme as the detox closed in Coconut Grove. We have two beds that we run for withdrawal services. We also have an after care service after the programme, the 15 week programme is finished. We have a worker for 20 hours per week that helps assimilate people back into the community, looking for housing and places of work. The housing that we are looking at, the people ask that the programme seeks accommodation in the private sector rather than Territory housing. The reason that we are doing that is because we think that people going into Territory housing seem to be going back into the old round about community again. It is all drug and alcohol situation, and it is not conducive to what they have done up to this point.

Dr LIM: That is interesting. You find that if you put them in private housing, you have a better outcome. What is the difference? You did not explain the difference, you just said that if they go to Territory housing they tend to round and round in circles, whereas in private housing they do better.

Mr WEBSTER: They seem to have more sense of freedom and direction for themselves rather than being by Territory Housing saying this is where you go or you have two options, here or here. Private sector is a more open market.

Mr WOOD: The detox beds, are they available 24 hours a day, seven days a week?

Mr WEBSTER: It is not an actual detox, it is withdrawal, that is after the detox is done and that is done through Darwin Withdrawal Service. We do take them at any time for five days a week, Monday through to Friday, but Darwin Withdrawal Service will only see them Monday, Tuesday, Wednesday to do an assessment.

Mr WOOD: I heard that. I wonder what happens when you have a problem on Thursday, Friday, Saturday, Sunday?

Mr WEBSTER: It is a problem that I think can only be kind of addressed again to some degree going back to a residential detox centre.

Mr KIELY: Ross you mentioned the figures of 40% % Aboriginal, 60% other. Is your catchment area, people are in the long grass, so do you get anyone using the service who lives

in Nakara or lives in Wulagi. Is all the people you look after, your substance abusers, I mean, are they all homeless or do you actually have people coming from a family environment?

Mr WEBSTER: Right across the board. The Salvation Army programmes goes, there is a kind of picture there that all we deal with is the lower economical status people, that is not the case. We have people still coming in that are working, house, family together, everything else, but they have this one problem that they need fixing.

Mr KIELY: So we do have those sorts of people in our community. I feel that we are focussing on the one group but this substance abusing is right across the board, it is not just a localised itinerant issue.

Mr WEBSTER: Sorry, I did not ...

Mr KIELY: Substance abuse just isn't confined to the one group?

Mr WEBSTER: No, certainly not.

Madam CHAIR: Thank you Ross, if there are no other questions. Please stay if you will with the round table discussions. I now invite, we are waiting for Bernie Valadian and Geoff Jones, just Bernie, okay I have Geoff's name down here as well from the Aboriginal Development Foundation.

Aboriginal Development Foundation

Mr VALADIAN: Bernard Valadian from the Aboriginal Development Foundation which is a community based organisation in Darwin. A brief outline of the organisation for people who may not know about the organisation and what we have been about.

Personally I have been involved with indigenous affairs for 40 years, and have worked with the Foundation for 30 of those years. In the first ten of those 40 years I was involved in youth activities in Darwin going back in the 60's, and the youth activities then was mainly with the Darwin Police and Youth Citizen Club in Darwin, a blue hut out at Stuart Park and the youth centre out at Nightcliff. The bulk of the youth that we used to deal with in youth activities, mainly gymnastics and stuff, was indigenous youth or young people, and most nights that we, it was four nights a week, were always and very full. The reason why the bulk were indigenous young youth is that the parents were very busy doing things parents would normally do in those days and had no time for their youth. But at least we had organised areas, which were fairly free for the kids to come in, so the kids were always in a place where the parents knew they would be safe until the end of the activities and they went home. And those people would be from almost newborn babies to young people in their late teens. What seems to be wrong today is we do not have that sort of activity, because those areas are now taken over by more bigger and better organised sort of facilities which do cost money. So the things that is wrong I think with our society today we do not have in a sense unorganised areas or activities for young people where they come and organise something but still under a controlled situation, but not what we have today.

What has the Foundation done over the last 30 odd years? When we first started up the organisation there was a very big need then back in the early 70's and the 60's as what you are facing today. A lot of young folk, a lot of people used to come in from out of town, remote areas and use the town parks for their same purpose they are doing today. It was a major concern for the authorities then and the authorities had no idea what to do with the situation. Having at that point just starting up the organisation we knew there was an area here that we could concentrate on by trying to give some assistance, and Darwin in those days in the early 60's was not as big as what it is today and the parks were mainly the Darwin CBD and the nearby communities, suburbs. We then started looking around for where can we ask these people to go to because their main concern was they are being hassled by the authorities and by the police and they wanted somewhere they can sit down peacefully and be quiet. If they wanted a drink that is fine

but they did not want to be always under the hammer by the authorities watching them. So we started looking for areas of land where they might be able to go, and if their main concern was a quiet drinking place, so be it, but at least it would be in their own area. So we applied for special purpose leases of land around the Darwin area, and we put in for a number of areas and the government of the day found it very difficult to issue land because they did not think this was the right thing, but they knew there was a problem. So we ended up getting areas of land such as the One Mile Dam or Railway Dam. We got Knuckey's Lagoon out at Berrimah. We assisted the Kulaluk people with getting the land out at Kulaluk. We got an area of land much later on out at Palmerston. We got involved with an Adelaide River community because they had a small concern down there. We got a piece of land out at Humpty Doo. We were involved early on with the Acacia Gap people down the Highway and out from Batchelor there is also a group of people there. And further out from that again was Tree Point and down at Bulgul, so the Foundation was involved basically in the whole range of communities that surround Darwin, setting these people up so at least they had a place they can go to.

But getting back closer to the Darwin area, our main concern here was to try and find shelter for these people because their concern really was they were coming into town, had no where to go, they associated with the Larrakia people but they still did not want to be too much of a hindrance to them, but they were taking over areas of land that was basically Larrakia land. So, applying for land we eventually got special purpose leases, and once we got those lands, we then set about applying for funds to develop. But before that happened, we had around Darwin a number of tent cities, little blue tarps we had put up, and whenever people looked around and saw a blue tarp, they thought 'oh, Bernie's been there', well that was the first type of shelter. Because our first type of accommodation was blue tarpaulins, bush toilets, 44 gallon drums for water and a regular rubbish collection. The concern with that was, when people wanted something more better we would say if you want to live in this place one thing you have to do is try and control what you are doing, and you have to keep the place clean. So on a weekly basis we would go round and the drums would be full of rubbish because if they did not pick it up we would say 'look there is no chance of getting this area for development because you people can not look after it'. So we instilled a sort of sense of pride in these earlier, they are all passed on now, these earlier generations of people we had, that if they wanted something they had to contribute back in, and their contribution was to look after what they had. There was no money involved, there was very little dollars out of Aboriginal Affairs at the time, but we did do this and we got it going. We were involved also with the Bagot Community.

So what has happened since then, in the past 30 odd years, that what have we achieved? In all the years I have been working with the organisation there has been no infant mortality in any of our communities, and no children born in those communities have died, so I think we are sort of getting on the right step. By looking after mothers with new born babies and trying to find their needs, and tying them in with the authorities or the services like the with the Health Department or the welfare organisations there was a sort of referral thing. So if something was wrong we would know where to put them onto the right track. There was a significant improvement in health of indigenous people and few hygiene related problems. Now our main concern then was to make sure that if we had the roughest of toilets that had to be sort of clean toilets, and I think Darwin in the earlier days had what was called 'flaming furies', and if anybody knows about flaming furies, they would know what these things were about. The suburbs had toilets in private households which is a hole dug in the backyard, a toilet put around it and there was sump oil in put in and on a regular basis these things would be burnt out, and they would be called flaming furies, because if you did not like your neighbour you might sort of burn your fury of a Sunday afternoon when the neighbours are having their roast dinner. So this was the sort of thing that Darwin was, and we used to do all these things, and the Health Department at one stage went to one of our nearby communities and said 'oh, you can not have this sort of toilet'. I said fine, you give us the money I will build a proper toilets. Well they did not have the money because they did not fund us, so I said right if you can not do nothing about it just leave it. So we had a situation that if somebody wanted something be improved we would ask for the dollars, and if that department did not have the dollars that is where it stopped. So we sort of continued with very low development funds, but we had to do something because the authorities in Darwin,

as we just heard from the lady from Parap, they just could not handle the situation and they needed a resource to do it, so we become that. Over the last 30 years, many of our people in the communities they have developed from living under trees 30 years ago into communal style housing and now people are now moving into more urban style accommodation.

Now it has been a long time in doing that because we never seem to be on the top of the list for receiving dollars from the either the NT government or the Commonwealth through either Aboriginal Affairs, Aboriginal Development Commission or ATSIC, we sort of got funding as it came along. So to try and get this thing going over 30 years has been a very long process, and to stick with it is even much more difficult, because there are times when there are a lot of down sides where you get criticised for a lot of things, but our successes were that people were at least moving forwards at a very slow rate, but at least the families were starting to develop. As we just heard I think from the last speaker that years ago it was mainly single people, and then it became couples, and now it is families that are coming in and families are developing. There are a number of reasons for that as well. In the last 30 odd years as well for the monies we have received from government there has always been good financial management and we operate within budget and always get clear audit reports. At the moment we are just going through a half yearly audit and our auditor is here today. I thought if he come in today just to hear what goes on in Darwin generally he might get another picture about us, how we operate. But he had been the auditor for 10 years, and the lady we have in the office that does the accounting and book-keeping, at the end of the audit each year, she is ready to go to the mental asylum because the amount of questions put to her about how we spend our money and she has to have the answers, the hardest pressed person in our organisation is our accountant/book-keeper, because if we can not account for the dollars, we believe we should not be getting dollars, so that is why we have always had very good financial management. And there are other organisations really should learn that. You get money for a programme, you do not go outside that programme because it may be beneficial to somebody else. If it is not within the budget you just drop it. So we have to be very strict at our dollars and Geoff has been with his workers when they come into do our audit, we are always on tenterhooks hoping we can answer those right questions, because today's thing with companies right round the world, right round Australia, the number of large companies collapsing because they are not accounting proper they might want to do extra things outside of their budget, but that is when they are in strife.

The way the organisation has operated over the last 30 odd years, we believe that we could spread this skill a bit further to other organisations and communities that can also help their own people, because it is only by doing what we have been doing over a long period of time that we can be successful. We are not very public, we do not go out in the media very often, we do not sort of tell everybody what we are doing, we work behind the scenes and we try and get things done. We also become involved in assisting a lot of other organisations, setting up other groups, and we have always been used as a resource by either the ATSIC or by NT government to help other people get started, and once they get started they go out on their own, because we do not believe that one organisation can do the lot. But, one organisation can be a resource for other organisations and communities to get up and get started. So what has happened over the years, I would say there has been about 15 or 20 other groups that we have been involved with. We get them on their feet and then we pull back and they take the credit for getting themselves up and running, and as I just said a bit earlier, the regional CDEP, we were asked a few years ago to put that on the map and were told by a lot of people it will never work in Darwin, but there was a need for this thing to work in this region because a lot of different groups were wanting CDEP. We had a consultancy go out and talk to all the communities in the region, they came back, the consultant came back and said there is a need for it, but it has to start off through ADF. People in their own little communities said 'oh no, not through ADF' and I said why, 'oh we want to do it ourselves'. But the thing was because of our management, and we had a consultancy put up on top as a review to see if we could handle the situation, we did that, we got the thing up and started then it moved out on its own. So again we just become the conduit to set other people up to get the jobs done. And as we heard earlier from Larrakia Nation, the CDEP is going to help them a lot because I think this is where the Larrakia Nation people get ahead, because they need to have resources and they need workers, but they do not have the dollars to pay full

wages, so when they get the CDEP workers which is 'work for the dole' plus the bonuses that go with it, I think they get the pride out of working

One of the things we find here and a question might have been asked earlier of another speaker is a piece of land the thing you do is tuck people away. What is happening just recently on the media, on the wireless we hear some ABC talks in the morning that there is an interview of about four or five women from Alice Springs they happen to be in town. They seem to be grandmothers or mothers and they are asked why they are in Darwin, they said they come to Darwin because they have difficulties in their home communities and they can not live there. So they come to Darwin, because Darwin is a good place. Well that is why a lot of us are living here in Darwin. But, they said that they would like some sort of shelter because they can not live in the long grass all the time, they can not live in Housing Commission because they do not meet the criteria, so the demands that were put upon us 30 odd years ago is still there today, that people are looking for shelters, they are looking for a piece of land to go to. Now that has to happen, I think somebody has to make some decision on that. This present year though, through some decision of regional office of ATSIC, we have had our budget very heavily cut, simply because there has been a greater demand on the funds and they have gone elsewhere. Those cuts that have been put on our organisation has meant that we cannot operate as effectively and efficiently as we want. The demands put upon us by visitors coming into Darwin for more accommodation and more assistance have not. However, we have to say no. One of the things that has gone wrong currently, is Leon from the organisation he is running thought he might have been able to get some assistance out of us at one of our communities for some of the itinerants. But, after he came and had an initial interview I had to ring back and tell him no, it is not on because our budget was cut, there was no way we could manage any extra responsibility. So, if that is happening, there is a long hard road ahead of him to try and resolve the problems that he was talking about.

I think what is really needed here when you talk to these people who are living in the long grass while they do not want proper housing, they do want shelter. But over the years and past governments, Territory governments there has always been this desire to do something, and through the Darwin City Council and through some Larrakia leaders who work for Council and others that put up proposition to government as to where a piece of land might be available, might be suitable to trial this area of land for the transients, or as we used to call them itinerants, where shelters can be put up, proper showers and toilets and maybe a servicing centre. If it was up into the Northern suburbs you would have the local person say 'oh no, not this region, it is not quite the right place'. So we go to the next one and find another piece of land, 'oh well no' or they may be some other reason to use that land for something else. So there is always a reason why land was not available, but unless the government is prepared to set aside some land and really put the money where its mouth should be or something

Dr LIM: It is called NIMBY, Not In My Back Yard.

Mr VALADIAN: But how to resolve a problem. I would like to try and help out, we all would like to solve the problem, or have some ideas of it, but the thing is not just a sobering up shelter or those sorts of things, they are okay for the day time activity. But with families coming into town now, because they have traditional problems back in their communities, they have community problems, they have in-fighting and internal disputes, there has to be times when they must leave their community and Darwin seems to be an attraction. The other thing that Darwin is doing to a lot of people too, and I think it is through the authorities, such as the Department of Health, which really has not taken on its full responsibility, medically evacuates people into Darwin. I believe it does not always talk with the other departments and authorities as to they are bringing people in, they will be needing accommodation, but there will also be a need for other people to come into stay.

Unless you tie all this together that you do not bring somebody in for long term treatment without the next step. The NT Housing may try and jump this queue and give this person emergency accommodation on permanent housing, but when the families follow in behind them

within three months that person is back out on the streets, so the treatment has gone down. We have heard where there is dialysis, people with renal problems living on the beaches, this has been a long term thing. They may have gone into a hostel to start with, but then they find they can not stay in the hostel because it does not quite suit them. Then they move into private accommodation or other accommodation. That would suit the person, but it does not suit the families because they overcrowd and they are back out on the beaches and the parks.

So the reason why they come to Darwin is for this long term treatment to get better, all we are doing is putting them into a situation where they do not last. We have had in two of our communities over the last five years, and the woman from Parap said three years, but we know it has been building up for a longer period, where these medically evacuated people come in for renal treatment or whatever, and then they are coming from another part of the Territory. I think we heard the Larrakia people say that he talked about the Top End, where there is an association of people, that was always a thing in the 60's and 70's. With better medical treatment now, people are coming from the southern part of the Territory which do not associate, have no relationships, they have no communication, and they are the ones that are causing a lot more problems, and when they medically evacuate from that region, it is too far by road to keep travelling back and forwards to see them, they come by bus, and Palmerston is one of the areas which is fairly bad at the moment, they live in or around the community, they move into the community, and a house which may be a one bedroom house which may comfortably take five or six people has 30 or 40 people.

Now one of the things that our community has been able to do, we sort of put up with the situation, but they are coming in with very little living skills, or home living skills, so one of the problems we have because of budget reduction is we can not try and assist these people how to change their way of living so they are more suited to the Darwin type environment. If you live in the desert you can live a much different life style. If you come into a built up area then you have a problem. We hear that there is different sorts and different age groups coming in. Three weeks ago I had a phone call from Uniting Church, one chap in the Uniting Church, who had a major problem about people sleeping around the Church here in Darwin, and he went for assistance of other organisations but could not get it, so he was asked to come and talk to us, so on the phone he is talking about it and on the Tuesday night before, and this was on the Thursday, he said on that Tuesday night, 50 people were sleeping around the Uniting Church. And I thought, what was the place like in the morning? He said that in the morning it was absolutely disgusting. There are no public toilets, there is no where for people to go, but he had that many people of the whole range of age groups from new born babies to old people, night soil was all over the place

Now this becomes a health problem and the fact that the people sleeping out like that with no facilities must be a health concern. If the health department does not come in and support somebody then we are not going to get anywhere, as we find out in the shopping centres, the shop keepers are all the time hosing down the footpaths, because they are afraid not to get out and do that because the customers will not go into the shops because of what happens at night time. So we do have a major health problem out there, but I think it has to be addressed by all those departments that have responsibility to some part of the community, not just leave it to the department like Housing, it is not housing, it is just a police concern. I think we all have a concern here, but organisations such as ours who are really trying to get in and do something, the same as the Larrakia people who are trying to give a better impression that this is their land they would like people to respect that land, we have to get in and do something a bit better.

But getting back to what can we do, what can anybody do, we must try and sort of have meetings of some sort where the dollars will come in and the dollars will be for purposes that are worthwhile. You can have an organisation that will be a good talk organisation but it does not have any resources do nothing about it, what is the next step? So, in two of our communities we now develop new town plans and one of them just more recently through the Department of Lands we developed a village concept, and in that village concept we hope to have some parts of the community for short term visitors, transients, and another part will be for more permanent

residents. Because, we do have in our communities people who have moved in, they have lived under trees for a start, they lived in the basic shelters and moving into better housing. They have families there now who want to, they want to put their children through better education, but at the same time at the other end of the community we have visitors coming in from the remote communities who need to be here because of the reasons they come into Darwin for, and we just can not kick them out. This has been a concern with the Yilli Rreung regional council because 12 months ago to date basically you might remember there was a thing in the paper about the long grassers and I think through frustration the Council might have had an outburst in the paper where they are saying the cost is too big plus to bear the cost would be cost of the project of handling the situation.

While the regional council does not get funded for people from other parts of the Territory, other regional councils who are being funded up to the extent that more than this regional council here is, no dollars come from them to support this problem. So what we are doing here in Darwin, taking problems from other regions, trying to resolve it, but no extra dollars are coming in. So I think ATSIC really has to get together in its own rights and say look, in its regional council meetings that it has, and Chairperson says look, this is the situation, how can they help this problem. It is not only a Darwin situation problem it has to be from other parts of the Territory, and because it has come from the southern part of the Territory as well as the northern part I think there has to be more sort of discussions at that level. I do believe that the NT government has a responsibility but it is not theirs alone. I think the communities themselves have responsibility and people say where does it go back, where does a person become responsible for themselves?

No, we can not keep on doing things for people, but I do know that in our organisation and our communities people have progressed up where they are now, kids are going to school on a more regular basis, we have been supported through IHANT for better housing, we had six new houses at Knuckey's Lagoon last year, six are coming under Palmerston this year and I think three or four at Adelaide River, so with that progress we are now putting people from basic shelters into better accommodation and with that you start to get people advancing themselves and getting pride in themselves so I think it is a long range programme, but it is working. The immediate one is you see on the streets here what is happening, what do we do with those people?

Dr LIM: So Bernie do you classify ADF as a housing association or do you classify the ADF as a capacity building welfare organisation helping people to learn and integrate into the wider community?

Mr VALADIAN: The Foundation when we first started up was to try and assist people to move from where they were under the trees into something better. We did not become, we are not a housing organisation, in that sense, but we are a community based organisation to help the community on a whole. By providing some sort of accommodation you start to provide some sort of pride in the people. By providing better accommodation you start to provide families with a sense of esteem that they want to do something. So we become in the sense of capacity building, we still have this group who have never lived in a house, they have come from the outer circles of their home communities and I think the thing that may not be fully understood that a lot of the transients, the itinerants that are coming in, maybe are not from the centre core of their home communities, they are coming from the outer regions, which may be the same sort of situation that we see here. So when they do come in to our community, we try to support them to get, to advance a little bit better. We do not force nothing, we do not stop them from drinking but we do have a situation where we say 'that is causing a problem' and by example they start to slow down. I think as Gerry might have said earlier you know, Knuckey's Lagoon and the 15 Mile at Palmerston, the 16 Mile, many, many years ago Knuckey Lagoon was an area where the station owners would drop their people at Berrimah in the wet season, so that was a staging camp. In the dry season they would pick them up and take them back to stations. What happened over the years when they started to kick all their people off the stations because of the wages thing or whatever, Knuckey's Lagoon was an area they were accustomed to. Berrimah

store, Casey's Store was a drinking place so they would congregate there, but at least at night time they got off the street and went back to Knuckey Lagoon, so at least it was one area where they could go to.

Both Palmerston and the 16 Mile and Knuckey Lagoon in the early 60's and the 50's was a place where the people from the Leprosarium would congregate so you had people who were cured from leprosy would use those areas and when I first started we had a number of people who had no limbs and stuff like that living in these areas. That is where we got really involved in trying to assist them to change their lifestyle and give them better accommodation. So sometimes an area of land maybe where people want to go and drink and drink out of public image, out of public sight, so I think you start from that and you start to improve over a period. But, we are not a housing organisation, we are basically a resource type organisation. We are still called upon by a lot of other small communities to assist them with their budgeting and putting submissions forward, so using it at that point where you are sort of a whole organisation.

Dr LIM: You also mentioned that it has taken people 50 years to go from living under tarpaulins to now living in a home. Is that a good period to evolve? Is it too long, that we should have people moving a lot faster through those stages from tarpaulins to homes, or should it be even longer, maybe 200 years is not long enough?

Mr VALADIAN: The reason why, initially when we had nothing at all and had very few dollars, we may have been given \$5 000 a year to do something and that would be providing just tarpaulins or later just small tin sheds. After Cyclone Tracy we did a scour through the Northern suburbs and collected second hand roofing iron and timber, so we were building houses out of stuff we confiscated out of the Northern suburbs. One example would be at Kulaluk which were heavily involved with in the early days and particularly before the Cyclone and just after the Cyclone, our building programme was putting up these wooden structures with tin. Our workers went there and found a stop work notice on one of the buildings they were putting up, and came back to our office and said 'oh Bernie, we cannot do any work'. I said why, 'stop work, you are not to do any more'. I rang up the guy in the NT government who was in the housing authority, who said you have no permit to build these houses. I said that is fine, what do you want us to do about it? He said, well you have to stop. I said no, no, no I will only stop if you give me money for better housing, if not, you have no right to tell me to stop. So we continued to put up these buildings, and I have photos of these buildings that we were putting up then. That was the first stage housing for the Kulaluk people. They went on later on to become a self organisation, but in the early days we were heavily involved in providing accommodation there by using whatever we could scrounge.

So all around Darwin after the cyclone we built houses out of stuff we got out of the suburbs from the cyclone. But that sort of went from the next stage up. When we did get money from Aboriginal Affairs and ADC it was \$10 000 for a house, now at that time the Darwin Reconstruction Commission was spending \$200 000 plus on houses in the suburbs but ours was \$10 000 for two or three houses. Now what do we do with \$10 000? We would go and look for stuff, and we just built things. But the 30 years was only the length of time that we were operating but it would have been quicker if money was there and more support was given, but the people themselves wanted to have something at their level of accommodation, something they could live with and they could maintain.

Current building practices now and the BCA, the Building Code of Australia, require certain things in houses, but what is going to happen within the next 10 to 15 years, the houses that have been provided now will deteriorate much quicker than the ones we provided because we built very strong buildings and can go through an upgrading situation if money was there for upgrading. So it is not a long programme for one family to move from under the trees to a proper house. It is just the programme took too long to do that. A lot of heavy criticism was 'the people are living in shacks'. That is so, that is so because there is no money to do anything about it, so now we are going through a system of upgrading.

Mr WOOD: What do you see as the future for these community groups and bearing in mind they own a limited amount of land some them, should there be more of these type of community groups like the 15 Mile, and we should be expanding the ones we have.

Mr VALADIAN: In the early 70's we applied for a number of pieces of land around Darwin and we thought then that if land was set aside for special purpose to be used as and when required, we would now have areas in the Northern suburbs which could have been, but in the 70's there was nothing out there, but we knew the hospital was moving out, there would be a need for hospital patients or visitors to the hospital. If the government of the day had of set aside areas of land, that would have been under a controlled situation. What we have today is a shortage of land because Darwin is developing too rapidly. If land was made available, and a pilot project was put up more recently to NT government through the SAFF organisation for five acres of land, or five hectares of land out at the Northern suburbs near the hospital, which is also earmarked by Bill Risk of the Larrakia Nation when he gives a special project to Darwin City Council that if a pilot was put up out there to provide shelter accommodation with showers and toilets and have organisations such as the CAAPS and the church groups go into to service the community it would be a start to see what would be required.

The Palmerston city which is now a city was a town when we first started and not even that made no provisions for anything at all, and still has no provisions for people that will come in. They will have the same problem that Darwin City Council has and the Darwin city itself that as people move in and the township develops more it will be the attraction from people from remote areas. So areas of land should be set aside so that programmes can be developed. We can not just have a programme where we keep asking the home communities to take their people back, because what has happened in the past, has been tried in the past when they have gone out and talked to the elders and the councils they will say we are not responsible for everybody that goes to Darwin. Once they leave the community then it is no longer that home communities responsibility, it is a Darwin City Council or it is Palmerston Town Council, so we should be looking at something.

Mr WOOD: Is the 1 Mile Dam still under threat?

Mr VALADIAN: 1 Mile Dam, Railway Dam , for the people is right in the heart of the city in the petroleum tank area. Because of the development around us we have been advised there will be cheek by jowl units all around the unit. It is under threat

Mr KIELY: Rates will go up, your rates will go up.

Mr VALADIAN: It is worth quite a bit of money that land so it does not matter, so we will hang on to it. It is under threat in the sense of the development around us. The lifestyle of the people will be under threat, so therefore we do not think it will be a long term thing. We do believe that we will be negotiating with the Minister for Lands at the moment, some meetings will be held at the Department of Lands and the Minister as to what our options are in the future. Because it is too small a piece of land it will not be able to continue to be used as such, it will have to be used for some other purpose, even if it was Aboriginal land and continued to be Aboriginal usage, not for the same purpose it has today.

Mr KIELY: You have been around a fair time Bernie, you have covered a lot of ground there., Kurringal Flats, do we see them as a microcosm of the issues of overcrowding of itinerants with substance abuse problems that go on, I mean, do you have any views on Kurringal and what might be done down there.

Mr VALADIAN: Well if I could talk on that one. Many years ago when the current Chief Minister was on the other side of the House, we had many meetings with her about those problems there. I think what was wrong with that particular place there was there was a large parkland around it and it was open space where people just came and congregated when they knew there was some elders in the units that they could go and associate with. A difficulty

comes back here and somebody said earlier was talking about public housing whatever, I believe the landlord has some responsibility for its tenants, so if the tenants are being harassed by it does not matter who it is, the landlord should come in and support the tenant. With Kurringal Flats, it is not done like that, same as in public housing, if the tenant is complaining about the problems with visitors and maybe even relatives at least the landlord should come back and say this person has the right for this house, you people are causing a problem. The landlord never comes back in regardless of who the landlord is. It is the neighbours who complain to the authorities, the authorities take out the action, then the people are out.

Kurringal Flats was built in such a way that it was never intended to be for, earlier on I suppose I can say this, indigenous people, because that was not thought of the day, it was meant so that Darwin had another area of land, another resource. Because of Kurringal Flats not being a very popular place then indigenous people were put in there simply because it was easy for the authorities, but they did not take the next step as to how to control the situation. If there is going to be redevelopment around there it would be good for the whole community but then we still have to find an area of land for the people who are using the parks, because they will not leave, as long as the park is there they will still annoy. You can not blame the people for that, it is just that they have no where else. What used to happen many years ago, Darwin City Council would develop a very nice parkland, grow nice trees and put taps all over the place. What better place could somebody go and live? They complain about the beaches, on the foreshores and often in the past I was requested to move people from the beaches at certain areas because there was an election coming up. I would go there first thing in the morning and you would sit there and think what more could I want. I sleep here at night, I have a campfire, I can go fishing I wake up and the sun is just rising, I have no problems. What can I offer those people, so we try and move them from a nice area to somewhere else? They would move but they would come back again because there was no real solution to the problem, so I think government really has to do something about making some other areas available and spending some money on that, but having it in a controlled atmosphere though.

Ms CARTER: Bernie, with regards to 1 Mile Dam which has I am guessing about seven shelters there within reason could possibly house 50 to 60 people to a degree, it is currently my observation is controlled by one family who are often very reluctant to have anybody else come and stay there so when I have been door knocking in there, there might 15 people spread between two or three of the shelters and maybe three or four of them empty. Then on the other hand you say we have 50 people under the Uniting Church eaves one and a half kilometres away, my expectation is that 1 Mile Dam will not change significantly within the next year or two, is there anything that can be done to encourage the situation so that more people could actually go and use those shelters?

Mr VALADIAN: I think with the first lot of presenters discussions may be held with them because the people down there, and this is the wrong attitude they have taken on, they believe it is their land, now when we first started the people that were then have now passed on, they were elders who welcomed most anybody, and we had people from as far, from Alice Springs would come up and stay in Railway Dam. It was quite an attractive area. People from Port Keats and Peppimenarti would come and stop at Railway Dam, but currently it is not being used for the purpose it was originally set up for because of the dominance of down there, and sometimes it is very hard to get through that, but I do believe there could be better uses put to it, so if in the next 12 months that was the case it is fine, but I do not think we should be trying to make it that it is going to be a big issue that if there has to be a change of location that we are going to have a large political fight at the end of the day. Because I do know that Railway Dam, while it is important to keep that land and keep it as an Aboriginal area because of the significance of it, it may not be for the accommodation type use. Because when you have the neighbourhood which will be changing and the neighbourhood which will not understand what our people are all about because they will be new people coming in with the type of development will go on, we will have as the lady from Parap will be saying 'what will happen?' So the current population is on the decline and may go out.

Ms CARTER: There is not many people there.

Mr VALADIAN: No, so that is why and they have been advised that over a period of time that the land will be disappearing. Now whether it disappears completely, I am not quite sure, but not for the same purpose that we are using it. So if we were to re-invigorate down there we would have to have dollars come in and I do not think we are going to get those dollars from the funding organisations for something that they are unsure of. So in the longer term we would rather not spend dollars there.

Madam CHAIR: Just fairly quickly if I may. When we talk, and just picking up what you were saying, I agree I think that ATSIC regional councils all over should take some responsibility because there is a migration coming from the different areas. In terms of the southern and something I know that Leon is going to say for the round table discussions, but when we look at the percentage of indigenous people coming from the remote areas in particular that migration from the south coming up, and you are right in terms of what you are saying that there is a whole lot of confrontations that are happening. With the groups that you are looking after, 15 Mile and Knuckey Lagoon, is there an integration amongst those groups from the centre to some of these areas because I am just, I mean in terms of the.....

Mr VALADIAN: Well at the Palmerston, 15 Mile as you call it, there was an integration or a relationship between a person from Humpty Doo who lived at Palmerston for a period of time, went to Lajamanu or some area there, married into the group and came back. What that did then for her side of the family to come up in lots of 20, 30 or 40. So they started to build the relationship because they had connections. It also came in from that from another part down there a man who had renal problems came into the community because he was related some way, he went into one of the houses we had out there, 20 or 30 of his people came in.

Now what happens, they come in on short term basis and because they are not paying the rent which they can not get a lot of dollars, we try and move them back out again, so one lot goes back another lot comes in. What they are finding is Darwin is much better than where they are living, it is not as cold in the winter time, it is not as hot as in the summer time, it has brighter lights, it has all these nice things, so you have this continual transit of people that come for a period of time then they will go back and another group comes and then after a while they stay a little bit longer, so we are getting this migration that way.

We had a young chap out there, which is still a concern he is in foster care at the moment, he had cerebral palsy, an eight year old boy, his grandmother was a carer. When they brought this little fellow to Darwin because it would be closer to the Darwin hospital and they thought well Palmerston is better than Alice Springs for the Darwin hospital, it must be much closer, 30 of his family came in, and we were just swamped. Now we could not just kick them out and that is why the outburst last year by regional council saying we can not handle it, it is too big a problem. When you have such a large migration of people, when a few of them stop over because they like Darwin rather than where they are, but at the same time they also have some internal conflicts in their community that some can never go back there. So, when that happens then other people follow them in. How we will get around that I do not know, but all the best will in the world will not make them leave, but at least we have to put the pressure on and say if you want to live in Darwin there are certain things. If we are providing accommodation there is rent to be paid, there is water to be paid and electricity, and there are certain standards. And that sometimes turns them back again.

Madam CHAIR: The other question I would like to ask you in terms of that southern and that influx in from remote areas and we keep touching on alcohol and it is a major issue, but in terms of the other areas that the Committee is looking at, I mean cannabis is another problem, and if you will be able to tell us just how much use is around those camps with cannabis and also petrol sniffing. I was quite alarmed some weeks ago when I went out near Casuarina and I saw a group of indigenous kids that I knew had come from some of the remote areas and if anybody had been out to remote areas or whose electorate is a remote area such as mine and where

petrol sniffing is quite a scourge in those places, to see a group of these kids, with the cans stuck to their faces would know that those children are not just smelling the drink because it smells nice, that the thing that they are actually holding is petrol, and there is a group out at Casuarina and I was quite alarmed to see that this is not just happening out in our remote areas, because of that migration in there are incidences around the Northern suburbs where petrol sniffing is happening. We talk about 'chroming' that is an issue, but petrol sniffing is going to be a bigger issue, and I put in the context in the terms of our report where we were saying the costs to health services for one petrol sniffer is about \$150 000 per year for that petrol sniffer. If you are looking at say 50 sniffers, I think in the report it said about \$9m for that year for the cost of those petrol sniffers. If we were then to project those figures into the next five or ten years you can imagine what that \$9m, and that is just on petrol sniffing alone, let alone alcohol and cannabis. Just whether you are picking up any of those around .

Mr VALADIAN: Petrol sniffing is not a local type thing, and it does come in from somewhere else because I think our people in this region really have not got into that, because we have seen no evidence. But I know on 'chroming' or the spraycan, the spray paint, towards the end of last year we did have one of our houses at Berrimah a young group of people who were into this thing. But the locals are complaining about it because they said 'Bernie you should go and talk to them people there because they are on a spray can'.

There are two ways that people do this thing. In the southern states, 'chroming', I think it goes into a plastic bag and they put the thing to their face, but here they go one better. They use a small plastic drink bottle with a small amount of water in the bottom, spray the thing into the top of that and this thing is that the paint sits on the bottom but the fumes stay in the top. But the whole bottle is coated. We had an incident where the police were involved in a community just last year and they walked around the house and found half a dozen bottles, some in the rubbish bin, but those bottles are three or four colours, one was green, one was yellow, one was red and one was white, depending on the colour paint, so when they sprayed it into the bottle, that goes straight direct to one nozzle, that goes straight down to the lungs. But they get an instant high out of this. So I got really upset and I said, where is it all coming from and they would tell me, they would point the finger.

So we eventually worked it out that from a community not far from here they come into town, they brought this thing with them and with the pressure on them that they had to go back, because the local people just did not like it because they would be branded as that sort of community. But it was an outer community that was bringing the stuff in. They were trying to infect a couple of local girls with it who were getting a bit upset because there was pressure put on them. If they did not do it they would get beaten up or something. But the thing is they must lose their senses when they take it, but these guys when they hit it they just go berserk. Now I do not know what goes wrong inside them, so we had to put pressure on these young fellows, there was about four or five of them, that it is not acceptable in our communities, and if you like it, just take it back where you come from.

So it will be an imported problem, it is not one that is here locally. So people coming in, particularly from the centre which is mainly the fuel can but these other ones, this 'chroming' thing was not too far from Darwin down the Daly area. We did have years ago the metho drinkers but those people are now passed on. The younger folk are not into that, they may be into grog and they may be into some ganja as they call it but we do not know how much of that is going on, but it is not very wide spread in our communities at the moment.

Madam CHAIR: Thank you Bernie, thank you. Acting Commander Greg Dowd and Senior Constable Scott Mitchell from the Northern Territory Police Fire and Emergency Services.

Northern Territory Police Fire And Emergency Services

Commander DOWD: Thank you Madam Chair and Committee members for the opportunity to come and speak to you today. I guess our stance is that the police play a very

small role in the overall problem, albeit that it is a very visible role and it is an issue that is not going to be dealt with by enforcement alone, we acknowledge that fact. We encourage and actively participate in the itinerant project at its present time and we would encourage as many other activities as possible to try and deal with the issues, and that might be a little bit selfish in some ways because it takes the load off us, it takes us out of the limelight as well.

We are concerned that more needs to be done by way of intervention and disruption for drinkers who are repeatedly apprehended and conveyed to the sobering up shelter or the watch house. There has to be a consequence to their actions if the situation is ever going to change or improve. It is an unfortunate fact from an enforcement point of view that people will not change unless something forces them to change. I agree there are people within this cycle of activity who would like to change and who change of their own volition, but there are many people within that cycle who have no intention of changing whatsoever. They are locked into the lifestyle and as we have heard from other speakers here today do not necessarily want to change the way they go about life. They are quite happy with the way things are and are not at all concerned about the impacts it has on the rest of us.

I ask a question here, not make a statement. Should we be considering legislation that bans repeat offenders from drinking or is there still a valid application for the offence of Habitual Drunk and I think Mr Wood raised the issue previously. I am not suggesting that there is a position for that but that is one of the things as a broader community we should perhaps be looking at. As I said earlier, we support long term strategies that deal with the real issues and the underlying causes. We have to as a society get to the underlying causes of the problem that we are currently faced with. Just as an aside, we as an organisation do not support the concept of a permit for people to visit Darwin.

We work closely with Mission Australia, the people who operate the day patrol, the outreach service, the night patrol, the sobering up shelter and the youth patrol and whilst the day patrol has not been operating all that long, November/December last year. Prior to its commencement, I ensured that our people met with the CDEP staff that were going to operate it and the people who were managing the programme to try and build a relationship between us and them, so that my guys knew exactly what their people were about and their guys knew exactly what my people were about. We saw that the introduction of the day patrol and outreach service that they offer as a means of removing some of the workload from us and we actively encourage people within the community, the business people within the community to avail themselves of that facility and it is my understanding that a lot of the business community actually have a contact number for the day patrol and they will call them in some instances prior to calling the police because they know that they can have perhaps a more long term effect on the overall problem. As I say, we support the fact that they are trying to divert drinkers and drinkers' associates from the destructive behaviour cycles that they are sometimes locked into.

We operate dedicated public place patrols across all the three sectors within the greater Darwin area, that is Darwin city, Palmerston and Casuarina and where we can we bolster the numbers as much as possible to deal with the hot spots, the problem areas and the problem drinkers. We use the same people for that role continuously to a fair degree because then they get to know exactly where the hot spots and who the problem individuals are. We proactively enforce the two kilometre legislation regarding public place drinking, and I know there was some discussion earlier this morning with the Darwin City Council reps in relation to that. It is a fact that the only place that you can drink, the only public place you can drink in the Northern Territory that is within two kilometres of a licensed outlet is a place that has some sort of exemption attached to it, and that is how the legislation was designed. There are some areas around Darwin that have that, as mentioned earlier on there are some beach areas and barbecue areas and whatever around the place so that families and other groups can go and enjoy alcohol with a barbecue or whatever. It is an unfortunate fact that when the community develops pleasant areas for the broader community that it will also attract what we might see as undesirable elements and there is not much you can really do about that apart from carefully think about what sort of facilities you provide in those public areas and as a means of attempting to address that

issue our Crime Prevention Unit has people that are trained in the CPTED (Crime Prevention Through Environmental Design) principles which many of you may well be aware of, that is the crime prevention through environmental design. It is some of the issues we have pushed with Darwin City Council to ensure that when they develop areas that they consider trying to cut down the criminal aspects that might be committed purely and simply by the way the place is designed.

We also utilise the summary infringement notice system as much as we possibly can. The summary infringement notices are designed as, well they are commonly known as 'on the spot fines'. The concept is that where we do not have to force people to go into the Court system and we can simply issue an on the spot fine we will do that. It is an effective means of dealing with some of the issues and it does not tie up the Court system and many people within the Court system actively encourage the use of that and occasionally we will have instances where members will determine that an infringement notice is not necessarily have the desired effect and so they decide to summons or prosecute the person and have them put before the Court, and occasionally we find the Court system will indicate to us that 'why is this person before the Court, why haven't you dealt with them by summary infringement notice', so there is some issues there occasionally.

We are exploring our other options in relation to those some of those summary offences such as begging, causing substantial annoyance and a whole range of other summary offences and we will attempt to use those things more frequently as a means of attempting to manage the problem in the greater Darwin area. Of course legislation always has some issues attached to it. There are points of proof, we have to satisfy the legislation before we can put a person before the Court and we need to have a reasonable prospect of conviction before the matter will actually be prosecuted so it is not always a straight forward matter of seeing someone apparently doing something and deciding to take them before the Court. We have to satisfy the standards of proof of the Court to go through the entire process. And we are keen to work with all the other agencies and service providers in managing the overall problem and attempting to develop as many options as possible. The old adage prevention is better than cure I think still has a lot going for it. If we can get to the underlying causes of the problem and prevent other people taking up this type of lifestyle to the detriment of themselves and the rest of the community we will be a whole lot better off.

Just on the aspect of other substance abuse before I give Scott the opportunity to say a few things, I spent a couple of years of my time in Alice Springs not that long ago, and the problem of chroming and other inhalant abuse is fairly significant in Alice Springs and right throughout a lot of the desert communities. It is a learned behaviour that sometimes people transfer from one community to another by going and visiting and introducing other people in those communities to those things. It is quite dismaying to come across kids as young as five who are involved in chroming. I have personally seen it. They recycle wine bladders to do it. There is some other things that have been put in place in Alice Springs, I think we can probably learn from some of the lessons that they have had in that part of the Territory. Retail stores for instance will not sell cans of paint, or will not have them on display where they can be shoplifted and so forth. For instance you go into K-Mart in Alice Springs, they have cans of spray paint lined up along the shelves of different colours and brands. They are all empty, and if you want a can, you ask the staff and they go and get it for you, and they will not sell it to kids.

Senior Constable MITCHELL: Just in finishing off the part about the transference, one of the things that has happened over the past few years is that there has been a significant change in the demographics about the petrol sniffing profiles in particular, and it was not that long, even as recently as 10 years the profile for a petrol sniffer was generally a remote community, indigenous youth 10 to 14 years of age, that was it. That has gone way out, as Commander Dowd has just said. We are seeing people as young as 5 and as old as 30 and 35. so their are significant changes and as has already been said, that behaviour is learned and passed on and what we are seeing with things like chroming and petrol sniffing is the fact that this mobility that they have now, some of them have gone to Adelaide, they have seen chroming in the parks, return to Papunya, they come into Alice Springs, all of a sudden you have chroming in Alice

Springs. But likewise it is also being transferred those behaviours that are learnt in the cities or the larger centres is being taken back out to the communities. So you have the petrol sniffing happening in Alice Springs and the chroming happening in Papunya and both of them going on in both places, and that is not unique, that is just the way it is occurring.

Looking at it besides all the other things that have been said that some of those underlying social causes of movement and not being able to live in their own communities for a whole heap of various reasons, there is perhaps two other areas that I would like to talk about. One is that there is not very good data about substance and alcohol issues in indigenous people. Things like the national household survey do not collect Aboriginality or non-Aboriginality or ethnicity in any way, they simply talk about age or sex, so quite often the data is lacking about the levels of harmful use or the levels of regular use around a lot of things. We do know through the data that is available, particularly some of the work that has been done by Mr Clough from Menzies School of Health in the East Arnhem Land region that we have reason for significant concern about substance abuse in indigenous communities, and those people come to town. They also obtain their drugs a lot of the time from town. They are not growing cannabis in these communities, it is coming from Darwin and Alice Springs and other places and going out there. So that is an area of concern.

The other thing that I think that is often overlooked is that alcohol is the single biggest problem and the availability of it. The fact that indigenous people come into town for legitimate reasons to visit relatives, for ceremonies, they come in for hospital, for whatever reasons they come in, for the football they do come into town and they get trapped in a debt cycle, and they get trapped in a debt cycle by retailers retaining their key cards and when they purchase there is not enough money in the key card, so the key card is held as security with pin numbers, then before they know it, before the next payment goes into the key card there is a \$200 or \$300 debt, so when the next payment goes into the key card from whatever source goes into it there is no money before they even go to pick up the key card. So they are trapped into this cycle and I work on it all the time, as do the Liquor Commission of attempting to address that 'book up credit cycle' trap that is occurring, and we know that is happening around Darwin and the other centres as well. So even if they want to go back there is no money to go back anyway, and not only that, there is no money for food, because before they go to buy any food the money has already been taken out to pay for the accumulated debt of \$200 or \$300 that has accumulated in the past two weeks of alcohol. They are quite happy and the mobility issue of the itinerant people pooling together and there are some areas in some suburban shopping centres that have exactly the same problem as the Darwin Mall is where they will hire a mini-bus and 15 of them will go out to a suburban shopping centre where they know they can obtain the alcohol, or the key card is held there, they pool as much money, or whoever has a credit card there, drink some of it in the local park next to the supermarket or whatever it is, or wait for the next mini-bus and go back to another area.

Essentially I think it would probably fair to say that most of the complaints that do come about itinerant people probably would not happen if they were just sitting there drinking a cup of coffee and saying good morning sir, or good afternoon ma'am or how you going mate as people walked in. It is the fact that there is alcohol, there is drunkenness and some of the behaviour that is associated with intoxication that is creating a lot of our problems. The Liquor Act does not specifically deal with harm minimisation in a very strong way. It should do and it needs to be reviewed in order for the Liquor Act to be regulated to service the community as opposed to servicing the alcohol industry. I think there is a significant issue about what the purpose of the Liquor Commission is that needs to be explored by this Committee. I think if we look at it from that aspect, what is the Liquor Commission there to do, and the way it is done, and the harm minimisation as the first standing principle of the Liquor Act would make a significant change in the way we could begin to address just the issue of substance abuse in itinerant people. Because if we make it more difficult, if we make it so liquor outlets have higher degrees of responsibility in serving intoxicated people, part of the reason for them wanting to stay in town is gone, and we might encourage them to return to a more healthy lifestyle in their communities where there is not alcohol availability.

The other issue such as cannabis and stuff does occur amongst itinerant people. Other substances such as amphetamine use is not large generally, but when we look at all the data we have, and some of you on the Select Committee for Substance Abuse that I presented this report to and you have read it, the data is pretty evident that alcohol is our single biggest issue and unless we actually get a handle on that, having better places for them to live and all that stuff is not going to help if they, (a) do not have money to buy food and (b) are not in good condition health wise to enjoy living in a better house in the first place. So we need to look at a couple of the big issues in the first place and attempt to deal with those issues, and my point would be that perhaps I think one of the starting points is a complete review of the Liquor Act and the way in which we address the regulation of alcohol.

Dr LIM: Earlier, Irene Pantazis from the Parap Traders Association mentioned that the police patrol goes around there about 5 o'clock each afternoon now. The question that comes to my mind is could there be random drive throughs rather than just specific times, because then the pattern of behaviour is such that around that time we will avoid the police patrol and other times they can.

Commander DOWD: I assure you that whilst there might be a perception that there is a set schedule where we patrol particular places, that is not the case at all. Members know that they have to keep a lid on things as much as they possibly can right throughout the whole community, and it will usually be because they are tied up dealing with issues in other places at other times that will prevent them from being at one particular location at any given time of the day. They will work it in, they are tasked with doing patrols of the hot spots and they will work it in with the rest of the work they are trying to do, and whilst there might be a perception as I say of being there at 5 o'clock every day, that would not be the reality.

Mr KIELY: I have a couple of quick ones I suppose. You see drinking camps that grow up like the one at the Airport Hotel, and violence sort of happens down there in Rapid Creek/Kimborley Bridge and all this sort of thing. All the murders and the rapes, because it is mandatory reporting, while that is going on, what about assaults which may require some sort of medical intervention, are they reported, do you know? I am thinking about the level of report, like we hear about the major crimes you know, the rapes and murders but the level of violence that is in these drinking camps, do we have an accurate handle on just what goes on, the fights that occur.

Commander DOWD: I do not think so, not necessarily.

Senior Constable MITCHELL: There is some capture of data.

Madam CHAIR: Provided to us.

Senior Constable MITCHELL: Yes, there is some capture of data about hospital admissions and stuff whether there is alcohol involved or not through the national minimum health data service, is that right, and we do capture some data about alcohol related instances. I mean as I gave evidence before the previous Select Committee, we know that essentially overall police activity, between 70% to 73% ...

Madam CHAIR: May be 90%.

Senior Constable MITCHELL: ... is alcohol related across the whole of the Territory, if we exclude Darwin it rises to 89%. I am still working on the 2002 figures trying to collate those but we know that it is pretty similar so essentially, you know, and that is just looking at the major regions.

Mr KIELY: I am wondering how those levels of crime, by statistical analysis, how they fitted in with the standards of proof. Like do we get, I am not talking about the Court or the imposition

of a fine or a sentence but do we get a strong charge rate on those sorts of things or do we just, do you know that there is a lot of, this violence does occur, statistically we can demonstrate it does, but do we actually get to back it up with not so much a successful prosecution, do we charge these people, do we actually get up and say 'righto you're done'.

Senior Constable MITCHELL: The sort of data that we get in relation to offences, particularly assaults and more serious offences such as murder and manslaughter, if we look at, there is a lot of data done through for instance the Australian Criminology and the National Homicide Monitoring System and a number of other data sets like that. For domestic violence, we know that 42% are alcohol involved in relation to victims. Assaults, we are looking, this is a New South Wales study, for example, 19%, 27%, 72% of all assaults all that kind of stuff. I think of significance in relation to the national homicide monitoring and the New South Wales Bureau of Crime Statistic Research talking about alcohol being prevalent in 42% of all homicide incidents in the year 2000/2001 and if we look at specifically in the Northern Territory what was really scary was that basically what we found was that there was an average of, a national average of 51.6% of males and 61.6% of female victims and we are talking about victims, where in fact had alcohol, so it is not just about offenders it is about victims and the incidence of often greater injury because they are intoxicated, but when it came to indigenous we were talking about 87% and 100% of the offenders were of indigenous appearance so you know it is just a compounding factor unfortunately.

Mr KIELY: What I was looking for there Scott, was whether you had indications of what has occurred and then you get, we know that there are is violence happening in this camp and whether action to break up the camp earlier on might have actually forestalled the assaults progressing to a more significant incident.

Senior Constable MITCHELL: Yes, to try and capture that data is extremely expensive and I know Commander Dowd would not be very happy with me coming to him with a proposition say look can you have the fellows do this as part of their normal duties. It is very difficult to do. You probably could do it with a lot of money and someone who had the time to sit down and go through a few years worth of data, but the problem about assessing whether alcohol is a significant factor one way or another, or any other substance abuse can often be by perception, to an actual direct cause. Because the person is pissed out of their tiny tree, did that make the assault for them as a victim more serious or not. So you need to be a little bit careful about getting right down, or trying to drill down too far into that data sometimes.

Mr KIELY: Okay, thanks Scott.

Mr WOOD: Commander, do you think there is any scope and I spoke a little bit about this before about having people do some police work, they could even be in a police uniform, to some extent a little bit like an ACPO but maybe in a different format so that your patrol officers, they wore a uniform, had limited powers, they could say tip alcohol out as well as perhaps even arrest people if they had to if they had a problem. Do you think that sort of presence in say Parap for instance you say your patrols are always going around, these people were going around, the general public would not know any different and again it would relate to what the Opposition Leader said he saw in New York where they actually increase the police numbers not so much by having you might say real police, they hooked in the traffic inspector and a few other people and put a uniform on and said you are police. Do you see that that could be one way to send out messages that we have more police out there and perhaps ...

Commander DOWD: What you have actually described is the ACPO scheme. ACPOs have less training than a constable and have less powers than a constable because we have a concept that if you do not provide them with training then you can not give them the powers obviously, you have to know how to use the powers before you can go and exercise them. So ACPOs are provided with limited powers and the powers that they do have particularly in the greater Darwin area is they can apprehend people for where they see them about to commit an offence or they have just committed an offence under Section 123 of

the Police Admin Act. They can demand name and address, they can tip out their alcohol, they can arrest them on warrant and a range of other matters where they do not have the broad range. Technically speaking they can issue Council infringement notices and that is simply an arrangement between us and the Council. I would like to think that perhaps even closer working relationship between us and the Council will see an increase of enforcement in relation to some of the other issues that impact on the visibility of itinerants in the greater Darwin area, and that is greater enforcement of by-laws in relation to camping and some of those things. But, as I say, enforcement is only a small part of the overall solution to the whole thing. If we enforce various bits and pieces, the tendency might be to push them from where they are highly visible to somewhere where they are not quite so highly visible, but it does not make the problem go away.

Ms CARTER: I would just like to make the comment 'good' to that. Certainly in my electorate I am often incredibly embarrassed by what I see in areas like the Mall and like last night at the Esplanade at a very special place, particularly for our tourists who do not know how to handle this situation. In Cairns they have a system there that has been implemented by the Mayor, he calls it "pressure, pressure, pressure". They had problems getting the police to do tip out and stuff like that and so they actually enacted by-laws for their Council to enable security guards to do it, and essentially they just put pressure on people in specific public areas, for us it would be Raintree Park and I would argue the Esplanade, to essentially just move people into areas that are less visible. So here in this electorate for example there is Stokes Hill power station behind the wharf, is a very popular congregation point. There is no residences, there is no tourists, there is no visitors, nobody cares quite frankly and the local member does not either, because that is where they are, if that is where you want to go and have a drink, that is great. It is as Bernie says as well, people want a quiet place where no-one is watching them and that is fine by me too, but in certain key areas a bit pressure, pressure, pressure and out of the way is fine.

Mr KIELY: Chroming. I am not going to ask you for a medical model or how you go about doing it, but what are the behaviours, that if a person has chromed, I suppose is the term, is it like sniffing. Is it antisocial behaviours because they are high or is it because they are in search of the product. You know, petrol sniffers do most of the damage tearing your car apart to get to the lines or anything like that.

Commander DOWD: I do not propose to be any sort of expert on the subject but my own personal experience is that they commit offences to get the product. Now they steal it, they will break into hardware stores, shops and whatever whether we are talking about paint, a whole range of glues, bicycle shops they go for the little repair kits and whatever and they commit offences to get hold of the product. Once they have the product they are totally off the planet.

Madam CHAIR: Just quickly Greg and I will not keep you. When you were talking about the ACPO programme which has been quite good, and I know a number of communities you have your ACPOs and something, what are the numbers in Darwin in terms of ACPOs employed?

Commander DOWD: It varies, it is not particularly high. I think it is probably only about six or seven.

Madam CHAIR: Do you think increasing the number of ACPOs in Darwin would make some sort of in roads into some of the problems.

Commander DOWD: Yes, I think it would help. It comes down to availability of suitable people and funds, obviously. The cap that we have on police numbers and what have you, we have a maximum ceiling.

Madam CHAIR: So the ACPOs are included in that ceiling numbers are they, so you can not sort of , even though they have limited powers and they are not seen as police, are they included in that ceiling, what ever your ceiling is.

Commander DOWD: Overall police numbers include ACPOs and police auxiliaries.

Senior Constable MITCHELL: There are 49 in total at present, I think there is an allowance for 52. A lot of those in some of the more rural and remote communities and there are several in each of the other larger communities, but quite often the ACPOs might come into town, those that are like the guys across on the islands or something when there is big events, they are often brought into town for different things. So, because of that ceiling it is very difficult to try and even service the, I mean there are communities outside of Darwin who would have no police presence and would dearly love an ACPO which we have to weigh up where we can best put them and what levels of support can be offered by communities, but with that cap it does make it a bit hard.

Mr WOOD: The reason I was asking about the patrol officers, someone funds those, the day patrols and night patrols, some one is funding those people. Whether they could become, not funded by the police, but they could be regarded as the equivalent of ACPOs wear a uniform, a police uniform. I am just saying that may be an option. Someone is funding them already, so instead of getting into your funds use them under the other funding.

Commander DOWD: We certainly look for funds from other sources to enhance the services we provide.

Madam CHAIR: What we might do, and I am conscious that we have had people sitting down for a long time and we have been talking for some time, is invite everyone to get some lunch and maybe we come back again, because there is another speaker to follow on. I think the question that you raised earlier on in your session, plus the other issue of harm minimisation, there are a number of questions that have come out of these morning sessions which I think would be productive as part of the round table discussion is put those questions there and that we look at some possible solutions and work through with the committee what some possible answers could be or areas that maybe the committee needs to explore in its inquiry.

LUNCH BREAK

Madam CHAIR: Welcome Isobel Gawler, who is a member of the Bagot Community Suicide Prevention Committee, to address the meeting.

Ms GAWLER: Thanks for the opportunity to just share a few thoughts. This week I thought I would give you a few examples of what I have seen at Bagot Community and I am really coming on behalf of the people because I am sharing some of their thoughts and some of my experiences.

Last night I sat with a young man who has been sniffing petrol. He has flown in from Groote Eylandt. Apparently he had been chasing his mother with a knife, and I think she needed a break, so they sent him to the family in Darwin who was staying at Bagot and so he has come in with all the equipment I have already heard described, the Coke tin with the top cut off and sitting on the back verandah holding the can to his nose as if his life depended on it. It looks like he is breathing in oxygen that is how desperate he is to have it to his nose. But this young man when approached at first looked like he was, as described before, off this planet but I went back several times to offer help and assistance to him because the neighbours were complaining and everyone was getting anxious in the community that there would be copycat behaviour, that the kids would see him and that they would have a new problem in the community.

When I went back with my husband who is a doctor, in the evening to sit down with the family because I tried to find out ways of helping him, because it was a revolving door situation. The police were being called and they would take him away because they could see he was harming himself, and people were afraid that he would hurt them, that he would become violent, and shortly he would just bounce back. The guys in the household did not quite know what to do

so they decided to really try to medicate him with alcohol because I think they thought maybe that would do him less harm than the petrol. So he was just a combination of gas and whatever, and I do not know why he did not blow himself when he lit a cigarette. Anyway it was really sad, because nobody knew what to do and we had a community meeting, the suicide committee met because other communities tell us that people who sniff petrol are very likely to suicide, that they are ones who often tip over the edge, and that has been their experience. For example down in Beswick, and so we wanted to know what to do, in fact, I am coming to you today asking on behalf of the community what is the answer?

I saw in the paper that there is a possibility that petrol sniffing will become an illegal activity and therefore perhaps the petrol sniffer might get some help. Presumably if it becomes an illegal act, and I guess everyone, all the family were saying if only there was some compulsory treatment for this situation, if this person could get help, because they have lost control, they can not help themselves while they are under the influence of the petrol.

This also goes for the chroming that I am seeing in the community behind Bagot, at Minmarama, where there are also quite young kids involved in this activity, but it all relates to boredom. It would seem that they are doing the chroming and for example on Saturday night seven young people arrived from Minmarama on my doorstep in Nakara, they had walked all the way, they had no money, they got dressed up for Saturday night, they really wanted to do something, they said they did not want to stay in the community, everybody was drunk and they wanted to stay out of trouble and could I drive them to Palmerston where they heard the YMCA had a disco. But it is not unusual, I have been adopted into several families and so the people have been quite honest with me I believe and my own experience having a girl live with me who has a sniffing habit, a ganja habit, an alcohol habit and I have tried to get her into school twice and she really intended to go but she feels quite powerless. She just can not break her addictions and really the people are wishing it was possible to have mandatory treatment for the young people. The parents are battling with their own problems. Some of the parents do also have ganja habits as well as being alcoholics and because the parents are so distracted with their own problems because of general demoralisation, because of their life circumstances, that their kids are rarely going to school. In Bagot I must congratulate them, they have started up a breakfast programme and they are getting the primary school kids off to school. They are having breakfast, and the parents in the community, some of them who are quite together, are involved in that programme. But the community very much needs help.

Itinerants do come in because of troubles in their own communities and other speakers have stressed that. For example, the Port Keats people who fled from the fighting up there, they were living at the airport, but with the wet weather some of those people drift into Bagot and so for one reason or another there are more fights and more drinking and whatever. So I just wanted to ask if the government, if Kurringal Flats are closed down to some extent, if some of those buildings are demolished, a lot of those people unless an immediate answer is found for them they are going to drift into places like Bagot.

I know one male quite well too, and I have seen people coming in there and what was described before was quite true, but it was at least some place where people might be able to camp down the end, and then disappear in the morning, there was shelter for them, but if Kurringal goes we are going to have huge problems in Bagot with people flowing in, not to mention in all the parks those people will absolutely have no where and the drug problems that are very much present in Kurringal will go into other communities or into the town itself or into the suburbs. And so there really is an urgent need there.

Just a few other thoughts, matters I would like to raise. In relation to liquor licensing it would seem that the people themselves once they have a habit they know it is something they can not control themselves and they really do want help. A man yesterday was weeping as he told me that he was powerless. He told me about all the programmes he had been into and there are a lot of people who get caught up in drink who have never intended to. The kids that I know well at this stage of their lives they say they do not want to drink, but as they get older there will be such

peer pressure upon unless somehow there is intervention made in those communities those kids will be obliged to drink or they will not fit in. They will be feeling on the outside, sitting alone as the rest of the family gets tied up with the drinking. People quite often are drinking against their own better judgment, against their will because they just are under such pressure. We really do need a better overall plan to addressing the alcohol problems.

It is not just alcohol that is causing the family violence, it is especially the combination of ganja and alcohol. I had a young woman living with me not long ago with her two children and she fled to Maningrida because her husband when he used ganja in conjunction with alcohol became just a madman and had already on record, police record, inflicted many serious injuries. This time she decided to go through with getting away from him, but in the hope that he would miss her and sober up and maybe give up the drugs. But she said that it is really the ganja that tips him over the edge. When it is just alcohol he is bearable, but the ganja combined with the alcohol, and I have heard this in many instances, and it has been the experience with a girl who had asked me to be her Mum and lived with us, if she used ganja she had such a personality change and it was almost instant, and she became aggressive even towards me at times. She eventually left of her own accord because I said she could not smoke ganja at home because of its effect on her and I felt that I would be subsidising her habit whilst keeping her with me, and it just encouraged her to get more and more tangled. And she could not cope with being reliable in anyway in relation to school while using the ganja, so I just ask the Committee to take ganja seriously in combination with alcohol, it is just diabolical.

I will just glance at a few of my other notes. I would like to bring some of my husband's concerns. He is a surgeon who goes to outlying communities. He goes to remote places like Elcho and Port Keats and Gove, but while he was in Gove he has been hearing about Yirrkala where kava is now regulated. What that regulation has done is just increase its use. Its effectively endorsed kava because the people really look to the government as being protective of it, and they believe that well it can not be so bad, and really we all know that kava damages livers but that does not mean that they are not drinking alcohol as well, and the combination of alcohol and kava could kill those people. I know people have said that it might calm the people down from their violence if they are drinking, but the reality is it will kill them. Also the kids are not being fed as a result of the increased kava use. So I just ask the Committee to consider kava use again. We know it is not safe for people, and yet we have in some ways regulated it. And the people believe that it was going to lead to economic self-sufficiency. So I am just bringing that from my husband to the Committee.

Out-sourcing of facilities. At Bagot there are so many different people who with a limited funding through their agencies are supposed to be trying to provide services and they never know whether funding is going to continue in almost every thing. People just do not know about permanence, even for staff of agencies. No-one knows what is going to happen next. I think we really need to have a very strong overall thrust in drug and alcohol treatment and this is obviously why people are getting kicked out by their communities. Communities in remote areas want a break from people who are breaking the local communities rules and family laws, and so they end up bouncing off to Darwin. If we do not have an overall strategy, we are just going to have more and more people tossed out and arriving in Darwin, and having more and more people in situations that are bad for them and bad for the general community. The Aboriginal people are lovely people and I think they are fantastic the way they look after the whole family. We white people can learn a lot from them but they do have to have obligations to their families before they have this over-crowding situation. And so I just bring those few thoughts to you. Thanks.

Madam CHAIR: Thank you Isobel.

Dr LIM: I have a question for Isobel, you said that they should make the treatment for substance abuse . Now who is making that request, are the substance abusers themselves, I mean you are talking about mandatory treatment.

Ms GAWLER: Sometimes the user when they are not under the influence, they will say I want help and I can not get it, and they know that that is in between and when the desire for the substance overwhelms them, because it is all voluntary treatment they will leave the treatment even though they know it is the best thing for them because there is nothing to restrain them. They wish that someone could help them, but actually another matter that was raised with me tonight by the family I sat down with they said they wished they could have community based treatment because in relation to CAAPS and FORWAARD, they said 'oh yes, the boy who was sniffing had run away from FORWAARD' and they said because we just like to sit together and so we need to be finding more culturally sensitive programmes to help the people who are most effected by these problems. I know the problems are more hidden among white people but the indigenous people are being so damaged by it they will ultimately be destroyed by it. We will not have the leaders rising up because the young people will be so damaged by these substances if we do not intervene. So the family, sometimes the person him or herself is asking of help, and very sincerely and that is where they need in some way to have some restraint just for the period of detox until they are on their feet. Well really beyond detox, because it is a psychological addiction as much as a physical addiction. They need some space for it to be overcome and they need the whole family to be involved in the treatment, and sometimes the family, especially with the younger kids, they just so much want someone to help but they just know that they are powerless, they do not know what to do. We need to have people coming into the communities. Appointments are hopeless because people do not have calendars and clocks and watches and it is unusual that they would. So they just need a lot of help at this time. If we come in and have appropriate interventions at this time in history we are going to save people. And they have all the potential to do everything that we all have the luxury of doing but we need the interventions urgently.

Madam CHAIR: Well thank you Isobel. What we might do and if you would like to stay there, and maybe everybody else, we might commence this round table discussion.

GENERAL CHATTER

Madam CHAIR: I would like to thank everybody. I think this is going to be one of the most productive sessions that we have had. It will be the first that the committee has sort of encouraged and, going by the response and something that I will weigh up with the committee after, but maybe it is something that we will continue with the committee to start looking at, because we as members of parliament do not have the answers and we do not profess to think that we have the answers and I think it is timely that we do take on board the concerns that are out there in the community. Then compile that as part of our report which then gets tabled in the parliament and hopefully that government will pick up those recommendations. We have tabled an interim report because there were a number of concerns to the committee that we thought we needed to start flagging immediately to parliament, but also to report back in terms of the progress of this committee which we are obliged to report at regular intervals. One of the issues about legislation and other things continually gets raised with the committee and that is something certainly that we are looking at not saying that we, I mean the committee is not a body that can actually enforce or put these through, we have recommendations that we put to parliament that is then debated on the floor of parliament and then it is given to government. Whether it takes up those recommendations is up to government

For the purposes of *Hansard* I ask that you state your full name and if we can continue the practice of directing most of those questions or answers if you can through myself as the Chair, just so that it makes our scribing and that we get as much of the evidence as accurate as possible, that you state your name when you speak and I will commence. I know that a number of the committee members have some questions. There was one question in particular Commander Dowd had raised which I think is something that I would like to hear the views and maybe the debate on. I know that Dr Lim certainly has a question, but we will try and go through as many questions as we can and then have the discussion, put the discussion over. So the Committee will put up or questions and then we will open the discussion to you guys who are the panel.

The first question I would like to put up, and I suppose the question that was raised by Commander Dowd is, should we be considering legislation that bans repeat offenders from drinking, and is there still a valid application for the offence of habitual drunk?

Dr LIM: Commander Dowd might like to elaborate on that first.

Commander DOWD: If I can just elaborate on it. The reason for the question is that, as I spoke earlier, we need to do something about trying to break the cycle and many of these people have no real intention of breaking the cycle on their own without some assistance from someone and whilst I do not see this as the only way of breaking it, it may be a way at least of applying some pressure to cause them to change their habits.

Dr LIM: Would that mean then you require increased correctional services facilities? Are you talking about increased places such as Karrku in Central Australia where you have people who are mandatorily detained to go through the withdrawal.

Commander DOWD: That is certainly one of the implications to it, yes.

Madam CHAIR: Does anyone around the table want to ask a question.

Mr WEBSTER: With that, I can see some merit in that, but I can also see some huge problems of having someone come into a program or something like that, that mandatory kind of thing, where we have others who are there on their own, and there is going to be huge conflicts. We see that even with people coming from the Court Order type of thing but how we do that, do we set a separate programme up for these people, I do not know.

Dr LIM: I would like hear from the health professionals of course. My training, I would have to standard response for what Commander Dowd puts forward. It would be interesting to hear from the health professionals as to what you think of Commander Dowd's proposal.

Dr HENDY: I missed the actual statement sorry. This was some form of mandatory treatment, this is really what we are up against.

Commander DOWD: I am posing the question, not making a statement.

Madam CHAIR: No, it is just throwing it open to discussion.

Dr HENDY: No I just did not hear what he said.

Madam CHAIR: He is not saying that he wants this.

Dr LIM: Well maybe Commander Dowd would like to explain again.

Dr HENDY: If what you are talking about is having some sort of legislative framework that forces people into treatment there is also - when we are using the word programme it sounds like they are going into a place and they are going to stay there. Well of course the vast majority of alcohol and drug programmes are conducted as out patients, and I would have thought that the real key to some of these issues is that people are properly assessed. Have an assessment done by a professional person about the nature of this person's alcohol or drug problem and they are then carefully matched with what is the kind of programmed that is best going to meet their needs. And in very few cases is that a residential programme which is the kind of language that we all tend to fall into. It may well be that they go along and they see a counsellor a couple of times a week and so on and so forth and so there are very clear criteria about when someone actually goes into a residential programme and when they require some other kind of programme. That would be one of the fundamental issues, and of course there is a plan to have, we have a pre-court diversions programme already when someone has committed particular

kinds of offences, and we are looking at a drug courts model of some kind in the Northern Territory as we speak. So this is not a new concept at all, and it has to be carefully researched, and you do have to very carefully select the people that would go into a programme like that to make sure that the ones you would be selecting would be the ones who are likely to benefit from it.

Madam CHAIR: In any urban centre, I mean even in some remote communities you have your core number of habitual drunken people who cause, and the impact to the community is quite great. I mean we see around Darwin and every where else. Going on what Leon was saying in terms of compulsory care is that flowing on from what was proposed in terms of legislative control? When I mentioned before there are prohibition orders that can be done under the Liquor Act, is this going in that same area?

Mr MORRIS: The proposal still needs a lot of work and it would need a legislative framework, it would need to be framed very carefully, and part of that framing to take on board Shirley's comments that what is probably needed in the first place is accurate and quality assessment followed by matching people with the appropriate programme delivery. In this process of developing such a framework, we have to work out which programmes currently existing can service the kinds of issues that need to be serviced and where those caps are so that when we go through that assessment process and match people and the talk definitely among the groups that are working in the project is that there would be realistic to expect or introduce some kind of compulsory trigger. There is a number of options for doing that including the Court processes but we would then need to have accurate assessment and we would also have to have appropriate programmes instituted and that would be a range of different programmes, and it would certainly probably require some new programmes and some new institutions simply because there are gaps at the moment.

Dr LIM: But what you are talking about is individualising the programme. Now what are the numbers in the Northern Territory that would require you to do a personal assessment and personal matching of client with service provider and is that a task that is 'doable' or is it just way to big. I mean if out of 200 000 people you say there is what 1000 dysfunctional people that require that, are you able to do 1000 individual assessments and match those 1000 individuals with the appropriate therapeutic process. Is it a 'doable' thing?

Mr McLAY: The answer is no we can not. Alisdair McLay. You would not expect him to do it on his own either. I think that is one of the main reasons why we are so adamant that we have to broaden the number of people who can actually deal with the issue of alcohol and other drugs. If you start bringing it down to only those you fund to do the work or a small core, it gets too big, it is too hard. There are already some things in existence. Yes there is Section 122 of the Liquor Act and there is comments about whether it should be used more or whether it should not be used more.

There has been discussion in the past about compulsory treatment and yes it has some merits. Often I wonder though whether it is actually the purpose of the discussion is to whether it is actually to the benefit of the person or the benefit of society to get people off the streets and out of the way. But taking people away from drinking and drugging, yes, it can make a difference and it may not mean that they stop long term, but it does actually provide a period of respite where they can in actual fact start to increase their health status and they actually can start to experience a drug free lifestyle and they can start to make some choices about whether they think that is the type of lifestyle that they would like to live in for long term or periods of short term till they get their life back on track.

In the Northern Territory at the moment we already have the Northern Territory Illicit Drug Diversion Programme. Last Thursday we had discussions with the Commonwealth to look at the next step of this programme and the opportunities to explore new money that is available under the drug strategy from the Commonwealth and opportunities to broaden the diversion programme to take in things like petrol, alcohol, what else....

Senior Constable MITCHELL: Mainly, it covers the illicit drugs but it does not cover the licit drugs and essentially that is some of the biggest problems. So the Commonwealth did agree in the first instance to include petrol sniffing, but we are saying, look it needs to cover chroming and diversions, things like MS Contin and that sort of stuff.

Mr McLAY: So the next step we are looking at is to try and work that stuff in. Yes the link to the court, the drug courts or the merit system that might come into place, yes, there needs to be that as well. What we need to provide is a variety of opportunities. Just the one stop thing that says yes, you are an abuser you will go to compulsory treatment in itself is not going to work. What happens when you actually get to treatment, you have that time. Okay, who is actually planning the next step? What is going to happen when they come out of that, is there going to be work, is there going to be housing, is there going to be all the health care that they need, because that will be matched in the mean time. It is a huge job, we are trying to get there and this is one of the things that I see with the project you have now is that it is starting to match some of these things together so that people are not going to fall through the gaps of the services. Yes, assessment is absolutely essential and quality assessment, and we have been moving towards training people to make sure that we do two things, we increase the quality of the assessment and we increase the consistency of the assessment across the Northern Territory.

Now under the diversion programme we have actually provided some of that training and we are going to broaden that out so that other people get involved with it through the agencies across the Territory. Yes, that will provide better assessment. Better assessment means better opportunities for matching clients to the services that they require, not the services that we think they need. A lot of the assessments in the treatment area if you want to call it that, is done specifically, for matching clients to 'my' service. I assess as to whether they are useful to come into 'my' service. It is not an approach that is necessarily best for the client. Agencies are now starting to get to the stage where we have been saying to them look, it is okay to do an assessment, it does not mean they have to come into your service. Your responsibility is to assess well and to refer or to take them in, and refer them to an appropriate agency so that they will get the service that they need. We are getting down that track. Yes, we are making headway.

Mr KIELY: You said something that has really twiggged me with numbers, the concept of respite, and whether this particular hard core of itinerants who just will not volunteer to enter into any of the programmes, be led for want of a better term, but if it was, using the respite model that that would give you, if you used that as a springboard or a front door on to the programmes, I do not know how you could actually work it up, but it would be that respite of a week or two would be the time that you could assess it in and look at the particular services available to them. Perhaps that might be something to consider as a front into one of the programmes. Is that, just as a springboard for those who will not help themselves for one reason or another, but rather than punitive measures and as a breather.

Mr McLAY: To some extent you have that with some of the services that are provided already. If you look across the services in the Northern Territory they are quite varied. They range from out patient or community based, there is residential options as well and there is a mix. So people can get a variety things as to the stage they are at versus what their needs are versus what is available. There are some agencies who provide a service I suppose even within a residential model which actually not necessarily be classed if you were to look at interstate models as being high tech AOD treatment but what they do provide is a very good process of being able to provide a supportive environment, a drug free environment, assistance with the daily things that people need to do to actually start to make some progress. They provide them with an environment where their health status can be increased. They can go in there for a short period or a longer period. Is that respite or is it the start of a new journey?

Mr WOOD: Maybe I misunderstood how this was going to work. I had the feeling that what Commander Dowd was saying is that what do we do with people who are habitual drunks. If they do not want to go into the hospital to get treatment, what are you going to do? I mean, do we put them in prison until they decide that they will either dry out and they will go to their respite, and then they might have time to think of whether I should move my life in a different direction or what? I mean what do we do with those people or do we say you are completely banned from being served alcohol and that is going to be very hard to enforce simply because their mates will go and bring them a carton of beer somewhere else. How do we get around that problem which I thought you were getting at, which to some extent I think was also trying to get at the problem that the lady spoke about in Parap where you have people who are there all the time, always drunk. How do you get them off the streets and if they do not want to go to hospital what do you do?

Commander DOWD: Were you looking for a response from me?

Mr WOOD: Well I do not know, if that person has gone to court and said you are an habitual drunk and they do not want to do a course, there is no good if they do not want to go on to a course if they really have no interest in it, then what do you do with that person?

Commander DOWD: I think perhaps the drug court aspect will need to include alcohol, at least consider it, and perhaps we should be looking closer at greater utilisation of the provisions that exist within the Liquor Act and that is prohibition orders. But as you say, what do you do about enforcing it? Who is going to enforce it? My resources are already stretched.

Madam CHAIR: These are issues that need to be explored. I mean, it is well and good saying prohibition orders, and there is that existing provision but yes, whose responsibility does it then become to then enforce and to monitor. Isobel, you wanted to respond to that.

Ms GAWLER: I think they have created an odd situation really. It is alright to be smashed using a legal substance, but not an illegal substance, although we are now thinking about petrol and paint. Perhaps we have to think about the condition of the person, the end result. If a person is out of control and likely to harm themselves and others it would be merciful of society to intervene in some way, for the future of all of society and it would seem, I do not think it is really paternalistic, it just makes sense that we should be prepared to intervene, be it someone is out of control because alcohol or any other substance, it should be really treated the same and I think timeliness is a very important element. I am just thinking about a lot of people who just disappear if there is not a very immediate, direct intervention. I think we have to be involving family wherever there is family, and it may be that an Aboriginal family may choose to send that person home to a dry area if they are convinced that that person might dry out in whichever way. There may be, we need to sit down and talk about, certainly with indigenous people about what will be most appropriate for them and they would wish to see happen.

Dr LIM: I have a different topic altogether. This topic is addressed to Leon. Currently the Northern Territory government has provided funding for the itinerants project, and from the description that you gave on the specific projects, they are directed at the itinerants and the services that are available in the community to support the itinerants and to try and minimise the impact on the community. Well, I was listening the Parap Traders Association lady speaking about it I thought well would the itinerants programme stretch across the whole of gamut of the problem which is itinerants impacting on the community. Therefore the itinerants project should actually fund a security officer to patrol the Parap shopping centre as part of the whole range of measures that you might have, looking at the itinerants, minimising the impact on the community and that includes providing a security officer to patrol the area, linking with the police so that person could ring up the police and say, look I have a crowd here that needs a van here ASAP, and that does a nice link through all the services in the community to support the itinerant issues.

Mr MORRIS: I have to say that this is the first time I have heard that this is a proposal so what we could do, it is interesting, it would have to be put on the table, go through the various

processes, get endorsement by the project management committee, and be costed. In terms of what we are doing with the shopping centres, we are, the Larrakia hosts, although not a security patrol by any means, and not intended to be one, is an initiative that we are going to trial and pilot to have the kind of impact that we think can make a difference in our shopping centres. We are already establishing close links with a number of the security patrols and companies that do exist and looking at encouraging for example more Larrakia and other indigenous participation in those security services. As to the cost and the idea of having a permanent security at any shopping centre another option is whether or not we may go back to the traders themselves and look at this. I am having a meeting shortly with the NT Chamber of Commerce and we have been talking to traders associations in a number of ways, and it may be something that would be a suitable contribution from them, if not in full in part or something, but I think it is an idea that just needs to be explored a little bit further.

Dr LIM: My thought on that was that you would not want to do that at Casuarina shopping centre for instance where they already have their own security already, but the Parap shopping centre or Rapid Creek shopping centre, whatever, the smaller ones where they do not have the way to do it all on their own that the itinerants project could actually be something that could look at.

Mr MORRIS: I think it is an idea we should run. I guess what I would like to probably do is give the Larrakia hosts a go and see how that works. The problem with that is that it will not be the regularity of service that some of the shopping centres might need but that idea is one I will certainly put on the table.

Madam CHAIR: And we need to let that time run its course and see if it will work.

Mr WOOD: I am not a great fan of security people doing what I believe is a police job and that is why I mentioned the issue before.

Mr KIELY: You just wanted to get the brown bombers as coppers.

Mr WOOD: That is right, because they could become part of the police force. This is not part of the police force this is private security and I think that, if I was a business person I would say well I might have to pay it but I would be reluctant to because I pay my taxes and I expect the security in my shopping centre to be looked after by the police. If there is not funding for the police, well that is another issue, but I still see there are advantages in for instance using those patrol officers who may have some police power because that sort of covers both areas, one of security for say Parap but two is they have a police presence, but I just feel that going down the security path getting private security for them is really a cop out on why we have a police force.

Mr MORRIS: There is part of what you say that I agree with totally and another part that concerns me and that is the introduction of the day patrol in the Larrakia host has been set up to specifically not to be a police force. So I would not like to see those services morph into a police service. Rather I would like to see those services work and if we need additional services, if they are best placed as ACPOs or they are best placed as police officers or they are best placed as security patrols we can work those issues through, and I think what you are saying about private security doing the work of the police is a very relevant argument. My suggestion would be that we need to look at how the community initiatives that are cultural initiatives really, they are addressing these issues work and where they need supplementary assistance from a model that actually has a power and authority to take some action well then that is supplemented as well. But I see them as two separate things that should be working closely together.

Mr GROOMBRIDGE: If the night patrol or community patrol goes round tipping out people's drinks then the indigenous people or the long grassers are going to lose confidence in them.

Dr HENDY: I do not know if this will be switching the subject but what I was going to say was that that is just one aspect of the issue. The other aspect of the issue is the one that the representative of the Parap Traders this morning did allude to, and that is where is the alcohol coming from and which are the outlets that are in fact are not acting in a responsible fashion so that you are in fact moving back along the track of addressing the problem rather than always just looking at the end point.

Madam CHAIR: Well we look at the people, that is right and I think one of the issues that we have not had the full debate on and it was something that we had put out in our report and I come out previously and that is the access and availability of alcohol which I think within the community people target the itinerants and say you know we look at alcohol and say it is a black problem, and it is not really a black problem, it is a problem that is impacting on the whole of the community. I think the whole issue of access and availability of alcohol, not just in Darwin, but I think in most urban centres throughout the Northern Territory needs to be looked at and the debate in the wider community as to are there too many liquor outlets. We did allude in our interim report, I keep going back to that because we did touch on six very important questions, and if I could just take the opportunity to go through those six, I mean one of them was to consider whether the purpose of, what is the purpose of liquor licensing legislation; consider whether liquor licenses should be issued for set periods; consider whether the owner should be on licensees to demonstrate their commitment to harm minimisation and how these will be put into practice; consider whether public health and welfare issues should be the primary criteria in deciding on license applications and conditions; consider whether the licensing commission should be obliged to separately seek out the views of the community and question to ascertain the impact a licence may have on the health and wellbeing of the community, and consider whether the licensing commission should take a proactive approach to encourage community input. The whole issue of availability and accessibility comes through the thing within those areas.

Mr SCOTT: Michael Scott, GM of Mirambeena Resort and Vice President of Tourism Top End. Just putting a liquor industry hat on first, with regards to your question about whether the Liquor Commission should seek community involvement. Every time a liquor application goes in, that is exactly what they do. The community has every opportunity to object, to make comments, to voice their support and if we just look at some of the issues with regards to the amount of alcohol around the town. Quite recently there was an application from Woolworths to actually bring a new outlet to its new store. Something that it assumed was going to happen anyway. In fact if you look at Woolworths they have a beautiful, nice big empty bottle shop sitting there right now. If you just look at how sure they were initially they were going to move their licence from Knuckey Street down there, then they realised that there was a good chance that the Knuckey Street license would not get back up so they abandoned that idea. Then they went for a new application for that store and they realised that there was a little bit of contest towards that, so they were trying to go around a loophole which was to buy a run down bottle shop outlet in a completely different part of the town, being Jeanie's Liquor, to transfer that, and not a lot of people know the mechanics of how this happened but Mirambeena, through its corporate arm, Redco, have never wanted a bottle shop and it was not a commercial decision to oppose it, it was simply the same decision we have been talking about all morning – anti social behaviour.

The last thing that we want is antisocial behaviour being moved around the town, which is exactly what would happen if more retail outlets get opened, and obviously Woolworths are still going, and Coles is on the horizon. Now, if you look at some of the problems that we have, whether they be outside the Parap Hotel or in that immediate area, whether they be outside the Mall, the common denominator, and as the police said this morning, the main issue is alcohol. Woolworths tried to demonstrate in the Commission hearing that the new outlet would have been mainly fine beverage, I forget the term, but it was an up market bottle shop similar to vintage cellars, and that there would be 50 more lines than their current bottle shop and that their product would be at the very high end of the market. I therefore nicked out of the hearing at lunchtime and went and had a look at Mac's Liquor. Mac's Liquor sell Grange Hermitage, they sell other bottles of wine well over \$100, but unfortunately they sit next to pallets of 'shit creek moselle',

which costs \$9.95 for four litres. Now you just have to quickly analyse that. \$9.95 for four litres. When we go out for dinner we buy a bottle of wine between ourselves and the missus and that is more than adequate usually to be safe to drive home. A four litre wine cask is 5.3 bottles of wine and at \$9.95 it works out at about \$1.90 a bottle. So, as the police quite rightly say, on several occasions the itinerants are looking for 'more bang for their buck'. Now if that 5.3 bottles of wine is shared by three or four people sitting outside you can see what the effects are, it is quite simple. So I think the Liquor Commission are starting to listen to whether it be community, although most of the objectors are of a commercial basis, and we spent nearly \$10 000 defeating that application, most of the objectors come from commercial means but the community at large have every opportunity to object. Woolworths spent thousands of dollars doing a community survey which was so weighted as such, that by the end of the last question you were sort of applauding them and saying thank you very much for this facility, but it was just the way that the survey had been written.

Madam CHAIR: Some of the views that we've grabbed – and I take your point, that the Liquor Commission does do it, although Joe Bloggs or Mary Jane in your suburbs doesn't have \$10 000 or \$50 000 to put an objection, and that's the process that needs to be looked at. When we look at remote communities – and this is one of the other areas that certainly I'm interested in looking at – is when a licensed club is put into a community, what is the process in ascertaining - not just the views of the men in that community, who are the drinkers, but the majority of women and children who also have rights, and their rights should be put on the table and weighed up in the context of the community. A lot of the time, and what has happened in the past is, those women and children, their views aren't taken into consideration when a licence is granted, whether it be in Darwin in the suburbs, or whether it's out in a remote area.

Mr WOOD: I can't help with that. The thing that's disappointing I think to the changes for the Liquor Act, it recently went through based on those so-called pubs that were complaining more on economic grounds rather than moral grounds or health grounds, but now you have to be part of the neighbourhood to object, and I think that's a mistake.

Snr Const MITCHELL: It has in fact, been made harder for the community to object. It's much more difficult now. It's a very intimidating process. The NT Police Force, through our legal unit, we spend far too much money trying to stop the proliferation of liquor licences, or objecting to changes. The problem is, that there appears to be locked into some people's thinking, that national competition policy says you can't stop this stuff, which is simply not true, but perhaps more importantly is, we're locked into a philosophy that every supermarket has always had a liquor licence so, therefore, every new supermarket's got to have one, and if this caravan park trades on Sundays so should every caravan park trade on Sundays.

We've also been locked into a system of adapting the licence to suit the licensee, so it become an enforcement issue. For a constable working in general duties Darwin, unless he intimately knew licensing conditions of each licensee along Mitchell Street, would have to go back to the station and either download the licence off the web site, if it was on the web site, or go into the licensee and look at the specific licence, because very one of them is different. Gone are the days when you knew that all the pubs shut at 10 o'clock. We went through the 1981 review, where we managed to cut back the number of hours from that 6 o'clock closing stuff. We're rapidly back there again. We're at 4 o'clock now. If you want to get a drink in Darwin there are 281 liquor outlets or something between the Howard Springs lights and the Wharf. How many more do we need? We have 80 000 people here.

Mr WOOD: That's why they've got traffic lights in.

Snr Const MITCHELL: Yes. It's about the focus of where the Liquor Act is. It certainly isn't on harm minimisation or on servicing the needs of the community. It's more about servicing the needs of the industry, and we have to get some kind of balance.

Mr McLAY: There's one other thing though. You can address the Liquor Act, and I think that it's probably time that that was done. Darwin also has to give consideration to what does it really want from alcohol and what part does it want for alcohol to play in the community. Maybe it's time to actually have a proper planning process that actually plans out how Darwin is going to be and how alcohol is going to fit into the community for the future, and maybe that is that you start reducing outlets or you start planning as to where they're going to be. Mitchell Street seems to be the place that they're going to be at the moment. I think Health House is going to have to move shortly.

Madam CHAIR: Do we transfer it somewhere else later?

Dr LIM: The researchers, whoever they may be, including industry representatives here. We have what appears to be a reasonably easy way for people to get licences. It is felt that access should reasonably easy. Have you compared Australia, or the Northern Territory, with other countries where just about any shop can serve alcohol at any time day or night, whether the rate of alcoholism or anti-social behaviour is higher under those circumstances than what we have here? Have we done any comparisons, whether through health department, through industry, to see what it's like?

Mr KIELY: Vladivostok.

Mr McLAY: Well, you don't have to go that far. I actually come out of the New Zealand system, just working in the alcohol and drug area over there, since about 1988. One of the things that happened there is, they had a review of the liquor licence as well. New Zealand had an interesting situation where there was a set number of liquor licences, so that it actually became a very powerful trading commodity and they were traded up and down both islands, or both major islands. They, in actual fact, got to the stage where they became worth more than the actual business itself. When the Act was changed, they brought in a few things that made it really interesting. One was that anybody basically, could get a liquor licence whereby alcohol was complementing the service of food.

The liquor licences were open seven days a week, 364 days a year; I think you had to have Christmas off. The only people that couldn't get a liquor licence were those who predominantly sold petroleum products, so service stations, places like that. But the key factor, to me, was the fact that they also considered something else and that was, that liquor licences should be relatively easy to get but they should be just as easy to lose. We spent an enormous amount of time gathering evidence from health promotion area with neighbourhood organisations, to help them get to the stage where they could actually address the problems that were happening with specific licensed premises and the anti-social behaviour. It was absolutely shocking to try and get that information into the system, so that it could be taken into account when liquor licences came up for renewal. The new process, basically, has to consider the number of police activities, etcetera, that had happened in that licensed premise, when that comes up for renewal, and it also has to give consideration to what the community is seeing and experiencing as well.

When I arrived in Tennant Creek and had some discussions with Peter Allen, when he first came down there. He said he had just been to New Zealand and had a look at the Liquor Act, and he thought it was an absolutely wonderful thing. Well, here's our opportunity.

Madam CHAIR: Can I just, before we ask any more questions, James Groombridge, and then I'll go to you, Michael, who's been waiting.

Mr GROOMBRIDGE: Shouldn't Darwin be setting an example for the rest of the Northern Territory with regard to alcohol consumption? I know there are many areas which are completely dry in the Northern Territory, but shouldn't Darwin be having much more restrictive licensing hours? For instance, having one day a week when there is no carry out sold, no takeaways sold? I also consider that if all pubs closed at midnight, then the place would be a lot a quieter

and a lot better behaved, so long as people can get drink with food at any time, then that would probably make it much more amenable for tourists.

Mr SCOTT: Can I just talk on behalf of the tourists association? I think 1983, when I first arrived in this country, that's exactly what used to happen in Australia; you couldn't get any alcohol on Sunday. I think what we're doing is, we're losing focus on what the real essence of these talks are, which is substance abuse. Yes, there are 270 licences in Darwin, but how many of them are causing the problems? Is the Duck's Nuts on Mitchell Street going to be the source of antisocial behaviour to the point that we're talking about, whereby people are dying through substance abuse? Is Madison's, is Shennanigan's? Okay, they may cause antisocial behaviour of a different type, but I don't think that's what we're here to discuss.

The clear problems are stemming from takeaway alcohol that itinerants then get hold of, and that's where the problems are coming from. I think that's the top of the river; that's where we should be focusing. Okay, where the babies are being pulled out of the river, further down, then we focus on that later. The forum is split into two very clear groups. There's traders and business people, like myself, and then there's government and health. The government and health, have just baffled me this morning listening to the various programs, the various agencies, how we service clients and rah rah rah. To me, it's actually disappointing to hear of the complexities that Leon spoke about, that the Department of Health spoke about, because if you were to listen to that – and although they see that there's a glimmer of hope in a couple of years – from the point of view of the layman on the street, that's really quite startling and, certainly, I hope Mrs Pantazis from Parap hasn't gone away to commit suicide. As far as what's happening right now, let's drill down a little bit into the problem and see exactly where it is coming from 'right now'. Closing pubs on one day a week isn't the essence of the problem. The tourists – if you can just look at the tourist side of things – yes, it is very much a concern in the tourism industry with regards the effect of what we've been talking about. As somebody said before, the visitors from the QEII observing the problems here, seeing the humbugging at Parap Markets, even to locals. Itinerants don't realise who are locals and who are tourists. I saw somebody on Saturday that was absolutely distraught by the fact of somebody coming up to them and begging for money for grog. This is one of our better tourism icons, of a simple type that happens each weekend. So, if we've got these sort of problems, you're going to say, 'Right. Exactly where are they coming from?'. They're not coming from the 270 licences; they're coming from retail outlets that give access to these drinks to itinerants.

Also, you talked about training staff in hospitality. The staff in hospitality are very well trained, they're very well trained, but what you've got to understand is, that in the morning, when we refuse drinks, we're facing discrimination. In the afternoon, to that same client, we're in breach of our licence, because they're already over the limit. So we've got changing goal posts during the day but, again, that then comes from retail outlets.

Mr WOOD: I noticed recently in the NT News, not that that's the gospel of all light and knowledge, but it complained about the amount of violence in Mitchell Street and the number of liquor licences in Mitchell Street I really think must be fairly substantial. So it's not just an itinerant problem. I don't think they were talking about itinerants here. I've seen violence in Mitchell Street. I've been in Shelly's Pizza Place there and watched two blokes brawl in the middle of the street. You said what difference is the Duck's Nuts going to make. But I think what Duck's Nuts has done: (1), it has taken away from the kids a bit what was a family restaurant - you can argue whether it's good or bad – but you've just added more and more liquor licences, so basically it's altered the whole approach. You could go from one end of Mitchell Street to the other and you'd be pretty blind by the time you got to the end of it. So we've got, an atmosphere of drinking from one end of Mitchell Street to the other. People might say it's great but I'm not sure we need more of it.

Mr SCOTT: Do you think that that's what the community at large think is the main problem at this point in time, compared to what happens in the Mall from 9 o'clock in the morning?

Mr WOOD: Well, I suppose, going by what the police said, 70% to 73% of violent acts that the police have to attend is alcohol related and that certainly, we have seen violent attacks in Mitchell Street. It's not an itinerant problem, but all those today about itinerancy – we can't devoid ourselves from what happens on the Esplanade to what happens in Mitchell Street, because one is slightly better dressed than the other person. They do have an effect and they may effect people in different ways. One is begging, one is humbugging and one is brawling. It's bad for the tourists to see brawling in Mitchell Street too. But I think we have got that overall effect of a lot of liquor licences, especially in one street.

Madam CHAIR: James, do you want to speak.

Mr GROOMBRIDGE: All I am saying is, that maybe Darwin has to set an example to the rest of the Northern Territory. The basic problem here is all broad cultural, social problems and I'd just like to make a point, that in the Northern Territory only 13% of males in rural areas complete year 12, compared to an average of 57% in Australia. In the capital city area of Darwin the figure is 35% of males complete year 12, compared to 64%. We're talking about the future; we're talking about the interaction between different cultures; and we're talking about a serious problem, of which alcohol pays a major part.

Dr HENDY: Michael, I wasn't sure what impression you'd actually gained about what was happening with treatment services. I think the kinds of responses that we were giving were responding to the suggestion about people going into compulsory care and mandated treatment, and that under those circumstances you need to have quite specific systems in place, to ensure that they get properly matched. You shouldn't go away with an impression that the services out there doing a good job on the ground every day and that people don't find their way into them. We were actually discussing a fairly specific issue there and, certainly, we're always looking for ways to improve them and we have had this training for frontline workers in place for a long time, which is a very general training program that we have, so that people – GPs, for example, your general medical practitioner, your youth worker and so on and so forth – are all reasonably well training or as reasonably well trained as they can find the time to be, given that they have many other things to do, in the particular techniques and the particular client groups that they have, and that's an ongoing process, because those people are changing all the time, but I didn't want you to get some impression that there's kind of no system and there's a glimmer of hope. There's a lot of hope and there's a lot of people being treated all the time. I know that Mission Australia and the Salvation Army ...

Madam CHAIR: Alisdair was saying before and alluding to, if I understand it, a Northern Territory liquor policy or a plan which needs to be developed, and that could involve, I suppose, wider consultation with the industry, the liquor outlets plus retail, the wider community, I think all stakeholders. That debate, I think, needs to go out wider and needs to be had, because you can shift the blame. I mean, sometimes it's easy to shift the blame and say, 'No, this sector is responsible or that sector is responsible'. I think at the end of the day someone's got to take responsibility and say, 'Enough's enough'. It is a major issue and we have to do something about it. I think everybody's got to share and take that responsibility, to add to that devote constructively, to try and resolve the wider problem.

Dr LIM: But to say that Mitchell Street has got too many alcohol outlets but denies the fact that young people today have a different perception of what they see as entertainment. I don't mean they say, 'You have to have alcohol to have entertainment', but they go down Mitchell Street, not because they want to get drunk. They all go down Mitchell Street because they want to have entertainment, and it's quite different to buying takeaway alcohol and drinking it in some secluded place, whether it be in your own home or whatever. That's the way I see the difference.

If I can direct my question to the police. The violence that we hear and see in Mitchell Street or in the Mall, where you hear about gangs attacking victims or people who have come out of the clubs, while the crime is alcohol related, are these gangs people coming out of the clubs

themselves or are they gangs targeting people coming out of the clubs? Are these gangs sober attacking drunks, or are drunks attacking drunks?

Commander DOWD: I think it's a combination of the above.

Dr LIM: A combination of the above, yes.

Commander DOWD: I don't think you can exclusively say it's one group or the other. It will be people that take the opportunity to pick on drunk patrons or patrons with elevated alcohol levels coming out of licensed premises. There will be a whole range of reasons why the attacks will occur, whether they simply be either someone to pick on or whether it's squaring up for something that happened previously or ...

Dr LIM: But you tend to find that would be usually one or more than two persons against another one or two persons. When you have a gang of five or ten attacking one or two, that tends to be usually 'premeditated', 'Let's attack these two guys. Let's go and have a few drinks first, get some dutch courage, and we'll fight them to get a little bit inebriated so they can't fight back so much and then we'll attack them'. That will be the motive in my head, if I were the one trying to plan it. I just wonder whether I'm right in my perception.

Commander DOWD: As I say, it can be a range of factors, not necessarily one group or the other.

Dr LIM: And whether we can then blame the clubs and the other alcohol outlets as the cause of the alcohol related incident.

Commander DOWD: It depends how far down you want to go to lay the blame. The attraction to that area of town is alcohol outlets; there's no doubt about that. It's the nightlife and all the rest of it.

Dr LIM: Is it the nightclubs that have alcohol as one of the means of entertainment.

Mr KEILY: No. There's the entertainment.

Commander DOWD: It's the entertainment.

Dr LIM: Well, I walk down Mitchell Street. I never get drunk. Never. Is alcohol the prime target of people going down Mitchell Street or is entertainment the prime reason why people go down Mitchell Street, and alcohol being part of that entertainment?

Mr McLAY: It depends on who you are. Because there are those people who do go out to get drunk, and many young people are in that category. There are older people in that category as well. There are even older people in that category, like myself, who chose to walk down Mitchell Street and not get drunk. One of the difficulties that I, as a personal person, as opposed to a department person has, is that to go to my workplace in the morning you have to sometimes walk through urine or vomit, wonderful stuff, that didn't exist when I took the job at Health House. So, the changing nature of Mitchell Street over the last few years has done a couple of things: (1), it's impinged on the way that – and the smells and the things that you walk through when I go to work. But you made comments about it before, the changing face of Mitchell Street, because when we were having a look at licensing and a discussion in our office a few weeks ago, in the centre of Mitchell Street it used to actually be a very family oriented environment. You've got the Entertainment Centre; you had Confetti's Café; you had next to that the video arcade type thing; you've got the movie theatres across the road; you had Sizzlers; and, should you ever grow up, you've got the Taxation Office.

There's a number of things in there, but around that also you've got housing, accommodation, the Poinciana, etcetera. So, it's a very family oriented area and over the last

couple of years or so the face of that has actually changed substantially, so that it's actually now becoming a very – sort of a next phase up, where it's nightclubby, it's the café set down the other end – and that's fine, I like that – but, you know, it's just changing quite substantially. That's what I was talking about before, about having a planning process that enables a plan to be developed that – we all understand where Darwin's heading. Is this where we expect Darwin to be expanding with its alcohol or reducing over the next five years with its alcohol? What is the whole plan? Where is alcohol in the scheme of things, with regards to town planning, the building and opening of new businesses? I'm not saying we should stifle them so much, but I think we should actually go ahead with a planned approach.

Mr GROOMBRIDGE: I would just like to say that the Mayor of Darwin, with a slightly holier than thou approach towards moving on long grassers, etcetera, 'Move them on to the next' and the rest of it, but then there's always young white people behaving so badly, so what sort of example is that setting people?

Ms GAWLER: It's true the young people in the communities actually think that that's what it is to be young, as they're getting on into their teens, they would like to be emulating the other white kids who are drunk. At Christmastime especially, they'd all say to me, 'Gotta have a drink for Christmas, because it's Christmas. I should be drunk too and smoking ganja', that that's what they imagined every other young person was doing. We've just got to have so many damaged people if all young people are thinking that way, so we need some sort of intervention, by at least curtailing the sales at the outlets where alcohol is so freely available and where it's cheapest.

Dr HENDY: There, obviously, is a range of things that needs to be done. As you correctly said, it's not fault or blame. There are some people who we would all like to see not in the places where they are, and there are some people who are really just not very nice people, who get into drugs and they do things to other people. Actually, it's their families who suffer more than anyone else. It's one of the things that's a concern for me. I just want to say, I would not want us to lose sight, in discussing these issues, about the fact that there are a whole lot of young people growing up – Irene Pantazis actually referred to that. You've just brought that in again now and I know it's one of the concerns of the select committee. As part of this whole strategy one can argue that if different things had been done 25 or 30 years ago we might not be in the situation we are now, in terms of the size of the problem. There will always be itinerants in every sizeable city in any place. There will always be people who abuse drugs. There will always be people who cause harm to society and themselves. But it is terribly important, I think, that we don't lose sight, when we discuss these acute kinds of strategies, of the fact that we need to do things in the longer term as well. We need to do the issues like meaningful occupation for young people in communities and shift right back into early childhood and into the antenatal period, and I just don't want that to be lost sight of. So that we do the quick fixes and we push people away, we must review the supply control as well, but let's not lose sight as well, please.

Madam CHAIR: We might just quickly sum up, and if we can just go around and, if people want to just add the last bits through.

Mr PARKER: Just a couple of points I perhaps would bring out. For instance, the Larrakia project is something that's just started and, to me, that is one of the best ideas. It doesn't have to apply to Aboriginals; it can apply to everybody, a project of some kind, because, basically, it's all to do with education, and this is the thing that's lacking in our modern society, commonsense and education. That's one point that I would like to throw in.

The other thing is, I think you're not going to clear everything up immediately, so, therefore, it has to be done stage by stage. This is why I have become involved in the Esplanade. To me, it's a very important focal point. It's something that governments and councils should look at, because here, again, unless you've got an attractive environment, you're not going to get the right people coming along to that environment. So it's very important to clear up a section at a time, as far as I'm concerned.

The other thing, in the old days – which shows my age – hoteliers were fined for serving drunk people, over the bar or virtually selling it in bulk in the bottle shops. Why have they wiped that law?

Commander DOWD: They haven't.

Madam CHAIR: No.

Mr PARKER: It's not enforced though, is it? I have seen people in hotels not only buying bottles and they've been hardly able to stand up, and they are buying from a hotelier. Obviously, you can't watch every sale that's going on – it's impossible – but it is still happening. I think things like this – and this is part of our duty, as a public, to watch out for this sort of thing, isn't it?

Madam CHAIR: And to report it too. If you see those instances, they should be reported to the appropriate place.

Snr Const MITCHELL: The Liquor Commission actually keep a record of them, as well. They may not have sufficient evidence to actually prosecute them in that first instance but they record them. So if they get three of four, they'll certainly go along and talk to them, whether they've got enough evidence or not. So it is a matter of the need, as the Chairman said, to actually report them.

Mr PARKER: In the bars at night, for instance, they will be there serving them when they're, you know, a little over the limit. I wouldn't say they're in there drunk, but they're over the limit and surely that is the time to stop serving them, isn't it?

Commander DOWD: Can I just add one small point to that? It's been raised that the liquor industry does a lot to educate their staff to deal with those sort of issues – and that's exactly right, they have done a lot. The way we deal with the problem is, if people come and report it to us, we might not be able to do anything about that particular instance, because it's probably too late, the person has probably left and so forth, but we will build up a bit of a dossier and ultimately mount some sort of an operation. The kind of operation would be, we have people go into the hotels in plain clothes and look for the offences being committed, and when we see them we prosecute them. We've got some before the courts at this point in time.

Mr WEBSTER: I think the overall thing I see in this is, that it's not just an Aboriginal matter; it's a black and white matter that we are looking at in society, Darwin society, or NT society, and that we all need to work together to make a dent in this problem.

Commander DOWD: Yes, it has to be an integrated approach. There's no one simple solution to the whole thing, and we'll strongly support the early intervention aspect of it. Get to the kids, so that they can grow up in an environment which has some decent values to it.

Snr Const MITCHELL: Just to support both Greg and Ali say about harm minimisation is something that we've got to get into the Act.

Mr McLAY: I've used up all my soapbox. I tried to only use half of my soapbox. The issues, there is no one solution. Yes, we have to have a coordinated effort and, yes, harm minimisation. There is one other thing though, with the national alcohol strategy, there's been a number of consultations throughout the country at the moment with the development of the national Aboriginal and Torres Strait Islander complementary strategy. I don't know if you're actually aware of it or have had a copy of it. It's in draft form, open for comment at the moment. So, if you want a copy, I can send it to you.

Dr HENDY: I've said a fair amount already. I'll just add that I think cases like this are very valuable when a lot of different perspectives can be brought to bear and we can all learn from one another.

Ms GAWLER: I just feel hopeful now, having heard you all speak, and I hope something may happen.

Mr SCOTT: Just a question to members about harm minimisation: Where does it start? Just a second point, that blatant abuses of liquor licence, like booking up and taking people's key cards and pin numbers, when they are discovered, if we're going to stamp out problems like this, just take their licences away for good!

Mr GROOMBRIDGE: Long term education, with the right sort of school syllabuses, to educate people about the problems of alcohol and cultural sensitivity, we're living in a society of black and white people, and we should not be so concerned, that we should accept the fact that we are black and white people and we should not try to push people away because they're less fortunate than us and say that they must be moving way out of that shopping mall or wherever. That's completely wrong. The Mitchell Street Residents Association sees there is no problem with indigenous itinerants. The problem is with white drunken people.

Madam CHAIR: Thank you. What I'd like to do is, maybe each committee member, if they want to just say something, and I'll start with Sue. We'll always let the ladies go first.

Ms CARTER: I'd just like to thank everyone for coming along. This committee's now been running for about 18 months and we go to all sorts of big places and little places to hear from everybody, and some of you we've heard from before. Thank you all for coming along and sharing your views with us, which do ultimately get discussed by us in many different ways. I'm sure, in a year or so's time, when the final report with recommendations, come through, you will see in that a reflection of some of the things we've talked about today.

Dr LIM: Similarly, thank you very much for coming. Speaking for myself, don't always assume that the questions that I pose to the group are necessarily my view on how life should be or how the world should be. For me, particularly, an information, seeking-out device, and I will be putting lots of controls or situations for your guys to cogitate, so that I can get some information.

Mr WOOD: I'd also like to thank you all for coming. I was just thinking about what Isobel said, I can see that you have got your heart in the right place, that I also have been through similar issues when I was at Daly River. Half the kids I looked after are dead, under the age of 21, that group, that generation, has gone. So we have to do something. How you do it, well, this is one way to try and do something.

Mr KIELY: I'm the new chum to this committee and I'd like to say, look, it's pretty clear to me that the issue of substance abuse, particularly with itinerants, but across the board, it's a community issue. It's not just an NT government issue. I'll have a bit of swipe here, because I'm a bit dumb. I'm a bit upset that I don't see the councils represented in here. We're banged up in the paper all the time but we haven't got them in here. I think, if we're going to make this work, we've got to have the councils involved right in here. I think it's up to all people who are here to get that message back to council. That's my – a total community approach to fixing a problem that affects us all.

Madam CHAIR: Thank you. I won't get controversial like he does. But, look, it's a hard task trying to chair this committee, I can tell you. I think all members of the committee – and we do have one member missing – but we do have, certainly, a broad committee that brings in quite a broad view as well and, certainly, when Sue and Richard was talking about the debates and the discussion, when we hear from people like you, who are important to us, in terms of our deliberations, we certainly have quite constructive and robust debate amongst ourselves, and it's not an easy task. It is weighing up the concerns of industry and weighing up the concerns mainly of the community.

Where I come from, I have watched for many years the impact of alcohol abuse, not just alcohol but cannabis and petrol sniffing, in particular with indigenous women and children, and I see that time and time again, not just in remote communities but certainly in town. Where I live in town, and when I can see a group of people that sit down and they drink and indigenous women are being bashed, that's the passion and the anger that usually comes out when I see that. I think it's timely. I think for a long time, and many years in the Northern Territory, the issue of alcohol, people do skim around the edges, it's not a populous vote, for government or for anyone. When you look at your three tiers of government, usually it's not a popular thing to go down the path of trying to address and confront the issues of anti-social behaviour and alcohol abuse.

I do thank everybody for coming. I think that the wide views that we have and, in particular, to keep on track and to keep on top of what the Larrakia Nation – I think it's a new program. It was something that was initiated under the former government. It is something that, certainly, our government is committed to making sure it works. It is early days, it does have all the major stakeholders on it.

This is, I think, the first of many series and we'd like to, certainly, keep in touch with a lot of the people that have come today to encourage ongoing forums such as this, because it assists the committee in its deliberations as we're going along. So, thank you.

Meeting closed.

TRANSCRIPT NO. 2

AMITY COMMUNITY SERVICES, BRIEFING, DARWIN

7 March 2003

PRESENT:

Committee: Mr Len Kiely (Acting Chair)
Ms Susan Carter, MLA
Dr Richard Lim, MLA
Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Appearing: WITNESSESS
Mr Bernie Dwyer, Director, AMITY Community Services
Ms Debra Mill, Counsellor/Educator, AMITY Community Services

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Mr CHAIRMAN: Good morning. My name is Len Kiely. We have with us Dr Richard Lim and Mr Gerry Wood. I declare open this meeting of the Select Committee on Substance Abuse in the Community and welcome Mr Bernie Dwyer and Ms Deborah Mill from Amity Community Services who are appearing before the committee today to brief it in relation to its terms of reference. If required, copies of the terms of reference can be obtained from the committee secretary. This meeting is being recorded. A transcript will be produced and may eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be in camera. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to a committee is protected by parliamentary privilege. For the purposes of the *Hansard* record I ask that you state your full name and the capacity in which you appear today.

Mr DWYER: Bernard Dwyer, Director of Amity Community Services.

Ms MILL: Deborah Mill, Counsellor/Educator of Amity Community Services.

Mr CHAIRMAN: Bernie, would you like to lead from the top.

Mr DWYER: Thanks, I have some material prepared. Is it okay if I go through that?

Mr CHAIRMAN: Certainly.

Mr DWYER: First, thanks for the opportunity to speak to the committee. We have submitted a submission. I should point out that an earlier submission was sent in but I pushed the wrong button and sent the wrong draft, so that has been replaced. There is still, I notice, one slight correction needs to be made in this which I will do later on.

Mr WOOD: Is this the one without the different, the dollar signs and the percentages.

Mr KIELY: I found it very colourful.

Mr DWYER: Sorry about that. I would like to first give a brief overview of Amity if I may and then speak briefly to the submission and I am happy to attempt to answer any questions that come up. Amity Community Services is in the business of habits. Habits occur and continue from necessary and useful to extremely problematic and what are commonly called addictions. According to Saunders and Allsop, addictions can be characterised by an individual's repeated behaviour in a way which although enjoyable and beneficial in the short term can accumulate adverse consequences in the individual over time. Hence, an essential feature of addictive behaviour is the balance between short term rewards and long term negative consequences.

Amity was incorporated in 1976 and has been funded by the Department of Health and Community Services. It was originally set up as a drug and alcohol service. Over the years Amity has gathered considerable information about the characteristics of effective drug interventions including factors of behaviour change. Research shows that there are more similarities across behaviours of habit than differences. In fact the principles of change remain the same irrespective of the behaviour to be changed. We surmise the strategies for preventing or reducing problems relating to drugs are applicable to other problem behaviours. In 1994 we also developed a response to gambling problems, supported by Department of Racing and Gaming, the Racing and Gaming Authority at that stage. Amity also designed the drink-drive education course based on these principles. It is accredited and is a re-licensing requirement in the Northern Territory for drink-drive offenders. Amity delivers the course in the Darwin region and co-ordinates the delivery across the Territory. The course has been reviewed and recommended for introduction in other states.

In 1997 the Living with Alcohol released results of a study designed to determine the impact made by alcohol treatment services in the Territory. Amity's clients showed a swing from heavy drinking to more moderate drinking and were experiencing fewer problems after attending at the service. All clients surveyed through the Living with Alcohol in relation to Amity services reported the services useful.

The philosophy that we work on - the World Health Organisation described health as a resource for life and a product of lifestyle on living conditions. Amity recognises that lifestyle contains different patterns of behaviour that are both beneficial and have costs to the individual and the community. We believe that these patterns are learnt and maintained because of the benefits derived, but such habits may at some stages in life have quite negative consequences. Current research findings and best practice that Amity serves and they are that services be pragmatic rather than idealistic. They are geared towards concrete results rather than labelling and re-interpreting past experiences and that they be holistic rather than focussing on a single issue. The client group that Amity sees consists of people who are experiencing the problem themselves, friends or relatives or people at risk of experiencing problems. If we do not include those people that we see with mental health issues or drink-drive offenders or Court diversion clients, we see 250 - 300 people per year.

Dr LIM: Self referred?

Mr DWYER: The majority self referred. There is another 100 or so on top of that if you include people who have mental health issues.

Mr CHAIRMAN: When you say self referred, are they people who might have been at somewhere like DAS and have gone through their three sessions and said well actually we have to you know.

Mr DWYER: No they are more likely off the street from referrals from other people who have been to Amity, or through advertising or referrals from GP's and various other organisations as well.

Mr CHAIRMAN: Then the mix is indigenous, non-indigenous is ...

Mr DWYER: Yes, about 8% - 10% are identified as indigenous and mainly Darwin urban - rural. 50% would be not holding a job, so half the people we would see would be unemployed and the problematic drug is 44% would be alcohol, 26% cannabis and about 13% amphetamines. The other groups of drugs are much smaller and usually below 5%. We emphasise self responsibility and self management and use cognitive behavioural approaches. We recognise that many clients are ambivalent about change and the short term rewards associated with habit may outweigh the long term consequences. Accordingly we use motivational interviewing techniques designed to help shift the decisional balance and we collaborate to set realistic goals and strategies for change. Increasing the repertoire of coping skills is a widely acknowledged, effective intervention strategy and indeed clients themselves often identify that they need to learn or develop new skills or further extend existing skills to achieve.

Dr LIM: So you use behavioural methods of, behavioural modification as your key therapeutic method, are there any medical withdrawals or is this a non-medical withdrawal?

Mr DWYER: We use cognitive and behavioural approaches looking at the way people look at things and their perception of them and testing the validity of that and the way that people can actually check their own. But if we do have issues relating to physical withdrawal then we would work with either the hospital's detox unit or individual's GPs, although that can be difficult to actually find a GP who is both ...

Dr LIM: To provide 24 hour cover.

Mr DWYER: Yes or even has space to see new clients with these particular issues. Sometimes they are somewhat reluctant to take on new patients.

Dr LIM: So if a person walks in off the street, a self referred person goes through actual withdrawals while undergoing your psychological methods of treatment, do you refer them to hospital and wait for them to be physically detoxed before they come back?

Mr DWYER: First, even for informed consent, if somebody is in acute withdrawals it is not an appropriate time to start looking at their psychological needs and assessment. Sometimes it is purely the physical that needs to take priority, and so they would be referred immediately.

Mr WOOD: You can not do medical detox?

Mr DWYER: No, but we do it in conjunction. Like if people have say benzo withdrawal such as valium or those sorts of withdrawals it may be a staged or a stepped decrease over a number of weeks or months, and we would see them through that time with them seeing their GP as well. So, it is not all or nothing, it is not necessarily a two week crash withdrawal, it could be quite and extended decrease in the drug that they are taking.

Dr LIM: What about those on methadone?

Mr DWYER: Because of the availability of methadone we have seen few people in the past with methadone. Would you like to say anything about that Deb?

Ms MILL: Just very few people and mostly in the past, I mean since there has been a change in government there has obviously been different options available, but still very few numbers.

Mr DWYER: The fact that we are seeing probably more amphetamine, cannabis and alcohol the methadone relates specifically to opioid management and everything basically in the past was referred straight to alcohol and drug services at the hospital if it was an opiate withdrawal because they were the only option really for dealing with the medical withdrawal.

Mr WOOD: Have you had any problems with the detox unit just sending people out to you without adequate warning, like has anyone just dropped on your doorstep and said 'here we are'? I know of another place has had a problem. I did not know whether it was just specific to that group.

Ms MILL: I do not know whether they are sent from detox, but people lob on our doorstep in all sorts of conditions. We just feed them into the system. If they wanted to do counselling, they stay here or they make an appointment or we see them straight away. If they are withdrawing and they want support we refer them on to the service that does that. Or if they are having mental health issues, it would be Tamarind.

Mr CHAIRMAN: On that point, do you get a better rate of improved patterns of behaviour from self referrals or from people who are directed to attend?

Mr DWYER: Generally, I would say that people who are self referred are already in an 'action stage'. Those people who are sent....

Mr CHAIRMAN: They do not have that Sword of Damocles hanging over their head. I was wondering about.

Mr DWYER: Yes, they are sometimes quite happy with their use, it is just that they have a particular issue which may be a legal issue or a financial issue and if that was resolved then they would be quite happy to continue to use whereas quite often people who are to use a particular drug quite often people who are self referred have got to a point where they have decided they are not happy with how things are going or the future prospects.

Mr CHAIRMAN: So as a generalisation you get a better return on the self referrals?

Mr DWYER: Yes, but there are opportunities when people are referred. One of the things that is really useful is self efficacy, the belief that your own efforts are going to make a difference to the outcome. If people do not believe that they have any control over their future, or it is all in the lap of the gods or destiny or whatever, then they tend to be in the passenger seat not taking control of what is happening around them. So if it is constantly being pushed and shoved, the person is being pushed and shoved from one point to another then it actually reinforces the fact that they do not have a choice in it. So some of the motivational techniques that we would use is look at what choices they do have and are they happy with where they are and how they could actually, what things they could do which would impact on the outcome. So just sending someone is not necessarily an indicator of good outcome, but that does provide an opportunity where those issues can be examined.

Ms MILL: That is if you use motivational practices.

Dr LIM: Yesterday we heard quite a few submissions that were asking for mandatory treatment. I can use the brief description of it, being mandatory means you have to go somewhere and someone has to send you whether it be the police through diversion from the Courts or whatever. What you are saying is that self referred people are motivated enough to be self referring in the first instance, therefore they are looking for a way out. Whereas those who are pushed to you, and as you say some of them are pretty happy going the way it is as long as they can afford it, so is mandatory treatment therefore a useful tool?

Mr DWYER: I have worked in New South Wales in my early work experience and there was an Inebriates Act in place there and I was aware of the people being rotated through the mental health institutions there under the Inebriates Act and I am unaware of them having an exceptionally high, positive outcome. Although you would have to also acknowledge the harm associated with particular behaviour was probably decreased because of the time out that was

provided during that three month or six month period, but they would often return to exactly the same circumstances after that.

Mr CHAIRMAN: So from your observations it had positive short term effect but long term behaviours returning.

Mr DWYER: That is right if they went back to exactly the same environment then the outcome was fairly much the same as it was at the start.

Dr LIM: So what you are saying is respite for the community but not for the client.

Mr DWYER: Yes, and there would be I am sure a small number who were at a point where they were willing to or be interested in reviewing their life. Or their circumstances and taking opportunities that arose but the number would probably be small. It is difficult to mandate behaviour change and we know say from drink-driving that mandating behaviour needs a whole lot of enforcement as well and it needs a whole community support to actually implement it. So, when we look at individuals behaviour change unless there is that complete system approach it is probably going to have less than maximum impact on the problem.

Mr WOOD: But you think there is room for what they call punitive action. I mean if a person, and I suppose yesterday's discussion was about itinerants to a large extent, but if someone is not willing to change and you still have a problem where it affects the community you go down the path of trying to help them but if they are not really willing to be helped and they are still basically a nuisance, should there be a requirement for some punitive action, and say, well you had your chance we are going to have to do this now, so there is some 'carrot and stick' approach? I do not know whether that would work with people who are chronic alcoholics for instance.

Mr DWYER: Yes, one of the difficulties that people who, when we talk about addictions there is a lot of argument about whether there is such a thing or whether it is basically the brain is being rewarded, and whatever we get rewarded with we are probably going to do again. So it is actually not an abnormal behaviour it is just that it is problematic and that is where those things that are problematic are called addictions and those things that are not are called normal behaviours.

Dr LIM: Very true.

Mr DWYER: With some substances like alcohol it actually decreases the cognitive function over time so the choices that are available to the individual are limited, so you may be actually dealing with people who have substantial brain damage from the actual use of the substance, which is aside from perhaps the physical dependency issue that they repeat the same sorts of behaviours because they are the pathways that are available in the brain. So putting them back in the same place is probably going to just have ongoing outcomes that are the same. So they may actually need psychological assessment to see what their cognitive impairment is and what happens when you discover that somebody has high level of cognitive impairment and they need a structured environment, supervision, I mean it can end up that you really need that. ANSTI was one of the areas that used to look at that as an option for people who were in the long grass who needed much more care than just a three month drying out period and then back to the same environment.

Mr CHAIRMAN: We are really quite fortunate that you were not here yesterday because I do not think you would have finished.

Mr DWYER: For people who are not particularly damaged by the substances they use, acknowledging that there may be a group of people, and when they I think from memory when they looked at admissions to a hospital I think it was in Sydney, I think about 8% were actually alcohol, of the alcohol, this is from memory so it might not be absolutely accurate But those that

were alcohol related admissions about 8% may have been dependency issues. So you have 92% that are actually not dependency issues but collateral damage to do with alcohol and those sorts of things. The idea is that learning different skills to deal with life may actually assist you make better choices so that you do not put yourself in that situation. So one of the things that we offer is increasing the repertoire of coping skills and mental health issues are frequently associated with problematic behaviours so looking at what options there are to develop skills that can assist people deal with mental health issues. The Bureau of Statistics reveal that one in four people who have drug problems also have at least one mental health issue which would include things like depression and anxiety or major mental illness such as psychotic episodes. But, that is at the extreme end, but there can be varying degrees of mental health issues. Interventions at Amity invariably involve mental health counselling and coping skills training and include things like cognitive restructuring, a nice name which means basically looking at how you think and what you think about things and then looking at options to vary it. It comes from the idea that different people may look at one situation one way and get very upset about it and another one will see it as something quite different and if it is problematic the way you are perceiving it you have a choice of either changing the situation or changing the way you view it. And so, people with anxiety often look at situations and see them as likely catastrophes so trying to identify ways of assisting them view it differently so they can actually come up with problem solving and positive ways of dealing with it rather than ways that may actually stop them from approaching and resolving issues.

Dr LIM: Do you guys use scaffolding techniques?

Ms MILL: Sorry?

Dr LIM: Do you guys use scaffolding techniques?

Mr DWYER: I will need to talk to you about that. We also do anger management and stress management and those sorts of things, training as well. In 1996, the community began seeking services for two distinct problems apart from drug and alcohol and gambling with Amity and they were mental health issues and eating disorders. We advertised our services as a drug and alcohol and gambling service and so sudden requests for these services puzzled us. Investigation of the referral sources or the people that attended, indicated that it was mostly being referred by people in the community who had had past dealings with Amity and appreciated the way that they dealt with their problems there and referred other people to us. We initially tried to refer people on to appropriate services but found that there was often no services available. If they were extreme and as I was saying before in a major mental illness with psychotic episodes and suicidal behaviour then there were services through Mental Health, but it is really mental illness services rather than mental health services whereas the people we were seeing often had multiple problems across a number of areas but were not in that extreme end where it was not viable for them to be in the community and continue with their work and home life and things. So management staff considered the community demands as part of our core business and the literature shows that our approach was consistent with the approaches that were required to deal with those issues. Research and experience tells us that mental health problems such as anxiety and depression are risk factors for problem drug users, so we saw them as part of the prevention of further problems. So, we expanded our target group to include some of these, however we do not want to attract more people than our resources allow so we do not advertise for clients from this group.

With particular issues that come up in the submission we made, we see the stance of licit versus illicit drug use, the use of drugs that are legal will still be the most harmful to the community due to the levels of consumption so tobacco and alcohol are going to continue to cause premature death, domestic and community violence. Alcohol will be involved in road trauma, and so drink-driving is going to continue to be an issue. Legal issues when considering illicit substance, confusion regarding a moral versus a health approach we think, makes it difficult for the community. They have difficulty accessing information to develop strategies for change regarding illicit drugs because of the fact that they are illegal and due to the confusion regarding

the uncomplimentary sort of moral versus health approach, the general community we think wants to make decisions about their own morals but also keen to access information regarding health without being stigmatised. So information on drugs and how it impacts on their health. One consequence of the moral versus health approach is there is a focus on either blaming versus pathologising of behaviours, particularly with drug use and people become users or, there is a whole lot of terms that are not necessarily useful and that people do not take on as labels for themselves, but it alienates certain groups within the community and makes it more difficult to access health information. And then pathologising it is also unhelpful in that you are sick if you participate in certain behaviours.

Dr LIM: So what is Amity House's position on this?

Mr DWYER: We argue that there needs to be a middle ground similar to with alcohol where in Living with Alcohol programme where there was accurate and credible and relevant information presented, and we know with drink-driving that also enables enforcement to occur so if you are looking at changing behaviour that is deemed to be unacceptable in the community, if you have a large number of the community who have participated in particular drug use in the past and it is now being targeted, they do not necessarily see the need for it but rather see it as a moral issue rather than a health or community well-being issue. So we would see that looking at it from a public health perspective where you look at the individual and the environment and the particular behaviour would be useful, and uncoupling the moral versus the health is probably a useful approach. Research - informed interventions through research rather than ad hoc or unplanned.

Dr LIM: Is that uncoupling, or is that moving towards the health model? When you start uncoupling the moral with the health, that becomes really, the health model predominates doesn't it, because, take the emotion away, let us look at what this does to people, that is the health model.

Mr DWYER: Yes, and looking at say needle and syringe programmes, accept that people are going to use drugs, that you do not necessarily agree with the drug use but you do it in a way that is going to minimise the harm and the impact that that has had on the spread of HIV is well noted, so that is taking a health approach rather than keeping the moral.

Dr LIM: The Bordac health approach, well I think it is very seductive, and you use that approach to deal with substance abuse of any kind, where does then society's standards of behaviour come in? Is this 'society, you have nothing to do with this, this is a health model'. All we are going to do now is 'harm minimise' for this client that is now abusing substances and the community does not have any judgement to make. Isn't that a paradox?

Mr DWYER: Yes, and things like drink-drive where you actually say it is unacceptable and we are going to enforce it and then you put on advertising campaigns which explains why there is a particular approach being undertaken.

Dr LIM: But the moral model has to step in first to say 'this is where we will tolerate, this is the level we will tolerate and no more'. You draw the moral line and then the health model cuts in otherwise if the health model is there without the moral model ...

Mr DWYER: Yes, I do not think you can have one or the other, there is always going to be a compromise between what the community requires as standards, but if there is not accurate and relevant information then often the decision or the understanding is not based on useful or health driven information. So it can be seen as either being soft on drugs, rather than this is going to be the cost to the community if we do not do something. Because it is not necessarily, as you say, a moral issue it could be that you can see where this is going to go if it is unaddressed, and we have to actually look at whether we can afford to do that and then explain why we are taking this approach. So it is sometimes not just health but also financial.

Mr WOOD: It is certainly an interesting issue. My feeling is that when you can not separate the two completely you have to have that connection. But the problem I see is that what has happened, the health side has come out much more strongly. It has tended to take you might say the most popular attitude to a particular subject. Without getting into an argument about the recent posters on HIV. My argument was they were not balanced. That they did not also put out to people that there are alternatives, and the same with drinking, we can say you should not drink too much dah, dah dah,, but we never pushed that you do not have to drink. The same with needles, there tends to be - the most publicity is about 'make sure you use a clean needle'. There is very little publicity in comparison with do not use drugs at all. The drug one may be slightly different, but certainly with alcohol there is not a big promotion 'do not drink' although there was a campaign about two years where, I think the NT did, where some people said you do not have to drink at all. It has generally been pushed to one side, so if I said HIV use a condom, but I said but well perhaps you should have sex with one partner or you do not have sex at all, it will not get publicised, because it is not the popular morality.

Mr DWYER: But also there is the ideal and the achievable and being careful not to get the ideal as the enemy of the achievable. If you come out with the message 'do not have sex' then the message gets thrown out completely, so somehow it has to match with the existing experience and understanding of the community. So I do not have a problem with the concept as well of saying, the best way to avoid HIV is to do these things, which include not using IV drugs, not having multiple partners, however if you are in a situation where you do use drugs intravenously then you need to use clean needles to do that.

Mr WOOD: That is the key word, the 'if' you see, and I think a lot of the advertising does not throw the 'if' in and that is where I think the health side has somewhat taken over from the moral side because it just sees, we will get 90% of it fixed up this way.

Mr DWYER: Economics I think also come into it where they look at what is the cost and what is the greatest cost and what is the most bang for the dollar.

Mr WOOD: We are talking about HIV?

Mr DWYER: Yes, so it can be that if you can address 90% of it with this approach then the other 10% is a target group that needs to be addressed differently and therefore ...

Mr WOOD: Maybe as in the case of alcohol of course, the reason that is done is because something has been targeted by the commercial side, the marketing of alcohol is so great that everyone regards that now as the norm so that the counterbalance in marketing something is all to one side. You might say there are somethings that are not achievable whether you do not drink at all or you drink moderately, but that message has always been slightly killed by the huge message from marketing of alcohol.

Mr DWYER: Yes, and that is in the submission. We actually identify back in the (inaudible) that vested interests actually play a role in policy or community perception as well, which can feed back into what is the acceptable message that you can get out given that the white noise from say a particular industry behind that it is presenting something as really cool and sexy and those sorts of things and if you come along with a different message it has no nice side to it so it is hard to find the hanger to hang something on. So that is why sometimes the message comes across as do not have unprotected sex rather than this whole strategy of decreasing risk behaviour through a whole lot of options.

Mr CHAIRMAN: I see it that the vast majority of people will not get into the abusive side but whether that regards that sort of personality or whatever factors brought the person into abusing a substance, be it alcohol or injecting or whatever, they are the group that you are really targeting, you know, so the moral dimension is fine and I think a lot of us can address that, and society addresses it through all sorts of different pressures. But there is still that group who somehow slip over the line. I mean that is where I see the education processes in the targeting

and the harm minimisation. You have to I think by definition of these people abusing they are the ones who need assistance, and they are the ones who are going to abuse, let us minimise that first off and then look at bringing it back over to this side of the line. It is not quite a matter of lifting the bar.

Mr WOOD: No, but I think there should be more pressure, not more pressure but more emphasis also on trying to help so people do not get to the point of abusing in the first place.

Mr CHAIRMAN: It is a whole range of things that have to be brought together. But I did not pick it up in this version, but in the previous version there is a sort of allusion to getting into the school curriculum. I thought I picked up somewhere that, in schools, educating people in schools about it. I think of discussions about the programme for drink-driving that you do at Amity and perhaps it should be in schools, but I also thought, well do we actually have in the curriculum education on, I know about sex education, but stuff on injecting and on drugs, doing what alcohol does, whether we should be targeting children or young teens, sort of making them aware before, I think 16 is too late because those that are going to be getting into buying cheap underage grog and drugs are already hitting it, you would have to go a bit earlier than that.

Mr DWYER: Yes, do you know the preventative paradox? There has been discussion about, if you look at say the drinking population and you look at those who drink light to moderate, they maybe 80% of the population and if you look at moderate to heavy they will be another 15% and if you look at heavy to extremely heavy they are 5% of the population. When you then look at the number of people who experience problems in the heavy group, it is maybe again 90% - 100%, so out of a population of 1000, 5% is 20, and then the next, that moderate to heavy group, there maybe 40% of those who experience problems, so you are actually looking at perhaps 70 people or whatever it is, and then when you look at the light to moderate group that are experiencing problems maybe only 15% of those experience problems, but because of the sheer number of light to moderate consumers in the community it may be 150 or 200 people. What actually happens is, if you actually got rid of all those people who were heavy and dependent drinkers you would still end up with about 90% of your problem in your community. So targeting, it is about sort of the whole range of drug use rather than just the extreme end so that is why it probably is a good idea to broaden the education campaigns to include the general community and including it in the school curriculum so that whether it is alcohol or illicit drugs that there are options canvassed, such as not having drugs at all as an option rather than waiting for the message to be use clean needles which is the only option that can fit on a single poster.

Mr CHAIRMAN: The message that you are saying ...

Mr WOOD: The DARE, I am not sure what is happening to the DARE programme.

Mr CHAIRMAN: It is still there.

Mr WOOD: Yes, but I think they are going to change it.

Mr CHAIRMAN: No, they are just looking at DARE as the police not being the educators of it, that is all.

Mr WOOD: But I think they are going to probably bring in a slightly new format that we have not seen as yet. So there has been a programme in schools. It is very difficult to know the success of that because unless you can trace someone's life after leaving school, then it is difficult to say well it worked, but I mean there have been people saying it has worked but it is very hard to prove it.

Ms MILL: Can I comment on what has happened in schools. I mean we get lots of invitations from schools to talk. We are aware that the Education department has extensive resources that do not get used. That is already developed within the Education department but they do not have skilled people to actually present it and teachers and nurses and such are

reluctant to present the information, so they often invite us as an outside impartial body, but at the same time they have extensive resources that are really useful.

Mr DWYER: One of the issues that has been raised in the past in relation to how education is delivered with young people is that you have to be careful you do not increase the interest or the short term benefits.

Mr CHAIRMAN: We had that argument yesterday or that point made over chroming.

Mr DWYER: Yeah. That is why research is very important to actually inform how something is done, because we could actually have negative outcomes from the best of intentions.

Ms MILL: It is very clear that is the concern of the schools and why they are reluctant just getting teachers to present material that they are unclear of the outcomes of. It is also very clear that just providing information can lead to an increase in use, but education which highlights the benefits and costs is very different from just information.

Mr CHAIRMAN: So you see a need, I am not trying to put words in your mouth here, but you see a need here for drug educators to be running these sorts, or substance, whatever label you want to put on it, but a person who is skilled up in this particular area as being the one to give this sort of information to students, to impressionable youth.

Mr DWYER: I think it would be more desirable than just expecting any teacher to pick up something and try and deliver it, that there would need to be a skilling of certain teachers if it was going to be within the Education department or also ensuring that people if they were coming in from outside had the appropriate teaching skills if it is going to go the other way. So having somebody who is an expert in the field may not actually to get the information across either.

Dr LIM: Every school has a school counsellor, isn't there? Let the school counsellor who at least has some counselling skills if nothing else maybe a teacher person anyway, we do not know that, but that would be the sort of key person could have that role, including May I say it the DARE police.

Ms MILL: Our experience is that that is the existing system and we still get requests for our information, so there is obviously a problem there.

Mr WOOD: I think the police, from those who support the DARE being delivered by police, the argument for that, is the police also have some authority and children see that it is coming from an authoritative figure, whereas someone said to me at one of the meetings I went to was "If Mrs Fred Smith comes and delivers it from the health department to the kids they will not take any notice". Whereas, if Senior Sergeant Somebody says this is bad for you they tend to listen a little bit more because it was coming from an authority figure.

Mr DWYER: There are issues about how you engage your audience, whether it is through the teaching environment or the public environment, and sometimes having an authority figure deliver a message is actually a useful way of making it seem credible, but it may also have negative impacts.

Dr LIM: You may also use elders to convey messages to communities, because it is the authority that provides that significance to the statement that has been made.

Mr DWYER: That is if there is an acceptance of that person having credibility. If you were talking to maybe a group of teenagers who had negative experiences with the police it may be that they dismiss the information as propaganda and manipulation and authority being overbearing. So it can have advantages and disadvantages. But there is also peer education which is where peer people in that group are given information to disseminate, accurate information to disseminate, and it is used now in a variety of areas including sex education and

those sorts of things where people may be reluctant to actually discuss the subject with an authority figure. But that information is provided to someone in their peer group and that information is distributed through that conduit. You want to add anything to that?

Ms MILL: I am just aware that there has been a lot of research about how to get information to young people who dismiss authority and teenagers are at that age where they do that anyway. So peer education came out of exploring how to get information to young people in effective and accurate ways using their existing resources, the people they see as credible. But that would not be all teenagers, that is the groups who do not see authority figures as credible.

Dr LIM: Has any research been done on the policy of isolating lepers. Back in the days when you were a leper, go to an island somewhere or you isolate from the rest of the community. If you come to the community you dress in a way that you are identified.

Mr DWYER: You carry a bell.

Dr LIM: Or a bell whatever, that is right. There was a time when society wanted that sort of treatment. If lepers occurred today in the numbers that occurred back in the dark past, how would our current society deal with them? Would they be in our midst as people with HIV, people with other substance abuse or would they be isolated the way they were in the days of the lepers? I just wonder whether anybody has done anything in that, because I think it would be very interesting as to whether our current treatment of say people with HIV or whatever or people who are abusing the community would be done differently.

Mr DWYER: I imagine it would depend a little bit on who you actually asked. I mean if they were a close family member, they may have a different opinion to someone who is being just distant and getting some of the humbug from the actual behaviour or fear of the illness. So I think it will depend on who you asked and how informed they were about the consequences of either having them inside a community or outside a community.

Dr LIM: It would be interesting to see how societal values have either changed or not changed and how to day if we plonk that time of history into today's circumstance what the reaction would be.

Mr DWYER: Shaming is, sort of, which you can be if you are wearing a white cloth and carrying a bell may not actually encourage people to be up front about the fact that they have leprosy, so they may actually stay in the community longer rather than attend for treatment. So it could have adverse effects if you were trying to actually decrease the spread of a particular illness.

Mr CHAIRMAN: I think there is still some leprosy out in Arnhem Land and they are part of the community.

Mr WOOD: My mother-in-law was a leper, she lived in the house.

Mr CHAIRMAN: I do not think leprosy is quite under the terms of reference of here.

Dr LIM: To use it as a social analogy, this problem, and I use leprosy because it strikes home fairly intimately, and how do you deal with that on a personal level and on a societal level, but whether it be leprosy or whether it be substance abuse whether it be HIV it makes no difference.

Mr DWYER: But I think one of the concerns with, say HIV, and having people identified as having this illness and becoming a social leper if you like was not seen as useful because it would encourage people to not be up front about it and try and hide the illness for longer. Therefore, I think that is what we are talking about as far as people getting information. If they feel stigmatised or not part of the community if they enquire about particular information relating

to illicit drugs, that it may actually create an environment where they continue with the behaviour or whatever for longer.

Mr WOOD: I think the history of isolation has generally been where something has been regarded as dangerous to the community. I mean leprosy and HIV unless you do certain things are not dangerous to the community. Maybe, if we had a smallpox outbreak you would soon put people in hospital and isolate them very quickly, because you knew that there was a great chance of you getting that disease.

Mr CHAIRMAN: I think I am going to be the Chair here and pull it back onto the subject.

Ms MILL: But I guess you are also highlighting the differences between punitive responses and rehabilitative responses and we are not saying there is not a place for them we are just saying that there needs to be middle ground as well, and a range of sanctions.

Mr WOOD: Can I ask a question about finance?

Mr CHAIRMAN: As long as it has to do with substance abuse, yes.

Mr WOOD: Yes, of course it is.

Dr LIM: All the discussion we have had so far is about substance abuse.

Mr WOOD: I was just going to ask, how is Amity funded and were you funded under the Living with Alcohol program at one stage?

Mr DWYER: We have been funded by Health and Community Services from our foundation. We did not receive any great component of our funding from Living with Alcohol. At the sessional inquiry where they discussed that, we actually argued that we could use some resources but there was a whole lot of other areas that also needed addressing and that we thought it was reasonable to. We did get some for coordinating drink-drive and the implementation of drink-drive, so we did get some from Living with Alcohol but the majority of it was consistent funding from previous.

Mr WOOD: I suppose this is one of those easy questions to ask you, I mean, it is sort of like should you pay taxes and most people say no, do you need more funding, and why?

Mr DWYER: I think there are opportunities to address drug and alcohol issues and resources become an issue the broader you try and spread yourself. So there are opportunities, if you are talking about say education there are opportunities for us to provide information education to a whole lot of areas but we do not have the resources to do that. Currently we ask people who attend for a contribution which allows us to push the budget further, but it is only a contribution, it is not a fee for service because we do not want that as a barrier to participation. So we do try and get our own resources because we realise there are limitations on how much we can expect to get from government or from private enterprise. It is not quite a sexy sort of industry that we are in, so sometimes getting private sponsorship is much more difficult. So we do think there are opportunities and there is opportunities to research and also we argue that it needs to be evidence based treatment if we are going to implement some system, some treatment or intervention that we need to have some evidence or at least evaluated as it is happening so that we can see whether it is having an impact. But it does throw up those problems of how do you follow someone for 10 years, or 15 years and you would need large amounts of resources to actually do that.

Mr WOOD: What is your annual budget?

Mr DWYER: There are different sources. To do with drug and alcohol?

Mr WOOD: Just run the whole thing, the whole gamut.

Mr DWYER: About \$500 000.

Mr WOOD: That would be for the whole year?

Mr DWYER: Yes.

Mr WOOD: Pretty small when you consider the amount of alcohol consumed in the Territory, and that is probably what I am getting at. Has industry a part to play in some rehabilitation.

Mr DWYER: Well one of the advantages of original way the Living with Alcohol programme was set up was that there was that levy on alcohol which is no longer an option because of the taxation system, but it also seemed to be much more acceptable to the population that the extra tax that they were paying on alcohol was going to decreasing the problems associated with it. So I think there is, I mean how do you get money out of the alcohol industry if you do not have the option of taxation.

Dr LIM: I suppose there are two ways about that. Currently the alcohol industry pays a tax in one form or another and all state and territory and federal governments get a slice of the tax. The alcohol industry would say, the liquor industry would say we pay the tax and that tax is being used for social good so we are contributing. The other point of view is, could they make an ex gratia contribution as well apart from the tax that they pay, they put another levy on, or they put a voluntary contribution to another programme such as yours or KARPU in Alice Springs or whatever programme there might be. I think those are the questions that are not being asked and something perhaps could be negotiated with industry.

Mr DWYER: We certainly work with industry, like say the campaign at Christmas about drink driving, kill for a beer, avoid drink driving and we approached the alcohol industry for support to do that, so there are small joint ventures.

Mr CHAIRMAN: An interesting statistic in today's paper, I thought, talking about the great economic times ahead for the Territory where hotel owners down south are phoning up because the hotels down there are 10% return, whereas here they are 25% return, so I think maybe there is capacity for the industry if that is right. What I would like to ask is, unless you have the services by both government and NGOs dealing with substance abuse. There are 32 listed, I am of the belief that the work of NGOs goes in a whole range of areas. The objective is the same at the end of it. Is it a good thing to have so many NGOs, I mean does this particular issue have to be split up and categorised in so many forms because it is so complex, or are we seeing just a proliferation for one reason or another where perhaps we should be looking at a rationalisation, because there is a finite amount to the dollars being given, that is for sure, that could be used better if there was some sort of joining together.

Mr DWYER: Well, it depends. There are particular target groups and also particular approaches.

Mr CHAIRMAN: Well the NT Aids Council and the needle exchange, I mean looking at the substance side of it, they are basically doing the same.

Mr DWYER: From my understanding they are actually not. The Clinic 34 needle syringe programme is somewhat more limited than the Aids Council.

Mr CHAIRMAN: Related to substance abuse, I am not talking about the lifestyle issues at all. You know, both of them are virtually saying, the illnesses you can pick up through dirty needles. I think 34 would be looking at HepC and all that sort of business, whereas NT Aids is HIV, but basically it is the same.

Mr DWYER: Yes, but I do not know whether you can get everybody to shop at Woolworths. That is one of the problems, that some people do not identify with a particular organisation whether it is, they do not identify with the Aids Council because they think that is for gay men and so therefore they are not gay so they do not want to deal with it, they want to go someone where else, or they are not junkies or whatever that they use needles for steroids, they are clearly not junkies and therefore that is for that group. It is about where are the opportunities to provide interventions and sometimes you actually need a number of services that provide slightly different services to pick up the target groups. So with the approach that we use, not everybody is happy with that. They want a different approach and a lot of the information suggests that if people choose a particular approach that is probably what is the best one for them. There is not one that can be forced upon everybody that works equally well with everyone.

Mr CHAIRMAN: So you are supporting diversity of delivery.

Mr DWYER: Yes, and it depends on the relationship you have with the community. Some organisations have a relationship with the Alice Springs community, like DASA, that do not have a relationship with the Darwin community, so they are not actually duplicating a service that is here, but if you just took Amity and closed DASA and took Amity and said we are going to provide Amity with the funds to do that you would probably find a revolt amongst the Alice Springs population because they would see it as ruler from the outside rather than a home grown or an organisation that has a relationship with the community. So we would actually argue that it is probably better to identify organisations that have appropriate relationships with the community and resource them to deliver particular programmes or parts of programmes rather than trying to have one.

Dr LIM: Who should be the gate keeper, though?

Mr DWYER: Who should be the gate keeper?

Dr LIM: Yes, the gate keeper.

Mr DWYER: I think that is where basically government comes into research and planning and having a strategic plan and then looking at what are the options to actually get that on the ground. But also one things that can form policy and direction is the information that comes back from the community from the organisations. So it is not just a one way communication system. In coordinating drink-drive we actually tried to work with organisations that have an existing capacity within that community rather than trying to set up over the whole Territory a new organisation that is going to do just one thing.

Mr WOOD: It is interesting, I mean there are a lot of bodies here, you would have to take them out and put them in their different roles, they are not all in the same roles.

Mr DWYER: Absolutely not, we do not provide any supportive accommodation where there are some organisations that do, but do not necessarily have the same approach that we have so we may get referrals from people who are in supported accommodation to actually work with issues relating to their drug and alcohol use while they are still staying there.

Mr CHAIRMAN: What I was looking at really, was just as you said, there might be one group that provides supportive accommodation and another that does this particular thing, but each one of those has there own administrative structures and their own premises, and they are all isolated organisations in that sense, and I think you alluded to a peak body that was more in a physical, if you could concentrate, it is better to bring your services all together under the one body, if you do an alcohol related program, whether you should follow it all the way through or whether that would be a more efficient way of delivering a service. These are things I am just exploring.

Ms MILL: And it does come back to the relationship of representing community ideas really, because if you see government and non-government organisations working together as partnerships, these bodies will evolve representing needs. So how does government find that information if they do not evolve. I guess that is some of the issues involved in trying to bring what is under one auspice part, it may actually limit information.

Mr CHAIRMAN: Yes, and that is about one last point that I would like to raise with you is the sharing of information. I had a little bit of a swipe there at not being able to get hold of records of testing of road fatalities that we seem to have a pretty poor record compared to other jurisdictions. Is there a good exchange between your organisation, organisations like yours and government, different government bodies in relation to the data that you need or that you can provide. Are you happy with that level of exchange of information?

Mr DWYER: We do have difficulties in getting information quite often. But I do not think, it is not malicious or anything, it is just what resources are available and where we are on a priority list. It seems sometimes members of parliament ring up and they get it, and we have difficulty, we are somewhere down the list.

Dr LIM: Do you produce an annual report? You produce an annual report and that is publicly available and I think sharing of information is fine, but the Privacy Act cuts in every so often and you find suddenly you are hamstrung with what you can share and what you can not share. If it is in your annual report, that Annual Report should be accessible to just about every other similar organisation, and if there is a will for organisations to share information it is a matter of just going and look at the report and go from there.

Mr DWYER: Yes, but then data does not necessarily match. You cannot compile information so that is, and also getting, say, road stats.

Mr CHAIRMAN: Yes, that is probably the same, having to be sure how effective the driving campaigns are. If it is only 50% of road fatalities are being tested for whether there is the presence of alcohol or not. Is that about it?

Mr DWYER: Yes, and then getting access to that through the system, so if we are going to check on effectiveness, then how do we do it if we do not get any information. Also for planning campaigns, if you are going to target groups you really need to have access to that information so those targets can be identified and appropriate strategies developed.

Dr LIM: In this paper that I have there are no stats on the number of clients that you look after in a year, what sort of staff numbers you have and all that, do you have that somewhere?

Mr DWYER: Yes.

Dr LIM: Could you tell us, it may be on record anyway.

Mr DWYER: There is the Alcohol and Other Drugs program, they have a printout. It depends, as I said, it varies. There are different parts of the program, so if you look at clients that come in for drug and alcohol issues alone, as I was saying earlier, it varies between around about, this year is going to be around about 300 by the look of it. Previous year was 260, the year before that was 350 so it goes along about that. As far as other, so mental health issues it is about 100 people we see. If you look at drink-driving, the actual people that we see is probably about 200 a year, but in coordinating the programme it is round about 800 a year seen across the Territory.

Mr CHAIRMAN: So the prevalence of drink driving is far greater outside of the greater Darwin area than, because you have a monopoly on the delivery of the programme here in Darwin haven't you.

Mr DWYER: No, we actually are keen not to have a monopoly. For a number of years there was no other provider, but there is another organisation called Training Plus now that provides in Palmerston, Casuarina and we provide in Darwin, we try not to run at exactly the same times. We are not trying to do the Ansett/Qantas things. We are actually providing for a group that are available during these times and they are doing out of hours, weekends so that we are not clashing.

Mr CHAIRMAN: One of the things, about the time you were running this, is that you could not catch a bus home from the service I think. That might have been in the early days of the program.

Mr DWYER: Yes that is right, that is when we running after hours and during hours.

Mr CHAIRMAN: You get your licence taken off you but you can not get there.

Mr DWYER: Yes, but then people who were working could not get there during times the buses were running. We would actually see this model as actually providing other organisations with the resources to deliver particular programs in communities as a useful approach, so that you are not actually duplicating the same organisation or whatever to every different community. So, yes, we see about 800 around the Territory a year.

Dr LIM: And your staff numbers?

Mr DWYER: Staff numbers - eight.

Dr LIM: Every thing is done in-house, you do not outsource anything.

Ms MILL: There is drink-driving, etc.

Dr LIM: You have three programmes there?

Mr DWYER: Yes, and we have gambling as well, so we also see people there.

Dr LIM: Okay, so your resources are done in-house. Do you bring in people from outside with particular expertise to run workshops for you at all for your client groups?

Mr DWYER: We would work with the Territory Users Forum. I am not sure if you are aware of them, they are people who are interested in representing issues in relation to IV drug use particularly. We would provide information and support to them to get information to that group and they would also provide us with information about their particular group of people. And we have two people in Alice Springs we are providing blood borne virus training which is in relation to HepC in particular and the fact that it is very high incidences from intravenous drug use, or needle use. So, it depends, if you are counting just bodies, eight varies to nine that is with the population size, of the staff size.

Dr LIM: Well actually, just a comment for you to comment on. There are no old junkies, there are dead junkies but no old junkies, but there are old alcoholics and alcohol abusers. Any thoughts on why?

Mr DWYER: I think that, well I do not know whether it depends, there is a whole lot of discussion about careers of drugs and if we look at who we see in relation to cannabis use what we find is, this is 16 -20, 21 - 25 you can see it is very much loaded at the front end of the age group by 35 there is a fairly dramatic decrease. There is a lot of information that suggests that other drugs have similar careers, that people who may be drug users in their 20's, except for some notable exceptions, mainly musicians, Rolling Stones or whatever, they often change their behaviour.

Dr LIM: There are no old junkies, why? I mean you look at that, 45 seems to be a cut off isn't it?

Mr DWYER: Yes, there is a fairly sudden ...

Mr CHAIRMAN: And a heavier build up there at the end.

Dr LIM: 35 is about the cut off.

Mr DWYER: In there if you look at alcohol, these are the people that we see, you can see there is a peak in the 31 - 35 but it is very much more of a bell curve than a sudden stop.

Dr LIM: I had not seen those curves when I made my comment but actually that sort of supported what I just said. In alcohol abuse goes right through to a mature age whereas other drug and substance use tend to cut off mid life.

Mr DWYER: Yes, but there is probably very few people at 70 drinking the same way as they were when they were 25 so I mean even in that.....

Me WOOD: They can't hold it..

Dr LIM: Any thoughts on why you get that pattern?

Ms MILL: I think there is what they call a maturation effect where as people's lifestyles change as they get older they take on more responsibilities, have children, risk taking in general takes a drop, whether it is drug use or any other.

Dr LIM: So is a risk taking behaviour, that is what you are pointing to?

Ms MILL: Maturation effect refers to that, that is about risk taking behaviour.

Mr CHAIRMAN: Regarding that observation you made about service personnel being heavy drinkers.

Mr DWYER: That could match the demographic rather than the fact that they are service personnel. And they have a high disposable income, they are often single, there are a whole lot of reasons that they fit in really nicely to risk taking behaviour.

Mr CHAIRMAN: Happiness can be found at the bottom of a VB can.

Dr LIM: Do you want to include it in Hansard and just have it as a submission.

Mr WOOD: No that is alright.

Mr CHAIRMAN: Alright, have you a closing statement? Is there any more questions from this side? Would you care to make a closing statement.

Mr DWYER: To reiterate, we support a public health approach that is looking at both the environment and the individual, not just sort of focussing exclusively on the individual or exclusively on the environment, but there is an interaction there that needs to be identified and the systems that keep the behaviour in place need to be identified. Otherwise if there is treatment in isolation, it is likely to revert back to the untreated behaviour. We need to pursue research so that we have some accurate information. I know that research often has a bad name but research is not necessarily pure research, it can be from evaluation and various other things, so we are interested in the drink-drive course being evaluated as to effectiveness. It has now been run for a number of years so we should be able to see whether it is having an impact, so looking at resources as you were talking about earlier, that is one of the things that we would

like to see resources available for and we will pursue them. But have it independently done so look at NTU or somewhere to participate in it. And also, to provide the community with accurate and credible information and that we have evidence based interventions.

Mr CHAIRMAN: Bernie and Debra thanks for attending. There are three members of the committee who were not able to make it today, Elliott McAdam, Marion Scrymgour, one is at Borroloola and one is in Alice, and unfortunately Sue Carter has been dragged away to court to defend the honour of the parliamentary system. On behalf of the committee members here, I would like to thank you for attending, it has been very informative and I think you can tell by the interaction between the committee and your presentation that it was very worthwhile indeed. Thank you.

TRANSCRIPT NO. 3

PUBLIC HEARING, TENNANT CREEK

10 April 2003

PRESENT:

Committee: Ms Marion Scrymgour, MLA (Chair)
Ms Susan Carter, MLA

Mr Len Kiely, MLA

Dr Richard Lim, MLA

Mr Elliot McAdam, MLA

Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Appearing: WITNESSES AND ATTENDEES
Mr Michael Dougall, CEO, Tennant Creek Town Council
Ms Sharon Kinraid, Councillor, Tennant Creek Town Council and
Director, Barkly Region Alcohol and Drug Abuse Action
Group (BRADAAG)
Ms Pam Stein, Domestic Violence Counsellor and Community
Development Trainer, Barkly Region Alcohol and Drug
Abuse Action Group (BRADAAG)
Mr Yvon Magery, Regional Manager, Correctional Services,
Dept of Justice
Superintendent Stephen Edgington, Officer in Charge, Barkly
Division, Northern Territory Police
Senior Constable Rick Adams, Northern Territory Police
Mr Lloyd Brooks, Alcohol and Other Drugs Unit, Dept Health and
Community Services
Ms Meg Iles, Principal, Tennant Creek High School
Mr Peter Henwood, Senoir Teacher, Tennant Creek High School
Ms Davina Cook, Aboriginal and Islander Education Worker,
Tennant Creek High School
Ms Elly Appleby, Nurse, Tennant Creek High School
Ms Barb Shaw, Deputy Chairperson, Yaparkurlangu Council
Ms Kathryn Fry, Executive Officer, Yaparkurlangu Council
Mr Edward Winter, President and Chairman, Elliot Community
Government Council and Gurungu Council
Mrs Pat Brahim, Chairperson, Julalikari Buramana Aboriginal
Corporation
Mr Greg Marlow, Manager, Chamber of Commerce, Tennant
Creek

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Madam CHAIR: I welcome everybody. Firstly, I acknowledge the traditional owners for the land on which we are having this meeting. I also welcome the Mayor of Tennant Creek Town

Council and thank him for allowing us to meet inside the town council building. I welcome all participants appearing before the committee today to brief it in relation to its terms of reference. I suppose many of you would have seen the terms of reference; if not, a copy can be obtained from the committee secretary.

The meeting is open to the public and is being recorded. A transcript will be produced and eventually tabled in the Legislative Assembly. Please advise us if you want any part of your evidence to be *in camera* and 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. For the purposes of the *Hansard* record, I ask that you state your full name and the capacity in which you appear today the first time that you speak and thereafter, simply state your name. It would be good, if at all possible, if everyone can direct their comments through myself as the chairperson.

I would like to ask Michael Dougall, CEO of Tennant Creek Town Council and chairman of the Tennant Creek Youth Initiative and Safe Community Strategy, and Sharon Kinraid, Alderman of Tennant Creek Town Council and manager of the Barkly District Alcohol and Drug Abuse Advisory Group (BRADAAG) to come forward.

Mr DOUGALL: Michael Dougall, CEO of the Tennant Creek Town Council.

Ms KINRAID: Sharon Kinraid, Alderman of the Tennant Creek Town Council.

Mr DOUGALL: We are going to be using overheads. We also have a written submission that we want to give to the committee which basically talks about the town as a whole. We want to make a presentation, specifically addressing what the council is doing to do with substance abuse and associated antisocial behaviour.

What we have done is we have taken this approach because in the document we have tabled there is probably too much to cover in the period of time we have allotted. As I said before, we are going to concentrate on what the council's involvement has been, our current involvement and some strategies we would like to put forward. In the past history, the council has been involved in the Grog Committees. There were two of those. The most recent of those deliberations finished in December 2000. I have been involved with both those Grog Committees. Out of the first one was set up the Tennant Creek Social Issues Behaviours Group. At the time I guess they saw there was some necessity to continue as a committee or forum after the Grog Committee rather than just bring it to an end. Through the establishment of that behaviour group the Community Development Unit was established. That was initially under the auspices of the Tennant Creek Social Issues Behaviour Group and Anyinginyi Congress actually delivered the service because they received the funding, they managed and they delivered the service. One of the major issues that did come up, certainly with that arrangement, and I will be talking about that a bit later on, is that the person managing the CDU, as it is colloquially known, was reporting to the Anyinginyi Congress as an employer and also to the management committee in terms of issues in terms of direction and how the service was delivered.

About 18 months ago, it was handed over to the Congress in total. During the last six or seven months I have been on a review committee with other people, who will be presenting to you today, on strategies and objectives for the CDU.

So, what is the current involvement with the council at the moment? Council entered into a partnership with the Yapakurlangu Regional Council in December 2001 and that is basically the document you see on the wall to my left. One of the first things that arose, primarily as a result of some joint concerns that came up - certainly when the railway was being constructed - were some issues regarding antisocial behaviour patterns that may result from the people coming into town as a result of the railway. It moved on to talk about youth, and we found that we had some common ground in terms of what the two councils were wanting to achieve.

For those who do not know, Yapakurlangu Regional Council is the council that is the ATSI regional council – sorry, I should have mentioned that.

One of the things that happened after we set that up was - that was during the Christmas and New Year period where there was a very high level of break-ins, antisocial behaviour and a whole range of things happening here in Tennant Creek - it resulted in a community meeting. Well, it was actually a council meeting that the people came to. We had quite a lot of people; this room was full, and people expressed their concerns. At that meeting the two councils agreed that they needed to get together and develop a process where we could work together to address the issues. The Tennant Creek Youth Initiatives and Safe Communities Strategy was set up at that particular time.

At the same time, certainly, the council has been working in a building capacity with the police, with the strategy that they operate in here in Tennant Creek. Superintendent Steve Edgington will probably be talking about that as well. We also have other arrangements with government agencies and, certainly, this presentation today gives a really close partnership as well with BRADAAG, as a non-government agency here in the town.

We currently take on people through Community Service Orders and Juvenile Diversion Unit. So, we take people that come through both of those systems, in both of those areas. It is certainly one way where we also work closely with BRADAAG. It will be also worthy to note that for this council and the tight budget that we certainly have as a council, those people actually provide excellent labour for us as a council. We do have one employee with us at the moment who was actually on a Community Service Order and that person has been a permanent employee now for nearly 14 or 15 months, and does not have a blemish to his record. So, it shows that we can work with the people properly when there is an opportunity at the end.

We have number of initiatives that we have undertaken environmentally and we are still working on some of these to do with litter, glass, graffiti. We are working on a program with the police, and we have some ideas at the moment, but we want to work a lot closer with the police and put a strategy into place for dealing with graffiti.

Derelict buildings is a major cause of the problems that we have here, certainly because they become a danger to people. They are used very frequently for drinking. In fact, we have one property that was to be demolished last year but you could not actually walk through the property because of bottles and glass and everything that was in the building. It certainly causes problems with the police and ourselves. One of the major issues that we certainly have there is the lack of any uniform legislation, or having power across either the government agencies or the council to actually act on or deal with the property owners. We have actually made two submissions to minister Kon Vatskalis to try and get it looked at from a whole-of-government approach. We are actually now going to be coming back to the suggestion we need to write a local law. That is the process we are going to take up. We have support from two chief executives of two of the agencies.

We use the crime prevention, CPTED (Crime Prevention Through Environmental Design). We have been successful in acquiring one grant through that. We have two grants in the pipeline, and those of you who are here tonight can actually take part in a CPTED tonight if you are in Tennant Creek at 8 pm, where we will be looking at an area which has antisocial behaviour and a drinking problem, which is behind the Blain Street flats and caravan park to the north of town and around the drain area.

We have seen an increased focus at local government level. I guess that is certainly evident through our participation and with the safe community strategy. The Council has played a lead role there. We are also the auspicing body for two large grants that we have received for the program. We continue to be leading in that program.

Another one that we have done is a laneway's policy. This is where we have some narrow alleyways going between two streets and properties abandoned. People have suffered from people drinking in those laneways, throwing their bottles over the fences, young kids are picking up the bottles or the debris that gets thrown over. We have actually used the CPTED audit there, and the council has developed a policy of how to handle complaints with property owners who have problems in the laneways adjacent to the properties. This particular complaint has ended up in us actually closing the lane and it has made a significant difference to problems in that particular area of town.

Dr LIM: Can you explain how you closed the lane - by fencing it off or ...

Mr DOUGALL: What we have actually done is have it surveyed; follow the proper lane closure process under the local government. We have closed the lanes off at either end and offered the property to the abandoned properties. In this particular case, there are four properties on the lane and two of the properties have actually taken up the laneway itself. It was actually a shortcut between Haddock Street park and back towards this side of town. A lot of people congregate in Haddock Street park and the police would go around there to chase the kids. The next thing they would be up the lane and then, by the time they got around the other side, the kids had gone elsewhere. The first night the kids were not very pleased that the lane was blocked off.

So what are some of the possible strategies? One of the things that we believe is that there is some opportunities for the local government to become more involved, and certainly here in Tennant Creek. Some of it obviously looks at needing to have some funding. One of the things that council, and also through the grog committees, have been very forceful about is the employment of a local licensing inspector. That has been put up many a time. We also believe, and I mentioned before about the derelict buildings and ...

Ms CARTER: Excuse me Michael, are you saying you have employed, or there is now a local inspector ...

Mr DOUGALL: No, we have been making a case on numerous occasions to have a licensing inspector here. Licensing inspection on its own is partly covered by the police, or when people come into town from either Alice Springs, Darwin, or elsewhere. So, there is basically no level of inspection. That came up to the grog committees - it has been raised with Peter Allen on numerous occasions, and it has been stated that it is a DBIRD responsibility.

But one of the things that we would like to propose is going through the first three dot points on here where we talk about the funding, the licensing inspector and by-laws for the town. One of those being the one I talked about before with derelict buildings. One of the opportunities that we would think there might benefit is to bring some of those things through the council being the body who might employ that particular person, so that you could build that in to a job. Certainly, it needs to have some funding. It is not an income generating source for the council - the question is how to fund it. It might not be a full time job, but there is probably an opportunity there to try and look at the way licence inspection is done; requirements to deliver local laws; and if we are going to be developing some other local laws like the derelict buildings and to address the drinking and antisocial behaviour. So, that is a possible strategy that we would like to put forward for exploration.

The other issue that we have is certainly the number of court circuits that are here in Tennant Creek. We generally have a monthly visit, but if you, for example, go over the Christmas period where there wasn't a court sitting here for six weeks, in the first sittings after Christmas I think there were 150 cases needing to be heard in that first sitting. So it meant that things were out of context - it doesn't give a chance to bring in JDU or CSO's or other options to try and put something into place. It's a very big gap. I suppose, coupled with that, there's no resident legal representation in town, other than what you can get through Aboriginal Legal Aid, but there's no private law firm in town.

Mr McADAM: NT Legal Aid Commission.

Mr DOUGALL: Pardon?

Mr McADAM: Northern Territory Legal Aid Commission comes up, too.

Mr DOUGALL: Yes. Generally, outside of that, there's more - and they might be here on the days the court sit, but outside of that, there is no permanent legal representation here in town. You're relying on Alice or elsewhere so that has an impact.

We would certainly encourage the increased use of CSO's and the JDU. That is one of the major initiatives that we're certainly working with at the moment, certainly we're happy to take them on here at the Tennant Creek Council, but there's nobody to actually make sure they can either get to work at 6.30 in the morning or bring them to work or, you know, in terms of certainly getting them to stay here.

The second thing is, with a lot of the things with the CSO's, okay, you might get 200 hours of a CSO but you might only get some for four or six hours a week. One of the things that certainly BRADAAG have applied for is one of the government vehicles that's available, on offer at the moment, and a partnership put together with BRADAAG, the Council and Corrections, where we would be offering certainly the ability, through that service, to pick up the people and bring them or take them to work locations, and I guess that's one of the things why people don't necessarily turn up to fulfil their obligations. Sharon may want to say more about that just a bit later.

Development of liquor consumption and supply protocols, access to products lines. That's an issue that we'd like to put on the table as well. Certainly, one of the things that we talked about when Peter Allen was here in town just recently was that very question. We took him around the town to show him broken glass, certainly as a result of the fortified wine sold in town and certainly some of the outlets are saying how much they sell a week and, of course, instead of some of it being sold by the bottle, people are now actually going in, as we understand it, buying it almost by the carton, by the box, a dozen at a time. That's different liquor outlets saying how much we sell.

One of the things that we talked about or suggested to him was looking at possibly putting some form of restriction on the sale of that alcohol or even putting a trial ban in place for a period of time and monitoring it and something council - we discussed it at our last council meeting and a letter has gone off to Yapakurlangu Regional Council at the moment, for the two councils to sit and have a discussion.

Dr LIM: Is this the container that's the problem? Is the content the problem?

Mr DOUGALL: Both.

Dr LIM: Both. And if you then restrict ...

Mr DOUGALL: The container gets used as a weapon afterwards.

Dr LIM: Yes, sure. I make the distinction between the content and the container from a view that maybe there are others in this town who might wish to buy the contents and do not care about the container, whereas your problem, as you elaborated, is both the content and the container. So where does the council draw the line between restricting the townsfolk from the content and not the container?

Mr DOUGALL: Okay, one of the things we talked about - and this touched on the container side of things - is we did talk, or did at the last Grog Committee meeting, we were talking then very much at looking at alternative containers, and we were then looking at the possibility of getting fortified wine put into plastic containers. Obviously, for a market here, even though

ostensibly it is a large market, probably, but obviously that means we've got to change - we've got to deal with the supplier. But that's one proposal that's been put forward, is to change that type of container. Certainly, the restriction here is you can't buy anything in a container larger than two litres, but you can actually buy the two litre casks. But the issue here is that the people that drink the fortified wine are after one product and one product only.

We support CDL. As a council, we're supporters of CDL, thanks for smiling Gerry. We're currently in the process of developing linkages with the traditional owners, and that's protocols, and that's coming through as a result of talking with Elliot and the Safe Communities Strategy, and we're in the process of setting up the first of those meetings, which will be happening next month.

We're going to be talking to Ali Curung - we're going to be looking at their law and justice protocol and we also would like to - picking up on Richard's comment before, one local initiative is to put a \$2 deposit on port bottles. That was one of the things we've talked about before, to get people to bring them back, so that they don't end up as litter. So try and put a large monetary value on that product and, again, were talking about plastic bottles.

Dr LIM: Is this a local initiative that the council will bring about?

Mr DOUGALL: A local initiative. So you might put \$2 or something on to try and, you know, something so the containers get returned.

Mr WOOD: Are the retailers interested in being part of that?

Mr DOUGALL: It was discussed, certainly, at the last Grog Committee meeting, and looking at how you actually get that to work, but that was put up partly as a review, that was when it was done with Peter Allan, but Peter sort of said: 'Look, that's not my responsibility'.

I guess, finally, we're looking to try and put an application together through a public behaviour grant, to try and get recycling of some sort or of another going here but using that as a method of employing young people or people at risk, to try and give them some incentive for that strategy.

I guess that's rushed it a bit, but that's ...

Dr LIM: Michael, I'd like you to explore the issue of the \$2 deposit on port bottles a bit more, if I may, because that - I'm trying to see whether this could apply to other communities, other than Tennant Creek. Obviously, Tennant Creek Council can bring it about, or to impose that. I think Gerry asked about how industry has - whether they're co-operating or not and how they're going to implement that to the stores, to the shops. Have you thought that through a bit more or is this something that you are just hopeful that you can do?

Ms KINRAID: We're only thinking about this at this stage. We haven't done a lot of research on it. We certainly did a lot of research on the South Australian container deposit ...

Dr LIM: CDL.

Ms KINRAID: Yes, CDL - but we're only thinking of something that we might be able to do locally that might help alleviate the problem of broken glass and the danger associated around that.

Mr McADAM: Can I just add something there because this has been discussed for about, what?, four to five years ago, and there was general consensus, I guess ...

A PERSON UNKNOWN: Elliot, excuse me. Can you speak up? We can't hear you at the back.

Madam CHAIR: I think we need to move forward a little bit.

Mr McADAM: Do people want to move forward? Move forward.

Dr LIM: It's the air-conditioning, too, I think, the hum.

Mr McADAM: I was just going to say, in regards to this idea about deposits on bottles, it's been discussed previously and there was consensus in town in regards to going out, you know, to have a look at it and, if I can recall, there was, I think Julalikari Council may be able to assist here, but they were the leading charge at that time in regards to this proposal, and there was a consensus in town to support that. So it's good to hear that it's being raised again. And, like the recycling, Tennant Creek had the first curbside recycling program, and that's good to hear as well.

Ms KINRAID: Can I just say that when that recycling project was going, under the charge of Julalikari, it seemed to work quite well, and I don't believe that it will take too much obviously dollars, but I don't believe it will take too much research to implementing something at a local level. We started off small, we might be able to build up, and working in conjunction with the other organisations.

Mr McADAM: The problem is getting rid of the product because, at times, Alice Springs with Sims Metal, they are now gone to Darwin, and because we can get a back load back to Alice Springs, because they're no longer there, I mean it's almost impossible and the freight cost to Darwin direct, is too high, so it has to be considered.

Mr DOUGALL: The train is one of the things, could be a possibility.

Mr WOOD: One option, maybe with a deposit of two dollars it's a dollar fifty on return, and a figure goes back towards the freight which is how CDL in actual fact works. The only concern I have is because one of the objections to the recent move to CDL was by the Hotel's Association saying the cost of their product would increase and reduce consumption, which I didn't think was such a bad thing anyway, but I would hope that they would support this and not say, look two dollars on a flagon would be, I suppose, something their industry wouldn't agree with. So I don't know what the AHA would think.

Ms KINRAID: We certainly haven't gone that far, just speaking as a council locally, just to see if there was something like that that was possible that you might be able to start out in a small way and build on that.

Mr WOOD: I do hope they support that, yes.

Madam CHAIR: Can I ask members, that when you are asking questions, so that I can keep some sort of order, we have to remember the recording of this issue. So, one at a time and then allow the next speaker to finish before you butt in again please.

Mr KIELY: I have a couple of questions, firstly, on the important container issues. On the CDL, I had the impression, when you are talking about it, on the \$2 deposit on a container, that it was going to be a strictly council initiative as an incentive to get, not so much the containers returned back to the producer, the original owner of the container, but rather to have it so that people would be encouraged to come back and give it to a central point set up by council, therefore you need, the money somehow if it was gathered at the source of, say the local supermarket who are selling, somehow they would have to collect the \$2 and pass it on to the council representative, and then when the bottle is returned by who mightn't have been the original purchaser, they would then collect the \$2, so you really, in my view, bypasses any involvement of AHA or any other external body, is that how you were thinking?

Ms KINRAID: That's what we thought of initially, that it would be a council initiative and that if we could prove that maybe some way that it could work, then we could actually go out a bit further and explore those other avenues with AHA and stuff like that.

Mr KIELY: Yes, I think that as an overall litter abatement strategy, not only applicable to port bottles, and I commend you for it, but I can see that particular model being used on any product, so long as the money that you collected from the community was returned to the community as such, I think it would probably work. But I thought that, to get back to the contents now, that this particular product, port, is not available in wine casks or in softer, non-destructible containers.

Mr DOUGALL: It's available in a two litre cask here, that's the maximum size.

Dr LIM: I find it curious that here we are in a committee encouraging the \$2 deposit on the bottle, when the government is not prepared to introduce CDL, I don't know how you are going to work that out. I am not going to ask anymore questions about it, I'm not, hang on, hang on, hang on.

Mr KIELY: That's not right Richard, there has been no decision made. You cannot sit here and say there has been a decision made.

Madam CHAIR: Let's hold on a minute.

Dr LIM: I am not going to explore the \$2 deposit anymore, until the council can provide us, this committee, with a fully developed program because otherwise it's really just wishful thinking at the moment. I see lots of difficulties, and rather than the committee giving information on what to do, which is not the purpose of this hearing, the hearing is to share what the Tennant Creek community has to give the committee.

Madam CHAIR: They are putting something forth.

Dr LIM: I think it would be good to hear a fully developed program and once you've developed that, can you provide a copy of that to the committee.

Mr DOUGALL: What we are talking about is a program that has been talked about a few times before. Some of the issues we are talking about in terms of the return of the bottles, there was talk about being stamped on the bottle, how did you know it was purchased from a certain place. We acknowledge, and I think the people who took part in that committee, and the Julalikari were part of that, as were other people who are in this room today, were all part of in that discussion. We are all aware of what some of the issues of the policy and what they might well be, and it certainly probably wasn't this at the time it was conceived, not necessarily looking to get the product back to the supplier. The major concern is to get (A) the glass off the street, certainly for us as a council, it's a major job for us to collect and pick up, and a second part is where in fact a broken bottle becomes a weapon, sadly and that sort of thing. The purpose of the \$2 is really not to recycle, it's a matter of getting the material away from out on the main streets so that we can either put it in the tip, as in Alice Springs, I accept what you're saying.

Madam CHAIR: Can I just say that, let's stop any misleading statements. There have not been any positions made on CDL, and that all members please remember what we are here for. We are here to listen to submissions and let's keep the debate honest and open. Thank you.

Mr KIELY: Yes, and now on to the broader areas.

Madam CHAIR: Yes I think so.

Mr KIELY: The transition that you went through, when you went through the past history to get to where you are today with various committees, what role did the NT government play in the early stages?

Ms KINRAID: Perhaps I could answer that.

Mr KIELY: ... As far as policy and resources go.

Ms KINRAID: All right. Way back in 1994, was the very first meeting brought about as a result from the local hospital because of the increasing antisocial behaviour that was going on at the A&E department, and out of that came the meeting of the liquor outlets around town. Many consultations, Menzies School of Health were involved, a number of people involved, and out of that came the first liquor restrictions. Now, as far as I am aware, the government were quite supportive of what we were doing at that particular time, and way back in 1995 I think it was, when the first 13 week liquor restrictions were first trialed and then of course it was moved onto the next 13 weeks, and then moved onto a couple of years. One done by Beat the Grog, the other conducted by Jululikari. In 2001 we had another division of that review to get where we are today and that wasn't so much as introducing new laws, but rather strengthening the laws that were already in place.

Mr KIELY: So the evolutionary process that you've gone through has been based on building on a better model each time, it hasn't been for want of resources, it's disappeared.

Ms KINRAID: Well, I think what happened was, is that obviously any liquor restrictions that we put in, we mustn't just put them in and think that that's the end-all or be-all, I mean, climates change, things change, people who were targeting some change in the way that they drank, so we need to look at the existing laws to see if in fact they are actually working, otherwise there's really no point in having them there. So, after review, while on the whole they were working, there were some modifications that the committee, which involved many stakeholders around town, just strengthened up what was already in existence.

Madam CHAIR: Look, I'm just conscious of time and I do apologise; we did start a few minutes late. Sharon, I think you also have a presentation which you need to do. Can I just ask members if they can keep the questioning until after. If we can get through most of the presentations, and then we'd like to encourage everyone that's doing the presentations and present to then be part of a round table discussion so that we can – so if we can leave most of our questioning to that round table discussion. Thank you.

Ms KINRAID: Excuse me, Marion. Have you finished with the Town Council now?

Mr WOOD: Yes.

Madam CHAIR: Well, if Michael's finished, yes.

Ms KINRAID: All right. Okay. I'm basically just going to build on this. My name is Sharon Kinraid. I am the Director of the Barkly Region Alcohol Abuse Advisory Group in Tennant Creek.

In relation to the terms of reference today, looking at community concerns and perceptions. Basically I'm going to be speaking from a treatment point of view, and I'm going to be talking about expectations of treatment from clients. They expect immediacy, a quick fix, they need a cure, which is hard to achieve. The expectations from the results of one effort of that treatment. We recognise in the field that there are multiple efforts of treatment that are required to initiate change. The expectation of a solution related to social, economic and cultural problems are all underlying issues as to why a lot of people that we see participating in antisocial behaviours.

Again, some of the barriers to treatment - and I don't think that anyone's not aware of those - of course, are poverty, unemployment, poor social family support, lack of options, outpatient treatment is the less cost effective and, of course, we suffer very much from the small town syndrome.

The current trends: we have a sobering up shelters, and I have some statistics. The Staunton Street Residential Centre which we operate and have done since 1994, and I have statistics there. Our relationship to Alice Springs inasmuch as we do cater locally within the Barkly region for a lot of people from the Central Australian area: (a) because we are a multifaceted residential treatment, I suppose you could say, that we don't only look at alcohol, but we are looking at alcohol and illicit drugs, and many of the clients that we get from Central Australia, if not residents, are people who, by transition, have ended up there and there's not a lot of choice in Alice Springs.

The bipartisan relationships that we have built up over time in Tennant Creek - and you have already heard Michael speaking about the town council partnership that we have with BRADAAG - that started way back in 1994, and that is where many of my clients work voluntarily for the Tennant Creek Town Council, by choice, they are given a choice. They don't have to report to Centrelink as having looked for a job during that time; they are actually doing an approved voluntary work scheme. So that prevents us having to go out looking and filling out work diaries which I find very offensive, particularly for my clients who are mostly Aboriginal people. There is nothing worse than an Aboriginal person having to go around, door to door, asking them to fill in a work diary and getting knock-backs. So that, in one way, is a good way of my clients feeling good about what they're doing.

Those people that stay three months or more on the council - and many of them do; in fact, the majority of them do - they are recognised by council; they get a certificate at the end signed by the CEO and the mayor acknowledging the great work that they've done. Not only that, last year or the year before, we had one of clients receive one of the voluntary awards for the Northern Territory the work that was done with the town council. So I guess for the clients, they are seeing some rewards for their efforts and I think that's important.

We are also working with the CDU unit. We're putting some of the younger adults out on to some work experience programs and that's also, to date, been quite positive. We're also working with the training outlets around town.

Prevention and rehabilitation is proving a more effective way of dealing with the problem and I think if, for some reason, that people that we're trying to target are not wanting to change then sometimes enforced change is necessary, and that's done through the means of the courts. While there's a lot of research that says that enforced change is not good, I think you'll find that there is as much research to back that up and say that there actually is a lot of good in enforced change. I can say that those clients that come in to us that stay for a period of three months or more, we actually do see a change in behaviour. It may not always be as positive as we would like, however, certainly some changes in the way that they manage their day to day affairs. I think if people can obtain a job out in the private sector or continue to do some training or are not accessing the hospital or the health system as much, and certainly not entering the legal system as much, then I believe that that's a positive change. Evidence supports the longer the treatment, the better the outcome.

Again, on current trends, alcohol is by far the most widely abused drug. There is an increase in polydrug abuse, particularly alcohol and cannabis, in Tennant Creek and particularly among the indigenous population. There is also an increase in dual diagnosis clients of which many agencies are underfunded or not equipped to cater for those people. I guess I speak from experience here, in that we are having more and more complex clients with a mixture of alcohol and illicit drug use that we're having to cater for with behavioural problems.

The social, economic and cultural consequences are that, we all know, there are costs to our community. It costs industry; it costs our health system; and our welfare system. There is the problem of dealing with intoxicated people. I have statistics to show that the number of protective custodies in the sobering up shelter have increased significantly. In just the month of March, for example, we have in excess of 300 clients to the sobering up shelter in one month. It was interesting to read just in this week's paper that Peter Allen has suggested the use of prohibition

orders again and looking at some laws that already exist that have been laying dormant for many years. I can say that many years ago BRADAAG was asked to look at the number of recidivious clients entering the sobering up shelters, and again, it was interesting to read that those people who would come under review for prohibition are those people who enter sobering up shelters more than three times. If that is the case then most of our population would be on prohibition orders because we have as many as one client entering as many as 18 times in a month. So, there lies quite a signification problem.

Fears for personal safety by staff and others. Obviously, when we are dealing with 300, up to 40 in one night, I have two staff on at any time, and that is a significant problem. There are many people out in communities who don't see the tail end of intoxicated people. They don't know what happens in sobering up shelters. There is the spread of infection and of course a greater pressure on non-government organisations to perform their duties with little money. We are told do more for less, and that is not good enough.

Services that are currently available. Of course, in Tennant Creek do have a detox unit and that is not specifically a detox unit, but we do do detoxification within our residential centre, which normally would be five to seven days. Most people opt to stay on after that which is in some way a positive move. We haven't had a detox unit as specific as that at the Darwin hospital or that one at Coconut Grove. We have residential rehab and counselling services. We have outpatient counselling and support. We do a lot of advocacy, that is, in terms of employment, education, training and a whole host of other things. We operate the sobering up shelter, we have domestic violence and community development, and a good part of my time is spent with community liaison sitting on various type groups all dealing with the element of antisocial behaviour.

The factors involved of course for agencies like ours are inadequate funding, which I have mentioned; the lack of residential units, and the unavailability of multiple options, for example, one size does not fit all. Fragmentation of services, for example, separate detox, counselling and after care units. We need to take a holistic approach so that the services are available in one cluster and it is really important that people do have an option. The lack of services to address all related problems and of the benefits that are now paid every day - I am talking about the welfare benefits that are paid to people. The appropriate policies and services for looking at an holistic approach that is required for both substance abuse and all related problems. A greater effort is needed by the government to accept responsibility and regulate control, for example, the welfare payments.

Legislation in regards to cannabis use, and this is a personal view, this is not a view from my organisation. My personal view is that the current trend of government to stamp out cannabis is perhaps not working, that it may be forcing problems in other areas, and we actually need to look at the benefits of deregulating the use of cannabis use in relation to other illicit drugs. I think that that is something that we need to look at favourably, and education is required for all involved. We can't just deal with the person who is affected by the antisocial behaviours. We need to look at a whole range of things, that is family, community and the users themselves. There is a community responsibility. There is a family responsibility.

Again redirection of welfare payments: way back in the early stages of the alcohol restrictions, the reason for a Thirsty Thursday was that benefits were only paid on the Thursday and that there were some benefits to that. Now everyday is a payday for somebody, so we need to look at that. I am not so sure that I would go along the lines of producing 70/30 food vouchers or whatever. I am not sure, though I am not adverse to it, but certainly it is something that could be looked at as a strategy. Again, a lot of research needs to be done of that.

I am in favour of having community aid panels set up locally in Tennant Creek. I have minutes from way back in 1997 that we are still talking today about the very things that happened in 1994 and 1993. I have been with BRADAAG for over ten years and we are still talking the same stuff and we have not advanced much.

Medium security detention centres: I know Correctional Services will talk about this, again it is something that we have talked for a long, long time. But maybe we need to look at low level or medium level detention centres locally to cater for the high incidence of antisocial crime activities that are perhaps could be dealt with in the community.

Dr LIM: Sharon you mentioned that the program of alcohol restrictions in this town has evolved over - is it four years since it first started?

Ms KINRAID: 1995

Dr LIM: OK good, about eight years. With the evolution, has it been sort of incrementally more restrictions following each review? Has that been the case? What has it been like?

Ms KINRAID: No, as I understand it in 1996, I think, might be wrong of the year, but we did look at the second 13 weeks and there were some things put in place then. But since then the two reviews done have just basically strengthened, and particularly those in 2001 strengthened the existing laws because there were some loopholes in that.

Dr LIM: Existing laws means the Thirsty Thursday?

Ms KINRAID: Thirsty Thursday regional law.

Dr LIM: So, apart from that there are no other restrictions in Tennant Creek? The two litre cask is a restriction?

Ms KINRAID: Two litre cask, then your light beer before midday ...

Dr LIM: It's actually the same as Alice Springs ...

Ms KINRAID: ... and your involvement of the roadhouses 100km and clubs, clubs and those people that would normally sell have been strengthened that includes Thirsty Thursday.

Mr McADAM: That is voluntary?

Ms KINRAID: Yes.

Dr LIM: Can you then draw some comment or conclusions from the advent of Thirsty Thursdays and alcohol restrictions versus the numbers of admissions at your sobering up shelter?

Ms KINRAID: For now?

Dr LIM: Yes.

Ms KINRAID: I suppose it is difficult to build up some analogy from that. If I was to look at the Thursday's statistics for example, one would say yes the Thursday statistics worked very well.

Dr LIM: On Thursday?

Ms KINRAID: Absolutely. I have bought some documents as background to that. I guess one could say that the increase in the numbers of protective custodies could be attributed to many things: the influx from people from remote areas who may not understand what our restrictions are all about, and certainly there are a high number of those people in our sobering up shelter. That is people from outside of our Tennant Creek area. There may still be that attitude around the drinkers in that Thursday is no alcohol, so we stock up on Wednesday and

we give it a bit of boot on Wednesday and then Friday has arrived and whatever is left over – I am not sure, but I am sure there will be a lot of things similar to that.

Dr LIM: Are there peaks and troughs according to your statistics through the week?

Ms KINRAID: Yes, and it depends what is happening at the time.

Mr McADAM: People will be aware that Minister Stirling, as the minister responsible for liquor licensing issues - there is a broader review of the *Liquor Licensing Act*, so that will, obviously occur. Also, I wrote to Syd around two to three weeks ago requesting that we undertake an independent assessment in respect to the conditions that apply in Tennant Creek, subject to the approval or the agreement from all the stakeholders, so we are still waiting on that back. I think it is timely to have an independent assessment or review. We have not had one since, what, 2000-01. So, Richard, that might have a look at some of the issues that you refer to and it may give a bit of a picture, in terms of where we have come from.

Mr WOOD: I like the idea you mentioned about a medium to low level detention centres. We really only have one low level centre and that would be Wildman River, which is more for youth, although there is one attached, I think, to the Darwin Prison. Has this been put to government at all, about the possibility of a centre?

Ms KINRAID: We mentioned it many years ago and, certainly, we have been talking to Elliot along those terms. In fact, we have just had meetings last week. Corrections and I are still at the talking stage really, working out the logistics of it, whether it is possible. I think, hand in hand with that low level centre would come a community aid panel, which is something, again, that we have been talking about for a long time.

Mr WOOD: Was your idea that one of these centres a place maybe a little bit like Gunn Point Prison used to be, where it had a garden and things that people could do? It wasn't just a place you held people. There were skills and things that people could learn.

Ms KINRAID: Yes. Well, there was two thoughts really. I have come from a system where we have used weekend detention centres, where people would be deprived of their privilege on a Friday, they would have to stay Saturday/Sunday, and they would be released on a Sunday afternoon at 5 o'clock. They would be for things like driving without a licence, some of those menial type things. But, certainly, they would be expected to run gardens, farms, go to work as per normal and would certainly get training and education similar to what I am already doing.

Ms CARTER: Sharon, excluding the sobering up shelter, because I gather that you have withdrawal services and essentially rehab services as well, how many clients do you have on average, people trying to get off alcohol?

Ms KINRAID: On average? If we - and I have left some statistics there for you - but on average, all year round we cater for 20, and all year round we have a 15 bed stable right through the year.

Ms CARTER: So, on average, on any given day, you might have roughly 15 to 20 clients. Of those, how many would be doing this voluntary work with the council on an average day?

Ms KINRAID: It would be two to three.

Ms CARTER: And just a final question. I have noticed in a number of centres, the sobering up shelter is often seen by people as almost a quasi-hotel, which has been causing problems for sobering up shelters trying now to define what their real role is and who they will take. Has that been an issue for you?

Ms KINRAID: No, it hasn't. I know Yvon could bear witness to this, given that he has worked there for 18 years and was one of the first sobering up shelters in the Northern Territory - but Tennant Creek has often been criticised for not providing food. Certainly, before my time, Yvon was then the director, believed that providing food was rewarding drunks for their behaviour. Fortunately, or unfortunately, I go along with that too. We have come up among much criticism. We do not even give so much as a vitamin tablet. I ask anybody, what is one vitamin tablet going to give on one admission to the sobering up shelter? I do not believe it would do one iota. However, we have been criticised but we stick to our guns. We do not provide food. We provide a safe place to sober up; we provide a shower; and we provide cordial or water. On discharge, we collect all the one litre bottles around anywhere, and we give them a litre bottle of water when they are discharged each morning.

Ms CARTER: Thank you.

Madam CHAIR: Gerry. Oh, Len, sorry.

Mr KIELY: Yes, we do look the same!

Sharon, back on the detention centres. You were saying about low level detention, what is your arrest rate now? Just because you have a detention centre close at hand, I mean, people who are committing crimes, to go to a detention centre I am assuming that one has to go before the courts to get a sentence and serve your custodial sentence. What is happening with those people now? How ...

Ms KINRAID: Where? What?

Mr KIELY: Well, where is the customer base?

Ms KINRAID: Right. I believe that Yvon from Corrections would be able to answer that better. But, certainly, the number of people I see, although we do have a variety of clientele come to our place, I mean, we have people that have murdered, we have people who have committed serious assaults, whereas a lot of other residential places would not even entertain those people. I guess, in some way, you could say that, being in a small town, we are at an advantage. I have been in the job for a long, so I get to know these people and can assess them as being suitable for our organisation. But I am told - and, again, Yvon could probably bear witness to this - that many of the people that I would have thought could be suitable for medium security from Tennant Creek, in fact, are the higher end of the crime rate. So, if we were looking at a centre just to cater for Tennant Creek people, it may not be quite as easy as one would believe. I am thinking the type of people for medium to low would be those people, similar to who are in the cottages at Alice Springs.

Mr KIELY: I was not too sure whether we were looking at rehabilitation centre or a custodial centre.

Ms KINRAID: A custodial, more of it. Well, it's hard. I could say that our rehabilitation centre is a bit like that. We cater for home detainees, which is being in prison but home based. The clients will tell you that it's much harder than being in prison. I believe that that is actually quite good, because my argument is, if you keep people away from their source - you know, their home base - they still have to come home and live within that environment and they are far better doing their time, as the clients say, in their home environment, to be able to be taught to deal with the problems that they are going to be faced with.

Madam CHAIR: Thank you. I thought what we might do is, just take one more quick one before we just have a 10 minute break. Ms Pat Brahim.

Ms BRAHIM: May I make a suggestion? We are running behind and Buramana actually aligns with Julalikari so Joe and I will do it later on this afternoon? So that will just ...

Madam CHAIR: If you are right with that?

Ms BRAHIM: Yes, I'm right with that. It is just that we are running so far behind, I think that it would be better.

Madam CHAIR: Are you right to do your presentation, Yvon? Do you want to ...

Mr MAGNERY: Yes.

Madam CHAIR: We will do yours. If we can try to project our voices quite loud.

Mr MAGNERY: I am Yvon Magnery, the Regional Manager of Community Corrections in Tennant Creek. I have held that position for six months.

The corporate mission of Corrections is to provide community protection by administering, without favour, orders of the courts, parole board or other local authorities in a humane manner, while aiming to reduce offending or repeat offending. The Northern Territory Community Corrections Division comprises a total of 55 full time who are probation and parole officers and five who provide administrative services. That is within the Northern Territory - 55 probation and parole officers. The division has 11 offices across the Northern Territory. Community Corrections administers the following programs Territory-wide: bail assessment and supervision, court services, community work orders, home detention, juvenile approved programs, parole and probation.

The Community Correction Office in Tennant Creek is managed by three full-time staff. One [inaudible] super worker who also acts as a probation and parole officer, one probation and parole officer and myself as the manager.

Community Corrections sits on many crime prevention committees in town such as the Tennant Creek Youth Initiatives and Safe Communities, Tennant Creek Crime Prevention Committee, BRADAAG, the Chamber of Commerce, the Ali Curung Law and Justice, justice order. The service is developing programs in communities around the Barkly. Community Work Orders and Home Detention are two such programs, very important programs.

Sentencing options administered by the Community Corrections Division was aiding the standard legislative framework administered flexibly in Aboriginal communities to ensure equity of access to a group who may otherwise be disadvantaged because of their residential arrangements or employment opportunities or background. This is particularly the case with a home detention program which currently has a higher success rate and we have to really convince magistrates that home detention has the highest success rate - 93% - in any Australian jurisdiction. Home detention is an alternative to prison.

The Northern Territory Correctional Services Management Board has supported the replacement over time of non-indigenous staff servicing outlying communities with local indigenous staff. When assessing offenders, we must face the difficult task of unearthing and highlighting positive possibilities and be aware of the numbing effect of constant contact with offenders who appear to have little hope for the future.

Assessment shouldn't be chained inevitably to the assumption that a person's social profile determines their future. Community Corrections recognises that the very importance of risk factors is extremely important when assessing offenders as they determine the pathway to delinquency or crime. We need to assess people very carefully in order to minimise crime behaviour.

The dynamic risk factors constitute what we call the criminogenic needs which, if changed, reduce the probability of a negative outcome associated with a risk factor. The dynamic risk

factors represent variables that are amenable to change such as poor parenting practices. You can change that. Negative peer associations. You can look at that and change them or influence them. Lack of access to education. You can look at that and change it and implement change. And sport and rec and cultural activities, you can look at that. Substance abuse, also, things that we have to target for each offender, each individual that we see.

In short, the risk of crime is alleviated by the creation of a community which is inclusive of the diversity of families, adults and youth and which provides a meaningful social pathway for its members. As you know, the majority of our offenders have substance abuse problems. Accordingly, the criminal justice system is a significant gateway to the treatment delivery system. Clients who are under legal pressure remain in community based long-term residential treatment like BRADAAG, thereby improving post-treatment outcome.

The role of the non-government organisations, alcohol and other drug treatment facilities, both residential and non residential is crucial, and that is very important. It is well documented that substance use, especially at young age, is a predictor of future criminal behaviour. Substance abuse is a critical health problem that affects the young and the elderly, the rich and the poor, educated, uneducated, professional and blue collar workers and unemployed; it affects every one of us. Substance abuse imposes high costs on individuals, families, employers, taxpayers and society in general and continues to be a primary factor contributing to crime, reduced workforce productivity to business, including tourism, and [inaudible] the human suffering and loss.

Legislators, community members, policy makers and providers of services are being called upon to recognise the far reaching impact of substance abuse and substance dependence on our community. Our community has not lost the battle against substance abuse. We haven't lost the battle, but we are struggling. It is imperative that strong steps be taken as to identify the critical gaps, educate the community and stimulate the financial and human investment necessary to shift the trend from loss to gain.

Prevention and education are the ultimate key to reversing the upward trend of drug abuse in our society. But prevention sits uneasily on the public policy table. I'm going to be impartial here; it could be anywhere in Australia, anywhere in the world. How many of you have heard politicians says: 'I love prevention, but I can't say it. We can't afford prisons, but I can't sell them and they get newly elected. Prison often creates problems larger than those it sets out to solve: incarceration and a lifetime stigma of a criminal record effectively perpetuate the segregation and exclusion from mainstream society. We must ask what kind of a society people wish: a safe school, parks to play in, streets to ride bikes in. We must convince people that they can do something, that there is a role for all.

The most effective strategies for preventing drug use, keeping drugs out of neighborhoods and school and providing a safe and secure environment for all people are cooperative efforts that mobilise and involve all elements of our community, as we are doing. Schools, community groups, business and law enforcement all can help us turn the tide on drug and alcohol abuse, but, none can take the parents' place. Drug education must begin at home. We must offer a disciplined environment to our children, conducive to learning. We must recognise that our schools are workplaces, and our community cannot be places where education comes first unless and until they are drug free.

Crimes committed while under the influence of drugs and alcohol including murder, rape, drink-drive, robbery and theft are never-ending. While taxpayer resources are necessary for law enforcement and prisons, it must be remembered that in many cases the cost to society will be even greater if we allow the drug and alcohol abuser to continue a criminal lifestyle. Drugs subject our children, our family and our community to pressures unheard of a generation ago. The great myth of my generation, that the personal use of drugs is okay, has survived and flourished in the last 30 years. As community leaders, it must be our goal to reverse this frightening trend. It is important to remember that these problems and its use cannot be

addressed in a vacuum. A policeman on every corner will not solve the problem. Prevention, education and treatment are at least of equal importance. Short term law enforcement fixes are just that - short term. We do not need greater punishments for drug related crimes. On the other hand, deterrence can have little meaning if all convicted are merely placed on probation and given treatment. If it were that easy, we would have no problem.

Crime is a community problem and it is in the community that we must seek and find the appropriate crime prevention responses. We must recognise that it is essential that we combat this problem on all fronts, looking for long term solutions instead of short term fixes. We must emphasise education and treatment as well as proactive law enforcement. The old saying, 'You can pay me now or you can pay me later', is true. If we don't spend the time now we will all be paying later. Thank you.

Madam CHAIR: Thank you.

Dr LIM: Thank you. Yvon, with regards to your residential detention, home detention, what are the numbers in the Barkly Region, and what percentage of that would be related to substance abuse?

Mr MAGNERY: All of them are related to substance abuse and we would have about, at present, four home detainees.

Dr LIM: Okay. And by substance abuse, are you talking about alcohol only or ...

Mr MAGNERY: Alcohol mostly, yes.

Ms CARTER: Yvon, with regard to home detention, why do you like it?

Mr MAGNERY: Because it is an alternative to prison and I feel that the prison system is clogged out and then there is very little after prison, that we have to keep people within the community where they can continue working, they can gain skills, they can be with their families, and it is a lower cost to the community as well, and I think the community should be educated of the benefit of a home detention.

Ms CARTER: So home detention doesn't mean that they're confined to barracks at home 24 hours a day?

Mr MAGNERY: Not at all. No. If they have work, they are allowed to go to work, so that they continue to be part of the community.

Ms CARTER: And if they don't have work, does it cause problems for family members?

Mr MAGNERY: We have to assess each of the families prior to giving the order, but it wouldn't be a problem.

Madam CHAIR: Would you see, as part of that home detention, that you have someone on - and it has been talked about quite seriously; we have received a number of views put to this committee, in terms of some of the sentences, you have your core number of habitual drinkers. Not so long ago - and I think one speaker spoke this morning about Peter Allen talking about prohibition orders. Do you see - when we talk about alcohol related incidents and people placed on home detention, would you use that same system? I am just thinking about what Sharon was talking about with the sobering up - the whole treatment side - whether that was a possibility with people who are habitual drinkers, that you started enforcing mandatory treatment as part of that whole issue.

Mr MAGNERY: Yes. In a sense mandatory - no ...

Madam CHAIR: To treatment centres through corrections. I mean, as part of the court, I mean, as part of the court, if they went to court for a minor, say, offence that was committed through an alcohol related incident, it would come to you as the corrections person where the mandatory treatment was part of it.

Ms KINRAID: If you were looking at the sobering up shelter clientele that are there, they are not actively looking for rehabilitation, and I would go so far as to say that they are happy with their lifestyle until somebody forces a change. They may not be entirely happy with their lifestyle, maybe that they lack initiative or they lack the resource to go on and do something about their alcohol problem. So I think that when you are talking about sobering up shelters, we are not funded like an outreach service, we in fact follow those people up, a demonstration of if we wanted to do that, the Darwin is a different set up it actually has an outreach worker, that once they are discharged they can go and do an outreach service to follow up those people. There is a suggestion that maybe we could look at that.

Mr WOOD: Yvon, there was some talk years ago about Aboriginal communities having community detention. Is that such a thing that exists, where the equivalent of home detention, I suppose, in a town, but where perhaps a person who came from outlying community, that they would be required to stay within that community. Does that still exist?

Mr MAGNERY: Yes.

Mr WOOD: It still exists. And who would police that? Are there Aboriginal parole officers?

Mr MAGNERY: Yes, that's right. Yes, we have people, for example, in Ali Curung there is a home detention, probation and parole officer, just to do the home detentions; she's there to monitor the people on the community.

Mr WOOD: Is it home detention or community detention?

Mr MAGNERY: That's right. That's right.

Mr WOOD: Do they have to stay in the home or do they just have to stay away?

Mr MAGNERY: Yes. Well, they stay within the community, and we have to encourage it. It is what we are doing now, trying to improve and to create homes as an alternative to prison, because it's much more beneficial.

Mr WOOD: Is it possible that - there's been a lot of talk about itinerancy, I suppose, and people drifting from out of town into town. It is possible that something like that could be an order to someone who might also have an order to be prohibited from drinking?

Mr MAGNERY: Well that has probably been an option.

Dr LIM: With your complement of staffing at the moment, Yvon, what sort - not that I'm suggesting that, that would be a lot of work, but what is your maximum capacity with your current staffing structure in Tennant Creek? How many home detentions will you be able to manage?

Mr MAGNERY: We can manage as many as possible.

Dr LIM: Yes, but you would not want Corrections to send 50 to Tennant Creek for home management. Then you would not be able to provide the services of education and every other thing that you spoke about just now. What would be a realistic figure?

Mr MAGNERY: But with the home detention we subcontract it with BRADAAG, you see, so we pay that organisation a certain amount of money to do that job for us, in a sense, so we can - and then we, you know - we could really take over. It's not very time consuming as such; it's just

monitoring; and, of course, they are talking about the electronic monitoring now, and I am not sure if it's going to be on or not.

Dr LIM: Madam Chair, you might want to ask Yvon for a copy of his speech to give to *Hansard*. It might be a lot easier to try and transcribe. You can just scan it.

Madam CHAIR: That would be good. Thank you. Are there any more questions?

Dr LIM: Actually, you have an electronic copy. You could e-mail it to one of us. It is easier than having to retype it all.

Madam CHAIR: If you could get it through to the secretary it might be better, thank you, Dr Lim. If you can give it to Pat.

We might just have a quick break. There is lunch for everybody, and for everyone who is here, sitting down in the forum. It was only at the last sitting of parliament that the committee tabled its first interim report to parliament. That was based on a number of, some of the evidence that we have taken already in relation to alcohol, petrol sniffing and also cannabis. That was the first of many reports and the whole debate in relation to that report will be done in Alice Springs at our sittings at the end of the month, so if people wanted to have a look.

When we come back from lunch, we might just have everyone get their lunch and come back, because I am conscious that we are running behind time a little bit, so if people didn't mind, if we brought lunch back and then we can continue with the presentations. We might fit in Superintendent Edgington, is that all right? Thank you.

The Committee suspended.

Madam CHAIR: I welcome Superintendent Edgington, from the Northern Territory Police.

Supt EDGINGTON: Thanks for the invitation to come along today. Steve Edgington is my name. I am the Superintendent of the Barkly Division. By way of background, I have been a member of the police force for nearly 15 years. During that time, I have worked in Darwin, Alice Springs, Ali Curung, Tennant Creek, Borroloola, Elliott. Most recently, I have been in Tennant Creek for approaching 12 months on this occasion. The last time I was here, I did 3 years between 1997 and 2000. During that gap, I was the Officer in Charge of the Juvenile Division in Darwin for a period of 18 months.

The Tennant Creek Police Station provides a 24-hour policing service to Tennant Creek. The operational strength in Tennant Creek consists of a senior sergeant, 19 constables. As part of that 19, there are two CID members, and a school-based constable. We have a strength of four Aboriginal community police officers, and we currently have three police auxiliaries who assist with front counter, communications and watch-house duties.

In relation to public drunkenness and social order issues, they are certainly prominent issues here in Tennant Creek, and have been for some time. Some of the diversionary strategies that we use here in Tennant Creek: we work together with BRADAAG; a lot of the people who come into our custody are diverted into sobering-up shelters; some people – depending on their behaviour and whether they are suitable to be put into the shelters - are obviously put into police custody at the Tennant Creek watch-house.

Prohibition orders have been talked about. Certainly, in the times I have worked in Tennant Creek, it has been tried on one occasion. It would have been in the late 1990s that it was used. What we found was that there was some difficulty using the prohibition order. One of them was in relation to the identification of the person, and how do you get the message across to licensed

premises that this is the person they should not be serving? That particular person was also referred to a rehabilitation program, did not complete the rehabilitation program, and we found later on that, in addition to the procedural problems, the actual section itself – if the person fails to undergo the rehabilitation program, there is no specific offence for that. So how do you follow up on that particular issue?

Short-term strategies in place to address the impact of public drunkenness and social order issues: in similar terms to what is happening across the Territory. We are using intelligence-lead model of policing. We have a strategic operations planning group in place at the police station. We meet regularly to look at trouble spots around Tennant Creek, and then plan our activities around where those particular areas are. That might range from drinking spots, places where people are known to hang out, and where perhaps drunken people may also hang out. Our patrols are easily designed to minimise the impact of those type of things happening in Tennant Creek.

We have a dedicated town patrol. It consists of two ACPO's. They use the patrol to target patrol strategies in partnership with the Julalikari Night Patrol. My view is that there is a very strong partnership between police and the Night Patrol. Both are actively out working pretty much every night of the week together, dealing with the issues such as public drunkenness and those antisocial behaviours that seem to happen. My view is that the Julalikari Night Patrol is effective in what they are doing, and are working very closely with police on those issues.

Of course, we monitor our statistics. We monitor the strategies that we put in place, and we constantly refine those to deal with issues that arise here in Tennant Creek. The Night Patrol is also effective in dealing with issues in town camps. Again, police work together with Night Patrol on those issues.

In regard to longer term strategies, I think Michael Dougall might have spoken about a public meeting which occurred here in February 2002. Since that particular meeting here in Tennant Creek, police have implemented a community safety strategy. It is a four-pronged approach; it has four key result areas: sessions of safety, fear of crime, working with businesses, working with young people, and working with indigenous organisations.

Since March 2002, the Tennant Creek Youth Initiative and Safe Community Strategy Management Committee has continued to meet regularly. Police are actively participating in that committee. To assist in advancing the community safety strategy, the crime prevention committee has also been formed in Tennant Creek, which is in line with the structure of the Office of Crime Prevention. The Tennant Creek Youth Initiative and Safe Community Strategy is now recognised as a Regional Crime Prevention Council, and reporting to that council is the Tennant Creek Crime Prevention Committee, which is chaired by myself.

In regards to the police strategy, police are working with youth, business people, Tennant Creek Town Council, and indigenous organisations. In regards to policing, I am a project leader for Goal Three of the Barkly Blueprint, which is still in place, it is government endorsed. Recently, we have had a couple of meetings to get that project back on the road. So there has been some progress in that area.

The police community safety strategy, as I said, has been now in place since April 2002. Since then, there has been a decrease in most criminal and public order offences. In addition to that, there has been a significant improvement in relationships and communication between police and those key groups such as young people, indigenous organisations and business people in Tennant Creek.

In summary, certainly the intelligence led to a model of policing is having some impact: participation on the regional crime prevention committee. Participation on the crime prevention committee, I believe, will move in the right direction. As I said, I have basically been in the region since 1994, and my personal opinion is that things are better than they used to be.

I suppose, recently, this year, there has certainly been an increase in itinerants here in Tennant Creek. That did have some impact on our policing resources for the first three months of the year: January, February, March. I think around that time there was some rain in the region that brought people into town for probably not only that reason, but other reasons people come into town. That certainly had some impact on our policing resources during that period.

I have just dot pointed a few points that I believe may assist in reducing the impact of public drunkenness, social and other issues in Tennant Creek and that would be a review of the restricted area legislation. I believe that particular piece of legislation has now been in force for quite some time and I think it is fair to look right across the Northern Territory and say that some communities have restricted area legislation with no alcohol at all out in those communities where other communities have licensed premises where people can drink. I think that in some ways, whilst I have not been on a community where those licensed premises are, it may or not be having some impact on them.

Madam CHAIR: Can I just get you to, sorry, can you just hold on a minute please, Richard? Can you just talk up a bit louder? I am just trying to listen to what you are saying. You are talking about quite an important issue which it would be good just to ...

Supt EDGINGTON: I suppose what I am saying is that, I am talking about itinerant problems in Tennant Creek, the question needs to be raised, is why are the people coming into Tennant Creek? What are the reasons for that? My view is that some of them are coming in for legitimate purposes, others are coming here specifically to drink alcohol.

Madam CHAIR: You talked about before the restrictive areas legislation. Are you trying to say that because those communities are dry areas that maybe people are moving in because of that or is that just one ...

Supt EDGINGTON: I think it is just one point in relation to those, that some people are coming away from those communities to specifically drink in larger centres such as Tennant Creek.

Madam CHAIR: Well, what is the drift? Is it quite a big drift of people coming in from other communities into Tennant?

Supt EDGINGTON: Well, it becomes fairly noticeable in the streets of Tennant Creek. That is from observations around licensed premises, around shopping centres. It becomes fairly noticeable to people here in Tennant Creek when there are additional people in town.

Dr LIM: Steve, my comments very much follow the Chair. In your personal opinion, is it your view that we should remove the restricted areas legislation all together so that communities can have alcohol outlets rather than just allowing for communities to apply for it if they wanted to?

Supt EDGINGTON: I suppose what I am saying is that there appears to be areas where it has worked and there appears to be areas where it does not work, where there are people constantly trying to smuggle alcohol into communities, people driving the highways to purchase alcohol to take back to the community. There has been certainly a fatal accident on the Stuart Highway last year which involved people from a local community; that was alcohol involved. So, I suppose what I am saying is that in some of those areas, is there an opportunity to have a licensed premises, a regulated licensed premises and look at how that can include education programs with the service of alcohol.

Mr KIELY : Steve, two thoughts popped into my head when you were talking about the restricted areas legislation. One is that people coming in from communities, come in and have a beer, not causing any problems, you know, just having a beer and a bit of a yarn. Then you have your people coming in who go over the limit and get involved in antisocial behaviours. Now, on your arrest rates, have you been able to have a look at what communities these people are

coming from? Do you have any statistics to say that antisocial behaviour is coming from wet communities more, or antisocial behaviour is coming from people who are resident of dry communities?

Supt EDGINGTON: No, I've got no statistics here.

Mr KIELY: I would like to balance that ...

Madam CHAIR: And that is something that needs to be ascertained because that is a view that is seen, that maybe if we did put - I mean, I think that needs to be reviewed. I think there hasn't been a review for some time into the restricted areas legislation. But a lot of the communities see that piece of legislation as a safety net in terms of that is their protection, that if they choose to have their community dry for whatever reason, then that is their choice.

Supt EDGINGTON: Oh, look I totally agree with that.

Madam CHAIR: I think it is crucial that we look at that whole issue of if the people coming in and are causing that problem, whether they are actually coming from wet communities, and there are some in Darwin where the statistics that have come out of the itinerants' strategy, the majority of those people are in that high percentage numbers actually came from the communities where there are established clubs. So it is not as if they are coming in from a dry community into Darwin and the access ...

Supt EDGINGTON: I suppose what I am saying is exactly what you said. I believe that it is time to review that and just to look at what impact it is having on the communities and the larger centres. I am not saying that this or that needs to be definitely done but what I am saying is exactly what you said and it is time to review that legislation.

Madam CHAIR: And that could be all part of that review of the *Liquor Act*. Sorry, Steve.

Supt EDGINGTON: A couple of other things that might assist in reducing that type of behaviour: development of protocols for visitors, that has been spoken about this morning and there is some plans in place to do that. There have been funding applications submitted for public behaviour programs, to look at that.

The other thing I have dot pointed here: mandatory rehabilitation and education programs for alcohol related offences and for those who are apprehended a sufficient number of times under section 128 of the *Police Administration Act*. I really see education and rehabilitation as a step in the right direction in reducing alcohol in the community.

Other issues are – we talk about itinerants, again I raise the question why do they come into Tennant Creek? And again I pose this question: Is there a sufficient work, CDEP programs in the communities, is there sufficient infrastructure to keep the people there and to deliver lifestyle that people enjoy in places like this? So, I suppose all I am saying is that there are reasons why people come into Tennant Creek and the lack of infrastructure and facilities on their communities may be one of the reasons.

That is pretty much all I have to say at the moment but I am inclined to take any questions on policing issues.

Madam CHAIR: Sue.

Ms CARTER: Steve, you said during your presentation that you felt given your experience in Tennant Creek that things generally have improved. Why do you think that has happened?

Supt EDGINGTON: Why? My belief is that many of the organisations, government and non-government agencies, are working closer together on community issues than what we ever have

done before. It is no criticism of what happened, or what used to happen. But I believe that many stakeholders in Tennant Creek are working a lot closer on community safety, public drunkenness and crime prevention issues. I believe we are doing better than what we used to do.

Madam CHAIR: Gerry.

Mr WOOD: Steve, you mentioned that you believe there are difficulties with prohibition type orders. Do you think it could work? Do you see ways around that, that could make it work or do you think it's not a practical option?

Supt EDGINGTON: As I said, one of the difficulties was the identification. How do you make licensed premises aware of who this person is and the fact that he can't be sold alcohol? Certainly the onus is on the person who has the order against him not to buy the alcohol. But I still believe that rehabilitation education is a better way to go.

Dr LIM: Well, let me put this to you following Gerry's comment about prohibition orders. The question has always been how you identify the people you prohibit. If everybody carried a license to drink and those prohibited do not carry one, would that identify them then? Would people be prepared to carry a drinking licence, in other words?

Supt EDGINGTON: Oh, that is certainly an option ...

Dr LIM: That is where you identify who they are and ...

Madam CHAIR: A licence to drink?

Mr Kiely: When did we get the Australia Card?

Dr LIM: No, I am putting a concept. The difficulty with prohibition is how to identify them.

Supt EDGINGTON: That is right.

Dr LIM: Okay? So, I said, let us turn the concept around a little and say that everybody carries a drinking licence, and those you prohibit cannot have one. That way, you can always identify who they are, because they do not have one.

Mr McADAM: Are you talking about a separate licence?

Dr LIM: Whatever. That has to develop. I am not talking about the prep here, I am talking about a concept ...

Madam CHAIR: But everyone, regardless of who they are ...

Dr LIM: The concept is: we cannot identify who the prohibited people are, because it is difficult. Let us turn it around and say: 'Everybody has a drinking licence of one form or another' – whether it be a stamp on your forehead, whatever, it does not matter, let us have an identification. And those who are prohibited do not have one. Immediately you can identify who the prohibited people are through that work. And if it does work; if the concept is acceptable, then let us develop the concept into something practical.

Supt EDGINGTON: I do not disagree with what you are saying. What I have found around this region is that a lot of people – including young people – get access to alcohol for one reason or another. Whether that card system can prevent that, that is up to further discussion. But there are ways other people get alcohol, and one of the clear examples is young people: how do they get it?

Madam CHAIR: But I think we need to – that whole issue of prohibition and where we need to explore. One of the things that we have seen and Sharon touched on this earlier in terms of her presentation, where you have dual use of both alcohol and cannabis. What we are seeing increasing is alcohol and drug induced psychosis. People have tendencies - or schizophrenic or psychotic tendencies. If they are getting into trouble with the law and there is repeat offenders with alcohol related incidences, after so many times when a community order, shouldn't there be a system to look at, in terms of a cut-off, where there is an order made? This whole issue of prohibition orders has always been part of the *Liquor Act*, and then it just did not come in until a year ago. It has always been part of there. It would be interesting to look at why – and you have just answered some of the issues as to why it will not work. But there are things that have to be explored there to look at how it goes from the community service order to where there are mandatory requirements. Because we talk about education and prevention. Is there a cut-off point where the system says: 'Well, you have now been in contact with a court system three, four, five times. Now is the time to cut off and mandatory treatment has to kick in'.

Supt EDGINGTON: Exactly right. That may well be that will have to be built into the *Sentencing Act*. I don't know. But I agree with what you are saying: there needs to be a cut-off point if a person is involved in so many offences and alcohol is clearly linked or established as the cause of that offending.

Mr KIELY: Marion, there is a program like that already in place. I put it to you that DUI is a classic example. If you go DUI, you don't get your licence back until you do an ANSTI course.

Madam CHAIR: Yes, but I know that. With DUI you have to go through a rehabilitation program. How many times have we seen people go before the court system, where they have lost their licence three or four different times as well? Can that be translated into – I am not saying that is the answer, I am saying: is it part of the solution? There is no one answer to a number of these problems, and you have to look at a multi-pronged strategy, or a different solution. Maybe that is something we can have the open discussion about, because I think it needs to get a wider view of that. I might just get ... Oh, sorry, Steve.

Supt EDGINGTON: If I could just go back to the drink driving scenario. Again, that is more voluntary, rather than - sorry, it is compulsory to get your licence back. But as you touched on, a lot of people do not go back to getting their licence and they do not go back and do the course to get their licence back. So, I see the mandatory requirement to undergo rehabilitation and some education program is, as you said, part of a multi-pronged approach to some of these issues.

Mr MAGNERY: I just have a comment.

Madam CHAIR: If you want to say something, just come up forward because we are not picking up any of the voices at the back.

Mr MAGNERY: Yes, just briefly. People who are drinking in excess can easily be identified through sobering-up shelters. If I was rounded up ten times a week, I think I have a problem, therefore, maybe I could be sent or directed to treatment. I remember that when we spoke about prohibition a few years back, all the people who were put on prohibition have passed away now. They were chronic drinkers; they don't exist any more. And therefore, if you can identify these people and direct them to treatment, it would at least give them an opportunity to address their problems. Use sobering-up shelters and statistics.

Ms KINRAID: Can I just go on from Yvon. At that particular time, there were 15, and those people are all now deceased. However, at that time, the criteria for putting those on – or looking at putting them on prohibition – was 18 times in the sobering-up shelter within the year – 18 times. Now, at that time, we were looking at a card with a photo that would have been reasonably easy to police in Tennant Creek, given that the number of liquor outlets were minimal, to stop them shopping about. But at that time, as would be, I would expect, now if we were to bring in something like this if it was featured, would be the civil libertarians saying that we cannot

do that. My argument there would be that we each have a licence with a photo that has our details to drive a vehicle, so why do we not have something similar for those. I would probably be more prepared to go the other way, that the identified problem drinkers be the ones who carry the card.

Dr LIM: A bit hard. When do you make them produce it? When do you make them produce it?

Mr McADAM: Steve, can I just ask you one question. I know that you were at Ali Curung for a number of years, and you also visit communities. I think we have already established that, over that peak period - say December through to maybe March or thereabouts – there is always an increase in numbers of people into Tennant Creek or the other regional centres. What I am trying to say is that, from your experience, do you believe that that is increasing? You have been her seven or eight years, off and on, something like that. Do you think the numbers have been increasing over the period, but also in that other period prior to December through to March? Is there more and more people coming into the communities, the major regional centres?

Supt EDGINGTON: Well, I think that is a difficult one to answer. But certainly, what I would say is that it was clearly noticeable in the early months of this year that there was a substantial number of additional people in town. Whether that has increased over the years, I think that is a difficult one. But I would say that there are certain times of the year when there is a substantial number of people who come into Tennant Creek.

Mr McADAM: Perhaps the other question is: the level of services that apply to remote communities. I think you touched on that earlier in the lack of those services for those communities. Would you like to give a view in terms of whether they have decreased? Do you have any observations in the sort of services that are not going into communities – ie sports and rec or perhaps some of the others?

Supt EDGINGTON: Well, I think when I look at some of the communities – I did 3½ years at Ali Curung and I certainly go back there in my position at the moment. I would say that some of the facilities and the services available have increased. However, when I look at perhaps things like work programs, it doesn't appear to have changed. There does not appear to be any industry or opportunities for people in those communities to develop skills in the work area, to keep or, I suppose, to divert them away from doing things that perhaps are harming themselves and harming other people in the community. We have CDEP programs in the communities and, to some extent, there are different little things that they do.

But if I go back to Ali Curung, certainly in the time I worked there, there was not a lot of variation of what the workers could do, yet there is quite a substantial amount of irrigation sitting in vacant lots in Ali Curung which was used some years ago to run a market garden. At the moment, it still lies in the same position, and has not been touched for quite a substantial number of years. If I was to say something, perhaps CDEP coordinators or somebody in the community - it is not a criticism, but I suppose they need to look at bigger projects and things that are going to really skill the people in those communities. Simple things like that might be one of the projects that could be looked at. There does not seem to be any large projects available for people to get involved in.

Madam CHAIR: Thank you, Steve. I call on Vera McMahon, the Manager of the Community Health Services, and Mr Lloyd Brooks from the Alcohol and Other Drugs Unit.

Mr BROOKS: I would like to apologise for Vera McMahon. She is actually quite sick. So she is at home. I am Lloyd Brooks. I run the Alcohol and Other Drugs Unit. This is Keith Beck. Keith is my offsider. Good afternoon, ladies and gentlemen.

If it is okay, I have actually done up a PowerPoint presentation on our role within the Barkly region. We can walk through it; ask questions as we go, if you like. I hope to be able to give you answers.

Madam CHAIR: We will let you do the presentation and I will keep the members in order and they ask their question after that. You can go through ...

Mr BROOKS: They can beat me up afterwards. Okay. All right. No worries.

The Alcohol and Other Drugs team in the Barkly Region is made up of two positions, the AO5 position, which is Keith. Keith is responsible for education, resource development, community development and he relieves me in my position, as such, in the Barkly. The AO6 position is my position. I am responsible for education, resource development, community development, implementing federal, state and local policies within the Barkly region.

The Barkly region, as identified in the centre there, 240 000 km², and drifting around it, there are about 15 communities. People who make up the Barkly: Aboriginal, there is 13 language groups in here; Caucasian and Asian Australians. The reason I have put that up as such is that, whereas Aboriginal drinkers are very visual drinkers, Caucasian drinkers have probably much the same problems with alcohol, however, it is very much hidden, they stay at home. We do not have so much problem with Asian drinkers, mainly because genetically they do not break down alcohol the same, so we do not get a lot of problem with Asian drinkers.

The fields that they work is: the cattle industry, mining, railways, local business, transport and earthmoving and government support agencies. The reason I bring this up is, a lot of the problems we get in the community is binge drinking, and from the fact that they actually work quite remote. We have young men, a lot of testosterone, hidden out in the bush for great periods of time - young ladies the same - brought into town, turned loose.

Madam CHAIR: You don't believe that, do you?

Dr LIM: The women don't have lots of testosterone, I hope. I hope they don't!

Madam CHAIR: Hormonal.

Mr BROOKS: They have a fair bit of oestrogen in there as well, the girls tell me. They come in for a good time and maybe not a long time. Okay. Of course, with your government support agencies, places like Tennant Creek are predominantly government agencies or government support agencies to promote services and that to remote areas.

I am getting these looks, I am getting nervous.

Madam CHAIR: Relax.

Mr BROOKS: Drug issues in the Barkly: alcohol, cannabis and tobacco, inhalants, amphetamines and some opiates, which would be heroin and the like.

Drug issues across the Barkly - and this floats most of the communities - is that we have a young population, generally, who believe in working hard, living hard and, as such, you get the offshoot of that. It is a legal drug and, even when it is not legal it can be the excuse of: 'Well, you have worked hard today; I will give you a drink', or, 'I will get it through a friend of mine who is old enough to actually pick up the drug'.

Readily available: given the fact the statistics in the Northern Territory is that there is one drinking outlet per every 400 Territorians. So it is fairly good odds, that they certainly can get access to it.

Binge drinking: again, as I mentioned earlier, the fact that you have a young population, young lifestyle, live hard, play hard, and binge drinking is an optimum. Large sums of money available, given that they work in remote areas, maybe work two or three months out bush, pick up a large package of money and wish to spend it at the same speed.

The policing of the drinking outlets is not a reflection on the police but, generally, across the board, what we find is that kids will find a way around to obtain their alcohol. It may be through an older friend or other means. What we have actually also found is the Liquor Commission are great at ringing and say: 'Liquor Commission here. We would like to book a room for two nights'. So, within 20 minutes every pub in the place knows that the Liquor Commission is coming up on these dates, which makes it a little difficult to police some of the outlets and the behaviour.

Also, of course, the great Australian belief that a cold beer on a hot day is enough reason to drink, is a big part of our culture. In fact, what we are finding a lot within the indigenous cultures is it is actually becoming part of their culture make-up: 'Oh, it is culture, I can do this'. That is the excuse that we are getting, when we are doing talks. We are finding it a little harder, because they are actually trying to make it part of their lifestyle.

We see it as peer pressure a lot within the schools. You talk to the younger kids, they are saying the older kids are saying to them they have to do it to be cool or be part of a group. That is a very hard pressure to beat. It is something that parents have to deal with. I am certainly not a parent, but parents deal with it every day of their life, trying to tell a kid: 'Hey, listen. You don't have to take the stuff to be cool'. It is something that is horrendous. I am not sure of the answer to it; education is part of it.

But, boredom is also a big part in Tennant Creek and from a holistic approach, we have been trying to get things like the Croc Festival here, and these other things, to try and take the boredom away from it. I am working very hard to get Norforce up and going here, which is another option for young people to get involved in - indigenous and white.

It seems the substitute for alcohol, tobacco: 'Oh, my old man drinks or smokes. It is legal. Why can't I take this stuff?' They see it as a way of not conforming or a way of: 'Let's put in a complaint against the whole world and we'll do this stuff. Regarding lack of education, I am actually quite surprised when I do go into the schools, and even talking to adults, how much is not known about cannabis, alcohol, tobacco, that sort of stuff, and the damage that it has done.

I heard earlier, when Steve was talking about alcohol being a big issue. The fact is, that tobacco is actually killing 350 Australians a week; alcohol about 20. I guess we see it because it is such a slow death, that it is not something that is trauma-related or breaking up families or is doing that sort of stuff. It does not seem to be visual; it just seems to be something fairly slow. So, it is part of Aussie culture: morning break, we have a smoko break. In fact, that is a big part of the culture.

Peer pressure again at the schools, lack of education to the hazards. I am still amazed, at the end of the day, talking to adults, how much they don't know - like chemicals, that sort of background to do with that.

Advertising campaigns by tobacco companies. Whereas there has been a lot of push to stop them with signage and that. We actually see in the movies - all the modern movies, Tom Cruise kicks the bum of the bad guys and grabs the girl and then lights up a cigarette. Invariably, the package of cigarettes is sitting on the screen in front of you. I do not know what you can do about that. Tobacco companies seem to have got into film industry quite strongly. And boredom, again is a big thing, you know, some sort of complaint against the system, I can be as good as these people.

Inhalants: okay, predominantly speaking it's youth we're dealing with, in this group. The target group, it fluctuates a lot and it fluctuates among the users, the Barkly being a fairly transient area. You get your different groups coming through and quite often the inhalant use will go down, petrol sniffing and that will go down and all of a sudden we will get some people coming from Lajamanu or from one of the other communities will come through and all of a sudden it picks up again, it picks up relevant to the visitors and then drops again. There's this sort of fluctuation. Peer pressure again, low self esteem, we have found to be a big one. The users are usually quite mobile so it is quite hard to actually isolate and say it is this particular person who we are going to go after. By the time we get to them, all of a sudden you have a group of 20 using that you are trying to contain and the predominant user has moved on.

Amphetamines being speed; opiate users: there is a small hard core group in town. There is a seasonal influx in the community at show time and at the go-karts, the outside users coming in. We see this through the hospital through the fit kits, the needle exchange programs, that sort of stuff. So we actually see the increased use in those periods of time. Of course the fit kits are available as part of the program of trying to slow down Hep C and Hep B transmission and AIDS.

Elliott is our northern boundary. Issues up there are alcohol, cannabis, inhalants and tobacco.

Dr LIM: Are the inhalants you are talking about petrol sniffing only?

Mr BROOKS: Predominantly petrol sniffing but we find that kids here are actually starting to get into things like fly spray ...

Madam CHAIR: Chroming?

Mr BROOKS: Chroming, yes, with the paint. Fly spray, we actually spoke to one girl at length about using fly spray. Another girl we found at the – oh, what do they call it? The little black cans of deodorant, very, very popular.

Madam CHAIR: Lynx.

Mr BROOKS: Lynx, that's the one, yes, all the girls, very, very popular. As a consequence, we are pretty lucky being a small community because we actually have the ability to shut a lot of things down that we hear about. We can actually get in, actually ask shops to put glue under the shelves and that sort of stuff away and then ask for identification from people coming in then asking for it.

Okay, what we endeavored to do at Elliott, is do monthly visits up there. We work with the schools, we help with funding, small funds, small grants, \$500 and that sort of stuff, and then they run their own programs. We help the Sports and Recreation lady up there with information as part of her programs. Malinja Community is just a sort of little bit further north which is Newcastle Waters, you pass that on the way through. Again we are doing programs up there with those guys. We have just finished late last year - there was a push to reinstate the carton issue up there. They actually have six-pack legislation for that area. There was a push by some of the community to reinstate the old carton, which was about five years ago and I believe they used to have huge riots up there. The community back then stopped it, brought back a six-pack legislation for the community. You could get a six-pack per day and we have managed to, with help from the police, our role was basically as a facilitator. We got Police, Health and us together and facilitated letters, a community survey, to stop that from happening and that was a project we run. So it is sort of part of our role, part of our community development role.

Ali Curung which is the largest area south of us, again, the issues are much the same. We visit monthly; we do stuff at the schools and what I have actually incorporated the schools there is I have done PowerPoint presentations on all the drugs - alcohol, tobacco, cannabis. Very visual, lots of pictures, lots of diagrams and I have incorporated them in the school system so

they can actually use them on their systems out there, so that the teachers, when they are teaching the children, they are teaching updated information and it gives me the opportunity to actually pass this information onto them as well. They can download it and keep up to date. So, I am looking at a basic information transfer from Barkly out all the time.

We have a large involvement down there with the law and justice committee. We have been heavily involved with their wet area. They have decided that they have a dry community and decided to have a wet area, so they can actually get their drinkers away from the road and away from the railway overpass which is going to be a concern for the future. So they are working very hard towards that and towards getting the drinkers off the road and away from it.

The Murray Downs Community is just a little bit further out. We try to get there when we can but a lot of the time the Murray Downs ladies will actually come in to Ali Curung and of course we are still involved in that, as such.

Other communities within the Barkly, we try to get there six monthly or yearly. We actually try to work through things like Buramana and other ones and wait for people to ask us to come out. If not, we try to send out promotional information or information on courses or course development through the different agencies, ATSIC, Congress, Buramana, those sorts of things. So we are trying to get the information out so people are actually aware of what is happening within Barkly, what we are trying to offer and our services.

Sports and Recreation officers: we have actually gone out different times and made alcohol and other drugs promotions happen at the same time as they are doing sports awareness. So we try to lock in with agencies in town. As Steve mentioned and I reiterate, that probably in the last three years that I have been involved in this the town has really closed up and a lot of the agencies are starting to come together. They are talking to each other, they are pointing out holes, they are pointing out deficits, they are pointing out things we can do better and we are trying to do this as such, given the problems with the distance and some of the remote localities that we are dealing with.

In the last two years we have actually started to get involved in the cattle stations as part of our OH&S policies for the jackaroos and jillaroos. We are actually going out and doing alcohol and other drugs presentations as part of a week long presentation. So, we are not only covering indigenous but we are looking at white, we are trying to look at a holistic approach to the whole region.

We broke the town down into sort of the schools, the various camps or communities, the little communities around the place, the community itself, businesses, police and youth groups and within that some of the issues within the town that we are looking at is those. So, drug awareness: Christmas time last year, leading up, we run over a period of four weeks a night awareness in the community hall. One night was alcohol, another night was rohypnol, the date rape drug; another night was tobacco, cannabis, such like. So we continue that ongoing. We have been asked again through the NTsafe Committee to do it again, can we run it, so we will be looking at me running that and revamping it.

Thirsty Thursday, that was a big project last year. Is that right, Yvon? Years have flowed so fast. Big year where we actually revamped it, revisited it, looked at tightening up with the clubs, bringing the clubs on board with some of the other stuff.

Passing the information: it is paramount for our position to get information out to the community. It works two fold that the community actually pass information back to us. I did not bring any along but we have flip charts that are being developed as part of the Barkly region - visual ones on cannabis, on alcohol damage to babies and to children, to women - and we have had heavy involvement with that where we have actually got the package, taken it out to community people have sat down with them and asked 'Is this appropriate?', 'Can this be used as a tool?', rather than waste a lot of money, not going through the process. Being involved with

the liquor restrictions in the different communities, some are dry, some are six-pack legislation, some are developing wet areas and that sort of stuff so we have an involvement through there.

We have developed the resources here that is I actually do these handouts that are dot point developments, those sorts of things. I also do, depending on what the community may need as specific, and I will develop the form as such.

Responding to any sort of community demands and just to explain that: program awareness, what we are doing, the old Living With Alcohol Program closed down a couple of years ago and that was a major part of my job and that was the more awareness and education in remote areas and the community.

Liaison with all health groups: It is a big tie-in, sort of working, with certificate and non-certificate courses throughout the Barkly. Last year, we had six do Certificate II and III through alcohol after-care. Two of us completed our Certificate IV. I am looking at this year, with Sharon, setting up Certificate II for BRADAAG. So, it is ongoing training.

There is another thing I don't know if aware of: Family Coping. Have you heard of that in Darwin, guys? Okay. Family Coping is a workshop, but it is a format for looking after families of drinkers, not the drinkers. It seems that we put all our resources into drinkers. I heard that in the last speaker, Steve, that a lot of our resources go specifically aimed at the drinkers. This is actually aimed at the family. It is not saying the family cannot cope; what it is trying to do is show things like stress within families; how to handle it.

The concept actually came out of England, with opiate users in industrial areas in England. The group that put it together said: 'Oh, there is all this family stress that nobody is dealing with. What are we doing about it?'. So they came up with a bit of program and said: 'Well, how about we take it a third of the way around the world?'. They took it a third of the way around and it come up in Mexico and they identified exactly the same problems and issues from the industrial areas they did in one of the towns in Mexico and rural Mexico. From there they said: 'Let us go another third of the way around the world', and they ended up in the Northern Territory, in Tennant Creek. They went: 'Yep, okay', and they did it. They came up with basically the same answers from Aboriginal people from remote communities. I think they dealt with about 40-odd people. They asked the same questions, got the same answers. So, out of that devised the Family Coping strategy. We will be running those workshops this year, so that will be passed on. That was a four-year development.

For the future: again, most of it is monitoring what has already been put in place. So Thirsty Thursday, providing accredited and non-accredited training, ongoing training for businesses, ongoing monitoring and responding to remote areas, in terms of demands. We should probably have in there education for the schools as well. Through my management, what I have been told is that we are trying to - from out of Darwin, with the Living with Alcohol - develop Train the Trainers within communities. So it is not Lloyd Brooks going out there, standing on a box, saying: 'Yah de yah, Yah de yah. Don't do this; don't do that', and then leaving. All right. What we are having is actually me going out training trainers within remote communities and having them do the message in their own language - which is much stronger - and utilising all the family ties. However, we found it a great difficulty in trying to hold people in these positions because, obviously, nobody likes to be told: 'No, you can't have a drink because you can't have it; it is bad for you. It is bad for the family.

Madam CHAIR: What's the payment? CDEP?

Mr BROOKS: No. It was some funding through AOD, but that has actually shut down. The expectation was that these people were just going to do it.

Mr McADAM: Just on the funding side, would you have a look at approaching the Tennant Creek Youth Initiatives and Safe Community Strategy, in terms of a small component budget, to introduce that, if possible?

Mr BROOKS: Yes. I actually have not thought of it, Elliot. We had some things in place at Elliott that we were actually running, and the funding has basically run out there. I have chased up further funding for it; they are not interested. I have endeavoured, through some other contacts, to try and get a program going with teachers' aides in remote schools. So, the teachers' aides will actually teach AOD as part of their daily work. However, I have met a fair bit of resistance, given that maybe I am taking people out of safety zones.

Dr LIM: With the many programs you run, and with the funding you have been receiving and all that, there are obviously a lot of things that are happening in the region. How do you measure the success of these programs and the justification to continue these programs?

Mr BROOKS: It is probably one of the hardest questions you can ever ask me, Dr Richard Lim. Okay. It is one of those jobs that you really do not get a lot of success with, because everybody is really happy to see the negative sides; the negative being the road accidents, the trauma related to alcohol and that. However, the Peter d'Abbs report wrote, on the last Living with Alcohol program, that there had been a 19% drop in the consumption of pure alcohol in the Territory. So, I guess we are doing it right; we have just got to do it better.

Dr LIM: So that is the only measure of benefits that all these programs have produced in the region? What I am trying to work out is: with all these programs how are we tracking the success of these programs? Are we doing it right, or are we doing it wrong? Unless we know that, we could do all these programs and we do not know whether - it feels good that we are doing it; it feels good that these programs are all over the place all over the Territory; but do we know for sure if they are working? And, if they are not, where do we direct our attention to?

Mr BROOKS: Yes. I guess, at my level what I see is - because I do a lot of hands on and I am out there with the people and I get people coming to me, saying: 'Look, thanks very much. You helped us'. That is the feedback I am getting from them: 'Oh, I did not know that. I will make a change because of what you have told me' or 'You have helped'. The community feedback from things like when we did Elliott, with the carton, you know: 'Thanks very much for your help', that sort of stuff. I guess this is one thing that is always going to be a very slow, ongoing process. I cannot give you an answer, saying: 'There is the magic star and that is where it is going to be at the end of the day'. I really cannot. I do not think there is an AOD person who can.

I am not sure of monitoring systems. Maybe there is a better way we can monitor. What we are doing, I guess, for me, if I stop one person from getting killed on the road, then I have done my job. If I can slow down the people going through the hospital, again I have done my job.

Madam CHAIR: We will just each take one more question and then we will let him finish with this presentation and ...

Mr BROOKS: No, no, that is finished. That is finished. That is the last one, yes.

Madam CHAIR: Is that finished? All right. Gerry?

Mr WOOD: Mine is a double-barrelled. Firstly ...

Madam CHAIR: No, only one. A single one.

Mr BROOKS: Only fire one barrel at me, please.

Mr WOOD: Okay. You mentioned that advertising campaigns by tobacco companies were one of the causes you felt people kept smoking, but you did not put it down for alcohol. Do you believe that alcohol advertising and marketing is a problem?

Mr BROOKS: I believe so, but I guess at this point I look at the tobacco as being, for us, the most dangerous. That is the one that is causing the most long-term tie-up of possible resources, as such, given the fact of emphysema, respiratory diseases, those sorts of things, going through the hospital.

Alcohol, certainly, is there. We are now looking at renal failure related to alcohol, and we have a renal unit now in town. So we are now starting to look at that as well.

Madam CHAIR: The violence, family violence ...

Mr BROOKS: Yes. I guess I picked tobacco because it seems to be - maybe, yes, I have not identified it as such, as an issue. I guess, because I see alcohol as probably the lesser of the two evils, from my personal point of view.

Madam CHAIR: I think that what Gerry was saying, with it being part of the culture, because it is - the advertising ...

Mr WOOD: Yes. We become so used to something, and the advertisers know that. The advertising is subtle and the companies know that, otherwise they would not be putting it on telly or at the sports ground or what.

Mr BROOKS: Yes. I sat with a class of 16-year-old girls and they were explaining it to me, saying: 'Oh, that looks so good, that Tom Cruise did this and did that, and then he had the tobacco'. They did not identify with the drink, but they identified with the cigarette and the fact that the packet of cigarettes were sitting on the bench ...

Madam CHAIR: Have you seen the Tom Cruises they use in the beer advertising?

Mr BROOKS: What is it? [inaudible] as well?

Mr WOOD: Can I ask the other barrel, just quickly? What is the state of the DARE program, and how do you rate that?

Mr BROOKS: I don't have a lot to do with that. That is actually a police program. I have actually asked to look at it, and I dealt with one school-based constable - not the one who is current now, but prior to him - and it is purely a police thing. It is a police program ...

Mr WOOD: You don't get involved?

Mr BROOKS: No. I will support them. I have actually been asked for posters and that sort of paraphernalia, and handed it on quite willingly. But, it is not our program; it is a police program. I believe it has been quite successful in the schools here. They have actually built some really strong relations with the kids now.

Mr KIELY: It is no great surprise to me that you should pick up on tobacco and health-related outcomes coming from that, given that the people before you were basically dealing with alcohol, and then the disorder that comes from that. But getting back to the kids: in your travels are you finding that, while you might get a small percentage that take up alcohol a small percentage involved with inhalants. Out of tobacco, inhalants and alcohol with youth, what would you say is the major pick-up?

Mr BROOKS: Given my experience in the schools, I think - Keith, you back me on this - tobacco generally. If we sit in a room full of kids and quite often we will say: 'Can I get you

to put your hand up who smokes'. Quite often we will get a large selection. What we are finding now is more young girls than boys. Less and less boys are smoking; more young girls. I believe that is across Australia-wide anyway.

Mr KIELY: You saying a bigger take up on that ...

Mr BROOKS: Because of smoking.

Mr KIELY: ... apart from that.

Mr BROOKS: Alcohol and the other stuff, yes. They don't see the alcohol as a big issue. I guess, for a lot of them, they are getting a little alcohol home – like mum and dad gives them a drink, especially in that age bracket. But it does not seem to be a big issue to them. Tobacco seems to be the cool thing to do.

Mr KIELY: Do you notice an age when it kicks in? Broad.

Mr BROOKS: Broad; I have been told ages as down to eight, nine. I believe it is even a bit earlier than that. Because we deal around there, the older kids at school, we have ...

Mr KIELY: A final one, Madam Chair. Do you do intervention programs at primary school level?

Mr BROOKS: We are trying to, but the difficulty is that, predominantly, I am an adult educator. I find it a little difficult at times dealing with kids. But I try to do it through the school teachers, and that is why I developed these programs to go into the schools, so that teachers could pick up and utilise it.

Mr KIELY: Right, finished.

Ms CARTER: Lloyd, I was very interested in what you told us about the Family Coping Program. How is it delivered? Is it to a small group, or one on one, or to a bigger group per session? What sort of things are covered in it?

Mr BROOKS: Okay, good question. What normally happens is we will do advertising. We did one down at Ali Curung last year. We brought the ladies from Ali Curung actually into town, sat them down. We got some health workers locally and brought them in and, predominantly, it covers things like stress – stress we call worry, Aboriginal people call it worry. So, we broke down worry for them. So they identified with worry. They realise why they are getting tired, why all this stress related stuff. So we broke that right down and when we came up with strategies for them and we used the hand to identify strategies. Basically, the hand is – they develop five strategies; what to do with dealing with stress.

One lady said that in Ali Curung, she gets bashed every time her husband goes drinking, so her strategy is she goes to the ladies safe house. He goes drinking; she goes to the safe house. Then she comes out when he knocks door and says: 'I'm sober'. They go back and she's fine. So she has developed her strategies for that behaviour.

So they came up with five strategies - aunt, uncles, families – within themselves. We help facilitate that over basically, the three days, and we are there to the things. One of the things we found coming out of it is suicide, that they are getting. So, as part of it, we are bringing in a mental health team in to talk to them about suicide and suicide watches and that sort of stuff, when people threaten it. So, we are finding that is coming out of a lot of it ...

Madam CHAIR: Is there a huge increase in suicides in the spectrum ...

Mr BROOKS: I believe there has been quite a large increase through the whole Territory. There were a couple of cases here last year which were ...

Madam CHAIR: If you were just to look at the Barkly? You are saying with this Family Coping program - like Sue, I was interested in how you did that – are you seeing suicides as a means – within the Barkly not across the Territory ...

Mr BROOKS: We are seeing the threat of suicide, probably more so than actual suicide.

Madam CHAIR: So, attempted suicide?

Mr BROOKS: Attempted suicide, or just they are threatening, yes.

Madam CHAIR: And that is the youth or the women?

Mr BROOKS: Youth, predominantly.

Madam CHAIR: Young men, young girls?

Mr BROOKS: Young men. I don't know why. I do not know whether it is they are losing their culture because of the change of culture. You know, the men used to be the part of the tribe and the development - whether that is losing it, and there is an equality developing and they don't see themselves as being as important; so there is low self-esteem. Those things are happening. The drinking – they can't see where they are going to go down the track and so they start to panic.

I guess there are issues throughout Australia with the youth, because if you look down the east coast, you hear horrendous suicide statistics. So I am not sure if that is a continuum on that – we are putting so much stress on our youth with the changes that are happening in their daily lives. How are we keeping up with the new computer systems and the new communication systems and all that is happening?

Madam CHAIR: I noticed with your presentation – and if I may, sorry, members ... There are a number of issues. I notice a lot of it was aimed at youth and stuff, but mental health, where does that fit into when we looked at the Barkly? Even if you are servicing those cattle stations and there are probably problems there as well ...

Mr BROOKS: Yes.

Madam CHAIR: Is that anywhere on the radar screen in terms of problems from those issues?

Mr BROOKS: Mental health actually have their own department. I have worked with Sue from mental ...

Madam CHAIR: No, is it an issue within the Barkly region?

Mr BROOKS: Yes. I really couldn't answer that. That is their department and gee, I can't say too much ...

Madam CHAIR: But you don't see it, or people don't tell you through your work with alcohol and ...

Mr BROOKS: I see it through my ambulance work and through my fire officer work and through other stuff that I do as well as the drug and alcohol stuff. So, I see it in many different – and it would be probably inappropriate to talk about specifics that I have seen.

Madam CHAIR: No, I wouldn't want you to give specifics, but in a general sense, speak, I suppose, of some of the problems. I am just trying to – we always, or my radar always goes up when you talk about suicides and that link with mental health.

Mr BROOKS: I guess it is to do with what Sharon spoke earlier, with the dual drug problem, where people are using cannabis and alcohol and tobacco and that. I guess the suicide comes through with the fact of hopelessness. The Aboriginal culture as such, is breaking down and they are finding it very hard to hold it. So, the culture is breaking down, they are not seeing where they are going though, because of a lack of education in the white stream, or the mainstream. They are not fitting into their own stream, because their own steam is breaking down. I guess it is no different to a lot of white culture on the coast where you have youth can't keep up with the mainstream, so they commit suicide; it is an easy way out, or it is a way out.

Madam CHAIR: Are there any questions?

Mr McADAM: Yes, I would like to raise – really take up Richard Lim's idea in terms of how do you measure the outcome? I agree, it is very difficult. I just want to give an example in terms of how these people operate, and I refer to Tanya and Lloyd.

I think it was last Monday, we had this men's meeting. Sorry, the men held a meeting and they have been holding meetings over a period of time. Essentially, it was to come to grips with some of the issues that impact upon the male population, particularly the indigenous male population. Lloyd and Tanya gave a presentation there at that committee. I think there were 50 or 60 people. These numbers have been fairly constant, as I understand it, over a period of time. As a result of that meeting on Monday, they have now formed a committee and they are looking to become incorporated.

The point I am trying to make is that these guys are a catalyst, are providing support, are raising issues in the community. If we can come up with a men's committee that deals with some of the issues, then that is an outcome for me, if you know what I am trying to suggest. That is how you measure it. It is the input on the part of some of the service providers – ie, Alcohol and Other Drugs – in terms of the rest of the community, and supportive. That is how you measure it. That is the only point I want to make.

Mr BROOKS: Yes. The only thing I would say to Elliot, thanks for his comment and I certainly enjoyed myself as much as everybody else did on that day.

Mr McADAM: Yes, it was great.

Mr BROOKS: But I was based on the fact: am I invited back?

Mr McADAM: Yes.

Mr BROOKS: If I am invited back, then obviously, I have educated; I have given it with a certain amount of flair and personality. I have certainly raised issues. In fact, Keith and I have just done two sessions with the ladies from the language centre. Now, we will sit in a room with 12 indigenous women, talking about babies stuff, which is totally against culture. They have been so relaxed that they have actually asked us to come back and do more. In fact, they want us to go to Borroloola, which is outside our area, and do talks for their ladies up there.

So, what I say is the fact that I am getting asked back, I am obviously raising issues and I am doing it right. That is the way I see it, I guess. It is nothing tangible that you can measure across – you can't tick a box and say: 'The guys are doing all right'. What you are measuring it against is: am I being back into communities?

Mr McADAM: Well done.

Mr BROOKS: Thank you very much.

Madam CHAIR: Thank you very much. I would like members of Tennant Creek High School to now come forward.

Rather than going through everything, you can start off, Meg and maybe introduce all your representatives.

Ms ILES: Thank you, Marion. I would like to introduce our team from the high school. Unfortunately, being holidays, the team isn't the team we want here, but our student group seems to have disappeared. I have only just go back to Tennant Creek myself today, and I haven't been able to round up our students.

However, I do have some surveys from the students that were done just that last week at school, but along here, as the team, I'd like to introduce Senior Constable Rick Adams, Peter Henwood, who is our senior teacher for technology, but he's also across all our pastoral care, social education and of course, the drug education comes under that banner. Elly Appleby, Elly is our school nurse and is a vital link between ourselves and families and other providers, and works as that link with our teachers, with our school community; and Devina Cook, Devina is our AIEW and works directly out in the community with our families.

I suppose the three things that we want to really look at is our role in drug education within the context of the NT curriculum frameworks - because you've studiously got it open - there in the health section, and the other area was our perception of what students are telling us about drugs and alcohol. This is often quite a scary thing for teachers, when they have 14 or 15 year olds telling them about things that have happened to them on the weekend, often as a result of over-indulgence, particularly alcohol.

That is of great concern and something that is often directly resulted to or connected to teacher burnout, because of the tightness and closeness of the community every day in the street we're there, with the parents and the students, we're face to face all the time. There is no way that you get away from that. Our school is approximately half indigenous and half non-indigenous. So these concerns go across the total community. It's not just exclusive to one section. So if I could make that clear as well, because, although Devina will talk directly about some of her experiences with parents, if the HLO, Joan Carpenter, were here, she would say the same across a broader range. I suppose, without any more ado, if I hand over to you, Peter.

Mr HENWOOD: Basically, what we thought we would do is present what formally goes on at school, as in what is set within curriculum structures and the amount of time that is designated within the high school towards some degree of education in this area. Then we would move into some strategies that we have in place to deal with circumstances when they arise, or situations, if they arise, which takes it over more formalised types of things, and that's why we have the Senior Constable and the school-based nurse with us, because when situations arise they tend to deal with and take it out of so much or more so a teacher's responsibility. Then probably into some anecdotal stuff and, hopefully, the community will accept or have a look at the surveys that we have, and we've actually got together all the individual responses as well, and I think there were 54 in total. The person who actually put the survey together and did it, said that it would be very, perhaps, useful for you to look at the individual responses as well as the summary that Elly has put together, to try and gauge the language that the kids actually use themselves, to get a feel for the cultural side of it.

One of the things that is glaringly obvious is that, in regards to the legal drugs of alcohol and tobacco, it is well and truly culturally ingrained in youth culture. The use of them is there, it's widely spread and, from the school's point of view, is of great concern. From the point of view of alcohol, probably the binge drinking rather than regular drinking, but with tobacco use, tobacco use is particularly widespread, and I guess our experiences are probably similar to what others have stated here, tending to be picked up at a younger age more among females than males

these days, but that's not to say that males aren't doing it, because there are significant numbers, and it seems to be getting younger and younger. I have been at this school now for 10 years and the experiences over the 10 years that I can indicate is that definitely the beginning age is, for things like cigarettes and the more serious alcohol binge drinking, seems to be coming down. So what's happening is that, within the youth culture, it's getting a younger and younger age introduction, which is of some concern.

Getting back to things, within school - I presume you're all very much aware of the recently published NT curriculum framework, which of course is a new curriculum structure. Within that structure, it's within the health and PE area that education around this area takes place, and it is written into all high school band levels. So from Band 3 right through to the advanced Band 5s there are specific indicators associated with legal and illicit drug education. Within the school structure, all students would have at least one formalised class per week associated with the health area. They actually have three lessons: two are associated with the physical education side of it, one is designated to the more theoretical health side of it.

In addition, the school recognised that we were having problems or difficulties, not just with this particular area, but with all other aspects of student wellbeing, such as mental health issues, esteem, development, social interaction. So the school instigated what we refer to as our pastoral care program, which runs for years 7, 8 and 9. Just to make the committee aware that year 7 in the southern region is, of course, a high school year, in the northern regions of the Territory year 7 is still a primary school year. We run one lesson a week, pastoral care session, which is conducted in year levels, and the whole idea of that program is partly this sort of education, but it's the self-esteem, the mental wellbeing, the developing of positive images amongst the students. So, in effect, from a formalised look at what happens at school, there are two lessons a week where some of this material would be covered in some shape or form.

Dr LIM: Sorry. You said there's one formalised health class, one PE class ...

Mr HENWOOD: Yes. Two PE, one health. The health and PE is covered in the one line block across the junior levels up, 7 to 10. In addition, I hope you people have seen this one. This has just landed on our desk, which has come from the government, which is specifically drug education support material, to help support the curriculum framework. This one, even though it's advertised as directed directly towards indigenous but will be widely integrated throughout the school. We don't separate between the indigenous or non-indigenous as far as this is concerned. So support materials are obviously coming from the government, which indicates that between the Commonwealth government and the NT government, it's obviously an issue that they're concerned with, and any sort of support material that comes through for schools is certainly a bonus as far as the teaching structure is concerned. That's a bit of a plus.

That is the formalised structure, so two lessons, one within a health PE situation, one within a pastoral care situation. The pastoral care situation is where we are also making extensive use of outside education people, and we are trying to bring in as many people as we can in a wide range of areas, to try and get the message across. So we have accessed people from the health department, we have accessed people from within the police department, we have accessed other government areas, to bring in these specialty people, to try and give the kids a different focus from their teachers, to try and get as much information across to them as we can.

The degree of success of it though is, I guess to some extent, questionable, if you look at some of the facts and figures, and the reliance on education as a major thrust, to some extent probably needs some questioning.

Well, when you look at the last ten years in particular and probably beyond, the huge antismoking campaign that has been established right across the board, not just in schools but in all education. I believe it has been very successful possibly in our generation and in the over 30s is where we have seen considerable reduction in people smoking. But where is the biggest uptake? It is still with teenage kids. So there is this cultural area that perhaps

indicates that education on its own is not sufficient. One of the things that we would like to stress, and it is more coming from experience of educators, is that rather than having things that say 'don't do it', and putting money into those programs, which are necessary by all means - this stuff is very, very important - something that perhaps has been neglected is a look at putting money into programs that elicit a behaviour that is anti-drug by its very purpose.

So, things that are positive for kids, programs outside of schools or within the community that give kids something positive to do, positive to lead towards so that we begin to get into that negative culture of kids. There is a catch cry that some of the kids obviously come up with: they say there is nothing to do. One of the primary things from the survey is, 'Oh, we drink because we're bored, because there's nothing else to do'. And this is quoting from the kids by the way, 'nothing else to do, bored, nothing better to do, nothing to do', right across the age groups from 12 all the way through to 18, which is what we covered.

Mr McADAM: Could I just take that up with you because, if you don't mind whilst you are talking about that. I am aware that that has been said previously but you have the resources in this town and I am not talking about Anyinginyi Congress, CDU. I am talking about TC Raiders, I am talking about the other sports and rec program which is run by Congress, I am talking about a sports and rec officer who is retained by the Territory government, I am talking about another position which I understand is attached to the Tennant Creek Town Council. Does that tell you something?

Mr HENWOOD: That tells us - what I am trying to get to is what the kids are saying ...

Mr McADAM: Yes, I accept that.

Mr HENWOOD: But, what is the pick up rates amongst youth into these things? I mean to say if the pick up rate is high, then perhaps some of the comments within the surveys are perhaps not valid. But if the pickup rate is not high, then perhaps the sort of things that we are doing ...

Mr McADAM: What I am saying is, it would have been nice to have some of the students here today and I accept ...

Mr HENWOOD: Well, I sort of hoped that somewhere within the committee's deliberations they get an opportunity to talk to students.

Mr McADAM: Well, I suppose I am being pretty straight in asking, is there a need to change your focus in terms of some of these resources in this town that perhaps reflects or responds to some of the concerns by the students? That's what I'm asking.

Mr HENWOOD: I think it would be a big plus, a big positive.

Snr Const ADAMS: Can I just make a comment, just in relation to something, not just education, one of the problems we do have, and I use my Blue Light Discos as an example, when I first started Blue Light Discos up, we all know Blue Light Discos are no alcohol, no drugs. We used to have 300 kids come to them but we had a huge problem of passing alcohol through the windows and all that sort of thing. But we gradually stamped that out. The last Blue Light had, we still had 200 kids there but we had no more of that trouble. Now the problem is that kids who are drinking and doing this sort of thing that we are all talking about, are not coming to those sort of functions. They would rather - they know they are not allowed to bring grog there, so we will just stay out and drink. I mean we still have them drinking outside and then trying to come in after they have a drink. But the reality is, it has got to the stage where I am not having those sort of problems anymore because Blue Light Discos are alcohol and drug free. They have realised, well, it's going to be stamped on, so we just won't bother going to them. I am still getting 200 plus kids to them.

But the main focus is you know getting kids and alcohol knowing how we work and they are not coming to those sort of functions. All the different things you are talking about, Mr McAdam, the things like Little Athletics, the sporting and all that, these kids are not going to them. These kids are not getting targeted to attend those sort of areas because they are not getting targeted. It is the ones who aren't drinking and aren't smoking that are more than happy to go to all these different functions and have a great time. But it's the kids that are enjoying the alcohol, if you want to put it that way, who are not going to these functions.

Mr WOOD: I am just interested in that side of it because I have an interest in youth involved in sport. I have heard the same thing in my area which is around Howard Springs, Humpty Doo and you know, we have heaps of opportunities for kids to play sport and sporting clubs of all sorts there and I have heard the same thing from kids. But then I wonder if those kids, I mean how much responsibility have we got to put on the kid to do something as well? I mean, we can go out and target people but there has to be I think an equal balance from that person to make the effort. If it's just boredom because it couldn't be bothered going down there, I'm sorry but you know, do something.

Ms APPLEBY: As a registered nurse can I suggest that there are bigger issues than just the child is bored. I believe personally that there are home issues, family issues, maybe the parents are already drinking or uncles and aunties are all drinking, so that child is brought up in a culture where there is already drug and alcohol abuse. So the child is at a developmental stage where they are not able to think abstractly and think of what potential long term issues they are dealing with and so the issue for them at that point is: this is what I see a lot of my friends doing, at the moment I am bored, I can't be bothered or interested in the long term playing football. So I think there are bigger issues than just the fact that the child ...

Mr WOOD: I suppose I wasn't referring just to sport. I mean, when I was young I had hobbies and did other things. You find things to do. Are you saying because of the family environment, they can't even - watching television would be about the only thing that would ...

Ms APPLEBY: No, I'm not saying that. I am just saying that that potentially is one reason why the children can't actually see further than the issue that they're dealing with, which is drinking. Does that make sense?

Madam CHAIR: Look, we might just finish with the presentation and then we will continue with questions. I am just conscious of time as well and fitting everyone else in.

Mr HENWOOD: I will just pass over to Elly, because Elly prepared the summary on the survey, so she is a little bit more familiar with it.

Ms APPLEBY: I actually would like to also table a new policy that is coming into the Northern Territory which is a children's and youth's people's health policy, which is being tabled by Community Services at the moment. From a personal point of view, I would like to state that I don't think it is just an educational problem. I think that the whole community needs to get together on issues of drug and the other issues that are available in town such as domestic violence. At the moment, we don't have a youth counselor, which I personally feel would be great, not just for drug and alcohol but for general issues that adolescents have that I believe may result in them taking risky behaviour. And just some of the comments that the kids are making themselves. I think more services to support families in this community would be a great advantageous thing to the children in the long term because if you support the home environment, you support parents, you ultimately will support their children as well. According to this survey that the kids have filled out themselves, there's to me personally quite horrifying statistics, when everyone of their friends who answered this survey, thinks that their friends drink. So I think in the future if we just think potentially for this community in 10 or 15 years, that is a significant problem that I see health and drug abuse-wise, coming up.

Mr HENWOOD: One of our biggest concerns that we see is that it appears to be coming the cultural norm for teenagers particularly to partake of alcohol. They don't see a problem with cigarettes and one of the sad things, I guess the occasionally when we try to deal with the smoking problem is that a lot of the families don't see a problem with it either. Often, when the school tries to respond to issues such as students smoking at school, you get basically, the parents support the child who is smoking or they don't see an issue with it, so that leaves the school – well, that is a no win situation for us. Basically, if the parents support the child smoking, it doesn't give us much of an opportunity to follow things through there. And that does occur on far too many occasions really.

Also, within the alcohol thing, there is the climate of alcohol consumption with teenagers to some extent is also accepted amongst many of our parents as well. It is this culturalisation of alcohol down through the ages, which I think is what we see as something of considerable concern. And that is what has been happening over a period of time now for quite some time. As far as solutions to that one, well that really is, from our point of view, quite a difficult thing to imagine. But that is what is occurring, is that alcohol consumption is as the norm, I mean to say, some of these kids wouldn't go to a party if there wasn't going to be alcohol there, and when that becomes the norm within a subculture such as youth, I think that's an issue that needs to be explored and it is a problem and that is what is occurring with our kids is that alcohol consumption is the norm. They believe it's their right at 15 or 16 to consume alcohol.

Dr LIM: I see here in your statistics that you do not make any racial distinction. Can I therefore assume that there is no racial distinction between the age groups at all, or if there are, you've not mentioned because it's not politically correct to do so.

Ms APPLEBY: The questionnaire didn't actually address that issue, but I would like to actually propose that more studies are done in this area and more surveys be undertaken to actually address if there is an imbalance in ...

Dr LIM: ... the racial representation.

Ms APPLEBY: Yes. I would also like to state that, as a community issue, that if three out of four of the 12/13 years olds have said that most of their friends are drinking, I would suggest that that means that someone is giving all these kids alcohol at the age of 12/13. Where, at a community level, does the responsibility for these kids getting alcohol lie. Where is it? What are we doing with these kids when we actually find them on the streets.

Mr KIELY: What sort of internal validity do you have on this check on this survey?

Ms APPLEBY: It was totally none. There was totally voluntarily undertaken by the kids themselves and we assume that they are through the fact that it is a voluntary thing to tell us the truth.

Ms ILES: It was actually done at each year level on a voluntary basis in their English class so they had a chance to discuss what the questions were and if they wanted to participate in it. So across the board, I would say, Richard, that probably about half and half indigenous/non-indigenous, but bear in mind also that most of the non-indigenous kids are out working each day after school and they've got a lot of cash, they're quite generous with sharing that with their friends as well and that cuts across, usually the friendship groups within the high school, upon the notion of some kids who are indigenous, some who are not and there isn't a demarcation indigenous/non-indigenous groups that are mixed within.

Ms APPLEBY: It is a cultural thing that I believe that adolescents are growing up in when you see the advertisement for Cruiser drinks for instance, is targeted specifically at that age group, and so these kids are seeing that all the time on the TV, on advertisements in the paper, for example, that nearly every page has got an alcohol advertisement in it or sales specials, advertising the fact that it's there and it's obtainable quickly and easily.

Mr WOOD: You have another supporter of that. Yes. A marketing strategy.

Ms APPLEBY: Yes, and there's another one at the moment coming out which is a milk alcohol drink, I don't know the name is but that's targeted here again at young women specifically.

Dr LIM: Does the school notice any use of marijuana at all? Has the school noticed any marijuana?

Ms ILES: This is the really interesting thing, because these behaviours don't seem to be in school in the school time when kids are at school. Yes, smoking down behind the shed having a quick ciggie, puffing in. When we became a smoke free school with the new legislation at the start of semester, I had to point out that the drain was on the school property so people had to move further away. I don't know but I'd say that there are more males who tend to go off and have a cigarette and they usually get in trouble because they are actually leaving the premises. We have strict rules about signing in, signing out, and of course our poor staff members who are smokers, that has been the hard thing. I am a smoker too and so waiting till 6 o'clock at night is very difficult.

Madam CHAIR: But is ganja use prevalent among the youth around the town.

Mr HENWOOD: At school, very minimal. It's not to say it doesn't go on because it is, but the numbers at school are probably very very small and have been, if anything, on the decline as far as at the school, but again going into the anecdotal, we hear that is extensive use of it but it's not appearing at school. I mean to say, kids talk about it all the time that they use it much like the drink and whatever and that's it's quite widespread, but that isn't making it's way into school in a big way. There are individuals, for sure, and occasionally it does come in and that's where in particular Nick probably will be able to add more comment there. But they say they're using it, but it's not evident in a big way at school. I think that we've been quite lucky in that that hasn't surfaced.

Dr LIM: The students are not turning up to school either drunk or stoned next day for classes.

Snr Const ADAMS: Not obviously. I have had, in my role, and there are a few members of panel who know I have been here for eight years now, or a long fair while now, and in the Barkly for the last ten years. What I have noticed with the youth as I have been here is that a lot of it happens after school, before school and on weekends. It doesn't, as Pete says, occasionally you get the odd one at school and kids talk about it and all that, but it's certainly not a subject, ganja is certainly something they are all aware of and they know what it is and I will personally guarantee you that probably 90% of them have tried it, put it that way. Whether they're still smoking on a regular occasion, but it's freely available out there for them, there's no problem about that.

I had quite a few parents coming to me saying - one parent I had a meeting with the other night, said he leaves home at 7.30 in the morning, he's at school at 8.30, sometimes late for school, and they know he's been on the ganja cause they have searched his room and tipped it down the toilet. Now that is one-off but I am sure there is probably quite a few like that, and they are suspecting that he is having a smoke before they go to school, with that group.

Ms APPLEBY: Can I say that when we actually hear of an instance like that, or if a child comes up and says so-and-so was smoking, drinking, whatever, I am actually really quite proactive and the school is really too in the fact that we use community services, bring them in and we'll do talks to the kids on a general scale to warn them of the dangers of drug and alcohol, so we try to be proactive in that way, but I personally think that it is really quite a big community issue.

Mr HENWOOD: The inhalants and whatever, we've also had virtually none of that either, the chroming or the petrol sniffing or something like that, and I think Tennant Creek itself has been quite lucky over the years that that's really never taken hold here. There have been isolated occurrences of it, but authorities seem to have managed to have got on to the perpetrators and it's never really taken a hold here and definitely not at this school. So from that point of view we've probably been quite lucky in that that type of abuse isn't readily noticeable here in town by any means, there are probably very small pockets that it occurs in, but by no means is that a serious issue. What is the obvious issue here is the alcohol abuse, and the use of cigarettes and tobacco in the young people anyway, but to some extent we have been quite lucky in that those inhalants, very very minimal.

Madam CHAIR: We'll take two more quick questions and we need to finish this issue. Len, and then Richard.

Mr KIELY: My original question about beer drinking at schools, because it is getting quite a run up north, you've answered that one. But as far as DARE goes, the program promoted in schools, would you say, anecdotally I suppose that these programs help empowering kids not to smoke dope at school or no?

Snr Const ADAMS: The DARE program starts very young, whether you realise it, right from preschool of grade one stage. It basically goes through self-esteem, just really quickly, it's about self-esteem and trying to get the kids to understand that the more positive you are and the more higher self-esteem you have, the less chances that you are going to fall into the traps of alcohol abuse and drug taking. And it builds up from very small right the way through to where we get into the serious stuff in year 6 and 7 where we actually start discussing it, doing role plays and start discussing the issues properly, as far as, and bringing it out in the open. One of the interesting things I have found with the alcohol side of things, just a real quick one, I had students whom I know have had, not so much a decent upbringing, mum and dad drinking a bit whatever, and when it comes to stresses and low self-esteem, it is the concern of their parents rather than what they are. It was quite interesting when I did the last one with the year 6's. It seemed to be that the kids were more concerned about the stresses they were causing - worries, as I heard the last talker say - where the parents and the family were drinking and using ganja and that sort of stuff. So, to me that indicated that they could see the problems of it. Now, it will be interesting to see in another four, five years time, whether the same kids fall into that same club. But they are also aware of it now.

Ms APPLEBY: It is a developmental issue as well. I mean kids will experiment, there is nothing unusual with that. The problem is trying to stop them from developing that into a chronic issue.

Dr LIM: And what you said before, that within school hours things are reasonably under control and substance abuse is not a problem. What is the school truancy rate like? Are you aware of what is happening to the students who are truant? Are they out there practicing substance abuse while they are truant from school?

Ms ILES: Our overall attendance rate is 86%. If you break it down into your indigenous versus non-indigenous, you are looking at 80% average. Sometimes that is higher. So, it is a pretty strong attendance rate for any school. Perhaps the fact that it is small; and the fact that Devina is out there, the HMO is out there, that that exists, is working. But perhaps Devina would like to just broaden that...

Ms COOK: A lot of it I see is alcohol and gambling. I am out every day at the AIEW from primary school. A lot of the kids are hungry; families are fighting; other families coming into town taking over the house, eating the food; some of the kids have no bed for the night, so they have to go to another relative or something. So, there are a lot of issues like that. At the moment, there has been, this year alone, a lot of funerals so the kids go out bush for Sorry Business. But I

see gambling. Thursday nights are card night, so a lot of the ladies go there. So, we see the kids come to school next day, they have money to go into the canteen and buy new clothes and things like that. The other kids of parents who have lost the money until next pay sort of thing – there are a lot of issues like that.

And, yes, so some of the kids about 14, they start into the alcohol and fights with different groups around town and other communities coming into town for payday royalties and things like that. So, that is why I have to go out every day and just see the parents, the grandparents and the kids, and help them out; get them back to school with ASPA – our breakfast, lunch programs. Get them clothing - we organise clothing for the kids so we are out every day.

Mr KIELY: So, the kids themselves, when they are at school, are they having a drink or anything? Or are they ...

Ms COOK: It is usually ...

Mr KIELY: Just round about, is it recess?

Ms COOK: Yes, it is just like the older family members and their families coming in, and things like that. But most of those kids - the majority - will go to a different place so they can actually get a good night's sleep.

Mr KIELY: So, they are not skipping and ...

Ms COOK: No.

Dr LIM: The truancy is not due to – it is not drug-related in that sense. The truancy is because of social issues within the family, rather than them taking time off from school to smoke and drink or whatever, that is what I am saying.

Ms COOK: Yes. Like some of the hostel kids, they will try and skip school to see families in town. So, they want to see them, they want to spend the time with them. Families are welcome to come out to the school to look around as well, and meet the teachers and all of us. So, we try and open our doors for the school; let everybody know that we are trying to help the kids.

Madam CHAIR: Is that it? Okay. Thank you Meg, thanks a lot. I am just trying to go through all the names. Thanks everybody. Hopefully, you will all join the round table discussion too.

Dr LIM: There is a big card game going on in town at the moment, I understand. Is it legal?

Madam CHAIR: Legal?

Dr LIM: Is it legal to have a card game in town?

Mr McAdam: Is it legal?

Madam CHAIR: Don't raise that issue, Richard.

Dr LIM: No, no, that is really a cause of substance abuse among the kids.

Madam CHAIR: Yes, we might just have a five minute break. I just need to check up on this agenda for the next group. I will not be long.

Mr McAdam: There are a lot of people over in the local pub having a punt on the races.

Madam CHAIR: Yes, but I think that is an issue too.

The Committee suspended. _____

Madam CHAIR: Okay. Have we got everybody back?

Mr McADAM: Where is Gerry Wood?

Madam CHAIR: Gerry, where did he run to? Well, we might start anyway. He might come along.

Mr McADAM: Ring the bells.

Madam CHAIR: We might welcome Kathryn Fry and Barb Shaw from Yapakurlangu, ATSIC Regional Council.

Ms FRY: I would like to qualify that Barb was not actually formally here today. She has turned up in the audience, unofficially, so Barb will be here for support.

Madam CHAIR: Would you like to talk as the Deputy Chairperson of the ATSIC Regional Council?

Ms SHAW: Well, I will elaborate on some of the points.

Madam CHAIR: Would you like to come up the front for recording purposes. Sorry, we cannot allow you to sit at the back and talk from there.

Mr McADAM: What is the name of the lady on your left?

Ms FRY: I would just like to introduce Deputy Chair to the floor. Good afternoon, committee. Chair, I would just like to put in apologies for Mr Joe Martin-Jard, the Regional Manager and Chairperson, Kevin Neade. They had some unforeseen business that has cropped up. I will introduce myself, Kathy Fry, I am the policy officer with the ATSIC office here in Tennant Creek, and Deputy Chairperson Barbara Shaw with the Yapakurlangu Regional Council.

Okay, I will talk louder. Firstly, I would like to read out some general ATSIC positions from the Regional Council and the ATSIC administrative arm, that the Regional Manager has passed on to me to give to you today. Just before I do that, I will qualify that the Yapakurlangu Regional Council and ATSIC office will be having input into the Northern Territory ATSIC Policy Centre submission to the committee. So, we will have a lot of input there with a lot more detail. So, today is just a general overview of comments from this region.

First of all, in relation to the Northern Territory government's five-point plan, ATSIC supports the initiative to legislate against book-up. ATSIC supports the current arrangements of alcohol sales on Sunday. ATSIC supports limitations on, and the reduction of, the number of licensed outlets. We would like to say, by way of support there, they have financially supported Julalikari Council - which Mr Carter will elaborate on later on - to engage solicitors when they are appearing at liquor licence application hearings convened by the Liquor Commission. So, ATSIC has supported Julalikari in those hearings. The regional councils funded them twice.

Also we would like to the government to consider dismissing applications without a hearing for a period of two years in Tennant Creek. This will give the town certainty for planning purposes and remove the cost of expensive litigation when fighting vexatious applications. ATSIC supports the major overhaul of the *Liquor Act* and would welcome the opportunity to make submissions. ATSIC supports harm minimisation strategies, in particular with a focus on education and health promotion. There is a lack of resources in the Barkly region for these

initiatives and for a lot of work to happen in that preventative end and Councillor Shaw will probably talk to that a lot more later on.

Specifically with mental health, extremely under-resourced and also we are under the auspice of Alice Springs so it is very remotely managed and there are a lot of problems with getting that person placed here to work in with the community because they are under the direction of the Alice Springs unit. Capacity building to address the underlying issues of substance misuse - it is critical for any of these initiatives to work is that capacity building. We are really under-resourced in the region in relation to those types of initiatives. And looking at capacity building takes generations so I suppose there are going to be no quick runs on the board politically because you are look at 10 or 20 years of work to start seeing some outcomes. So I suppose it is not politically palatable because things don't happen over the cycles that government has. So I do not know whether that has been some of the reasons why it's not been focussed on that well. But we need to maintain this area in order to sustain any outcomes that are achieved.

I will just refer to the CARHPC Central Australian Regional Health Planning Committee. They have actually got a regional substance misuse strategic plan that they have developed. In the document they have quoted from D'Abbs and McLean 2000 and Graham Sagers 2000:

There is a need for policy makers, government agencies and funding institutions to respond to the situation with better integrated and targeted long-term responses that will combine to diminish the occurrence of substance misuse. These responses would include preventative measures that have been demonstrated to have a greater impact on lessening the rates at which substance misuse problems are generated over time.

So, the point we are making is that we are under-resourced in the area of preventative initiatives in the region and that area is crucial to sustaining any outcomes that we may achieve.

Probably a fairly pressing point we have in here is that ATSIC questions the limited success of the current strategies over the last ten years. ATSIC would support a call on the Northern Territory government and the Commonwealth government to seriously consider something similar to the old voucher idea as a public health initiative and to be non-ethnic specific. So it would not be an indigenous initiative; it would apply to all people on welfare. Mainly the discussion on this area needs to happen. We can't make an informed decision about whether we should have a voucher system when people aren't aware of the debate and cannot make informed decisions. We would like to propose that Tennant Creek run a pilot and hold the debates, hold the investigation and have some really good discussions about it. It may not be the old voucher system, it may very well be some other form, but I don't think it should be taken off the agenda until it's been explored further. We would like to propose that the discussion happen here in Tennant Creek with the possible trialling of a pilot.

Dr LIM: Have you guys looked at the Tangentyre Council's model?

Ms FRY: Yes, we have. Just through the Chair, we have a lot of new staff and a brand new council so things are not happening as quickly as we would like. We need to do some capacity building in that area, but that's very much on the cards. The Regional Council will be reviewing the outgoing council's plan in May this year, so the incoming council will have a policy position and some strategies after May. It is a bit early to go into that yet.

I think the main things that need to be looked at with people on welfare, recipients of welfare, is that the taxpayers' dollar should be meeting physiological, security and social needs and nothing else. So you'd be looking at a system where the money they were receiving was meeting those essential needs and that is what welfare is intended to do. So just making sure the money is channelled into those areas.

Mr KIELY: So as I understand this, council is advocating that a pilot be looked at for all welfare recipients receive part payment in voucher/part payment in cash. That is all welfare recipients?

Ms FRY: No, I am not proposing that at all. I am proposing discussion should be held to look at a way, and it may not be the voucher system. It may be a system where, people recipient of welfare payments can only spend their money on food, clothing, electricity, only essential items.

Mr KIELY: Not only those that have been identified as substance abusers?

Ms FRY: No, everybody, across the board and non-ethnic based. And it would be, what we are sort of proposing is that Tennant Creek would be a good area to have the discussions, explore the viability of that sort of initiative and then if it came out that it was a viable proposition, it would be a good area also to pilot an initiative like that. Basically we are just proposing that the debate happen.

Ms SHAW: I guess about that point it's about looking at what sort of new initiatives or being innovative and being creative in terms of our thinking to how we can sort of address a lot of the issues that we're talking about today, and how we do that. And I guess not exclude anything. Let's put everything on the table to explore. I guess that is basically what we are saying. Not that we are saying yes, we will go for a voucher system, but using it as an example. Let's be broad and explore as many ideas as we could possibly can, and not exclude anything.

Mr McADAM: Through the Chair, can I just ask one question to the two reps here today. We have seen a lot of people come into town, over the last period, over Christmas period and it happens all the time and I suspect that there's increasingly more and more people coming into town for essential services. I am talking about health, I am talking about education, talking about even jobs, lifestyle type stuff. The reason being is that there are less and less dollars going out to the bush, but also those dollars aren't being fully utilised in the bush. Now ATSIC is the largest provider of those dollars to the bush communities, and you will be aware that I have raised two issues in regards to the Regional Council. One is the calibre of staff that is being retained in the bush communities. Those people basically do not have the professional expertise, they do not have the community development skills. They are unable to respond effectively to the community's requirements, and because of that the communities are saying right vote with their feet, I'll get out I'll go somewhere else where I can access those sorts of opportunities, if you can call it that. I mean does ATSIC agree with that or I mean is ATSIC proposing to have a look at reviewing the dollars that they put out to the bush in terms of whether ATSIC is getting maximum output? That is the question I am asking.

Ms SHAW: Part of the Regional Council in reviewing its plan is to actually look at its old plan and to review it, and to look at what our priorities are. That is going before the Yapakurlangu Regional Council. That would certainly look at including how much we contribute to the region and the amount of dollars we fund organisations.

But just let me say in ATSIC playing a role in funding organisations, that it is not the first base call, I guess, for an organisation to fund everything in the region. But part of its plan is to prioritise and to look at how much we are spending and in what areas, and how we are doing that, and how the service is being delivered by the organisations that ATSIC funds in this region. We have to be serious about the issues that are really important for indigenous people in the Barkly region, and if we are not getting our monies' worth then of course we have a responsibility to look at how we are going to change that and shift that. If it means reviewing the organisations that ATSIC funds then, yes, of course, we will review that. We have had some discussions and that is the track we are going to take. We will certainly actually be looking at putting some review processes in place to look at the organisations we fund so that we are getting the biggest bang for our dollar in terms of services.

Ms FRY: Just to add to that, we are investigating performance based contracts to be put in place by Regional Communities.

Mr McADAM: In bush communities?

Ms FRY: Yes.

Mr McADAM: That is good.

Ms FRY: So, we are doing some research on that at the moment. So that, if the outcomes are not achieved the remuneration is not there either. We are trying to explore avenues of how we can get outcomes from people who are employed by communities.

Mrs Brahim: I didn't hear what you just said.

Ms FRY: I was just saying that we were investigating performance-based contracts which would mean people have to produce outcomes to be paid, basically. We are exploring where that happens now and how successful they have been and what types of initiatives are around.

Madam CHAIR: How is ATSIC going to implement that? Is that going to be part of the requirement of the criteria of the organisation receiving the grant? Or that they put their staff on this? How is that all going to work in terms of - because you are a funder. You are funding an organisation, how are you going to implement that? The organisation could say: 'Well, we do not really have to, we already have our process in place'.

Ms SHAW: And we do not have any clear cut ways on how we are going to do that; that is why the review because those things will be looked at when we undertake the review.

Ms FRY: We do have some options for putting terms and conditions on grants. Currently, we have a procurement condition, so we can actually broaden that out, which will have to go through our legal branch, but it will be well supported.

Dr LIM: I am just wondering whether you have finished your presentation yet ...

Ms FRY: Yes, because I was flying by the seat of my pants, Dr Lim.

Dr LIM: At the beginning of your presentation then, you mentioned that you support the idea of reduced number of alcohol outlets. Could you elaborate on what you mean by alcohol outlets? Do you mean hotels, motels, or restaurants? Do you mean take-away licences in supermarkets? Can you elaborate on that comment please?

Ms FRY: Yes, through the Chair, I cannot elaborate on it because it is someone else's statement. I can give my view of what I believe that means, through discussions held at the office. Basically, the clubs in town and the outlets in the outlying region are what we have problems with. The restaurants do not seem to be posing a huge problem because they are fairly self-managing in what they are doing. It is probably more so that the clubs and places, that there is a reduction of the amount of places ...

Dr LIM: Have their take-away alcohol outlets is just what you are talking about.

Ms FRY: Yes.

Dr LIM: Yes, all right. Okay.

Mr WOOD: Just on a similar point. You said 'vexatious applications'.

Ms FRY: I don't know what that means. That is someone else's statement I have read out.

Mr WOOD: It is only your corporation. It is usually a vexatious objection, that is why I thought a vexatious application.

Ms FRY: I have no idea, I am sorry. I will be honest.

Mr WOOD: Okay, that's all right.

Dr LIM: It could be a supermarket, next door to a pub that want sot have a take-away licence as well. That could be vexatious in the sense that, you have Buckley's anyway, let us try it. That could be – I do not know ...

Madam CHAIR: Can I just get you to go back over. At the start - I didn't quite get it - you mentioned the reduction of licences. There was also something in relation to Sunday trading.

Ms SHAW: Supported it.

Ms FRY: Yes, supported, and that is one of the points in the NT government's plan: that the current arrangements for alcohol sales on Sunday stay - I haven't got it here with me, it is back there. Do you want me to grab it?

Dr LIM: No, leave it as is.

Ms FRY: Yes, just support that standing point.

Ms SHAW: There will be a detailed submission going in.

Dr LIM: May I ask, how does ATSIC see its role in supporting Aboriginal people in the town, as well as in the surrounding communities, in terms of dealing with substance abuse or substance misuse?

Ms SHAW: Well, we certainly take a position where we would like to work with other service providers and, hence, our plan and reviewing our plan. There is a current MOU that exists between the Tennant Creek Town Council and the Yapakurlangu Regional Council. But, yes, they take a very strong role in terms of how and what they can contribute to the community - either it be where the community is out bush or the service providers in Tennant Creek.

But the regional councils have some concerns about the inadequacy of resources and, I guess, services coming together to build on capacity building. Capacity building is certainly a priority, but if we are going to put strategies together to how we address any of social issues in the Barkly, then we are saying it also has to be done in such a way that it is about regional capacity building as well. So, it is regional based in terms of how we are going to develop our service to address a lot of the social issues, particularly with health, education and health promotion. We think that there is an under-resource of that area, and that needs to be built in, when you are talking about looking at putting strategies together for community capacity building. While, with Lloyd's presentation on what the Health Department is doing, is picking up a lot of stuff; but you only have three people in the department to pick up the whole of the Barkly, and so it is inadequate.

All the flow-on effects from alcohol and drugs with that contribute to mental health. It is an absolute nightmare. There is just no adequate mental health support service, counselling program, that happen in the Barkly. The department employs two mental health positions, and they are the only two formal-type mental health counselling positions, and apart from what BRADAAG provide. But you need really specialist counselling in these areas. The high number of suicides that have occurred in the Barkly, particularly in men, was just horrendous - and trying

to access service to give that support. So, again, that is an area that the regional council have some concerns about.

Dr LIM: So does the regional council see a role in providing resources to complement the kind of services that are there?

Ms SHAW: Just to complement, but certainly be part of any strategy building, or working with other service providers and the government and other organisations to put strategies together.

Dr LIM: I suppose, my question is more exploring. A group can have input into another group and say: 'This is what we think you should do'. Then stand back and say: 'Well do it'. Or 'This is what we think you should do and here we will help and we will actually be partners in delivering the programs'. You see the difference that I am trying ...

Ms SHAW: Certainly, within our funding parameters we would do that. One of the things that we have just recently done, with going through our budget - and again because of the effects on families from alcohol and drugs - we have looked at our budget and looked at those areas that we fund, and they have actually increased our budgets to those program areas. The recipients have been Ali Curung and Elliott with the safe house and women's programs.

Ms FRY: There is a 300% increase in the family and violence prevention allocation this last budget meeting in the regional council. And that has shown that we have taken it seriously and are committed to doing something about it.

Mr McADAM: I just want to say something because ATSIC do have a role in terms of ensuring that the best possible dollars come from allocations to the communities; that there is no duplication and is complementary with existing i.e. Territory funded government programs. That is the area that concerns me, because in the past, there has been *ad hoc* approaches, no one has really sat down. For the first time, ATSIC in terms of that Building a Better Barkly thing, is only the beginning, but it is working with other service providers, other government funding providers. It is the only way to stop a lot of the duplication that goes on.

I will give you a good example, because you have Territory Health that operates 100 km outside of Tennant Creek, and then you have Congress that does 100 km. So, you have Congress going out 100 km to provide a health service and coming back; and you have Territory Health going past that same community, going out 300 km. I would not really call that proper utilisation of dollar resources. That is the sort of thing that - I just use health as an example but you can do it in the alcohol program as well, right across.

Ms FRY: We have had a lot of discussions too. Looking at it from a community's perspective, they sit there and a lot of government agencies and non-government agencies and people come to visit, and discuss their core business. There needs to be a big focus on communities developing community plans, and then government agencies seeing how they can support the community in achieving their aspirations, instead of government agencies coming in with tailor made programs and trying to fit them to different communities. It is more about the community determining their direction, they work out what they want to do, and the government agencies supporting them to implement and achieve their plan. That is where ATSIC has a big role in getting lots of agencies to work with communities as well, and to get communities saying: 'We want to rationalise what is happening out here'. They do not just have to put up with the way service is delivered and the way people consult.

Madam CHAIR: Thank you for coming.

Ms FRY: Thank you. Apologies for being unprepared.

Madam CHAIR: Edward Winter, who has been waiting for some time, from Gurungu Council. Welcome.

Mr WINTER: That is all right. Thank you very much. I am Edward Winter. I am the CEO for Gurungu Council, Aboriginal Corporation, of Elliott, and also the President of the Town Council of Elliott.

It does annoy me slightly to think that what has happened in the past with Elliott keeps being brought up all the time. I look at the future; I do not keep looking at the past. I have good news from Elliott; not bad news all the time. Our crime rate has gone down 10%, which we are very pleased about. We have an extremely active Night Patrol, and they work very closely with the police in Elliott. There are three police in Elliott, one of whom is Aboriginal. We have a really good relationship with them. Together we manage to make sure that arrests are kept to a minimum, and people are taken home in a safe condition.

There is an alcohol problem in Elliott just as there is in many other towns, which we are trying to combat. As far as the other abusive drugs go, there is very minimal use of marijuana, there is very minimal use of inhalants. Just because two girls go around with a can of spray, that does not mean to say the whole town is doing it. There is no use of hard drugs whatsoever that I have found - or any other person has found - in Elliott. So, Elliott is on the way up.

We have a lot of resources that have gone into Elliott over the past 18 months. We look after three outstations - 630 residents, 97% of whom are Aboriginal. We have a school, a clinic, an environmental health worker, a CDEP setting of 100 participants, which at the moment is 80%. We have four service stations there, a post office, a caravan park and a radio station which has just been installed with the assistance of ATSIC and CAAMA. There is one hotel and one other liquor outlet.

There was reference made before in regards to liquor restrictions. This was instigated by Lloyd, as you said before, but the survey was instigated by Gurungu Council. They are the ones who requested the survey. The survey was done and out of that survey came the restrictions, which are: a six-pack only is to be purchased by one adult, and there are no six-packs or take-aways sold on Sundays.

Mr McADAM: Per outlet.

Mr WINTER: That is correct, yes, per outlet; only having the two outlets there. There is no purchase of hard liquor. That is what is happening in Elliott. That also applies to tourists. It is not just applying to Aboriginal people or any other people there, it is applying to everybody.

Madam CHAIR: Everybody.

Mr WINTER: So, whoever comes into the town, they cannot just go ahead and buy a carton for somebody else, that is the liquor restrictions at the moment.

Ms CARTER: So are you saying that you cannot, for example, buy rum in Elliott?

Mr WINTER: No, that is it, period.

Mr KIELY: Where is the nearest outlet to Elliott?

Mr McADAM: Dunmarra.

Mr WINTER: Dunmarra would be the next place to go.

Mr KIELY: Dunmarra – that is about an hour, isn't it?

Mr WINTER: Sorry?

Mr KIELY: It is about an hour away?

Mr WINTER: Yes, that is the next outlet.

This year we are looking at also having a safe house established at Elliott. We have the house; we just have to renovate the house. The reason being is because there is some domestic violence that we need to curb - mainly through alcohol - and we need to isolate some people where they can be assisted. Instead of them having to leave town or just suffer, they can have a place of respite, so we can assist them in that way. We hope to get some assistance from other departments, where they can come in and do some counselling and those type of things.

Getting back to our Night Patrol. It is a very strong Night Patrol. We have tried to make sure that the members who are on the Night Patrol are well respected in the community. That is one of the keys: to have some very strong members of the community on that Night Patrol. In that way, the people they are trying to help are more likely to get some help themselves, and they can be dealt with as necessary.

We tried to stop the family arguments spreading, getting bigger and causing more problems to the point where someone is arrested, by having the disputes taken care of locally. They can have a meeting next day and sort their problems out and get it through that way rather than go through the police. There is minimal police interjection at the moment, which is quite good for Elliott. It is only as a last resort that we have to bring the police in.

We have a women's centre which enables them to have after-school care and holiday programs, which they are having right at this very moment. That also occupies the children and some of the adults, so they can supervise them. They have regular discos and things that keep the people busy; it keeps them occupied. Without these things going on, they would be getting into trouble; they would be causing some other problems.

We have a program for the juvenile intervention, which is not long started, but we do not have any clients yet. That is a good too because there are no children, at this stage, under our care that require juvenile intervention. The last problem we had was about two or three weeks ago when some kids were throwing stones and broke some windows, but that is it. It has been very good there at the moment, so we just hope it stays that way.

We have a sports and recreation officer employed by the town council. That person is employed by the town council and she does a good job. She is out there of an evening. At night time, instead of the kids just roaming the streets, they are occupied playing basketball and other entertainment discos and things, as I said before. She is dealing with that, and that seems to take the edge off the problems as well.

We have two local bands – one is gospel and one has been up here in Tennant Creek already. They performed up here without any problem whatsoever.

Mr McADAM: They were in Borroloola last week.

Mr WINTER: Yes, they were in Borroloola last week, and I think in a couple of weeks time they are going to Hodgson Downs. So they are getting around a bit too.

The Elliott Hawks football team is up and running, and they will again be in the match this year. These are all things that keep people occupied and keep them busy. That is one of the key things to do, a very important part.

We do not have any petrol sniffing that I am aware of. I have contacted the police to ask them; there is just nothing happening in that sort of area that I am aware of. The police would

have told me if there was. All in all, at the moment Elliott is in good condition, and I hope it stays that way.

We believe that education in drugs and alcohol - not just for the Education Department, but for the whole community - is needed. For people to visit Elliott and other communities as well to explain - say have movies, just get down to the grassroots of things for people in a simple way that can be understood without any technical information, because don't forget a lot of people are not so fortunate and they cannot read and write. It is no good having all your flashy things up on the board if you cannot read them. It is getting someone to explain to them some basic information, a basic kit perhaps, they can all understand. This is sometimes forgotten because a lot of people do not have the education standard.

Of course, cooperation with the police and other agencies is of utmost importance; that we all get on and do the right job with the right people; and keeping people busy. That is basically what is going on in Elliott for the moment. So, it is good news from there.

Madam CHAIR: It is a great, positive story. I will start from the end. Mr Kiely.

Mr KIELY: A couple of questions, Edward. What are employment opportunities like?

Mr WINTER: Zero. There is not – well, when I say zero ...

Mr KIELY: So you have CDEP, but I mean external ...

Mr WINTER: Fortunately, the Gurungu Corporation owns the Ampol Roadhouse. We are able to employ some people there; there are about three men and one female employed at the moment - Aboriginal people. So, it is great we can do that. As far as the Town Council goes, there are two employed there. One has just retired so we are left with two at the moment. Other places in town: there is only one at the post office who has just been recently employed. Apart from that, that's it.

Mr KIELY: So, the money coming into town from passing trade, I suppose from the ...

Mr WINTER: Yes, three-quarters of it goes to the other service stations.

Mr KIELY: Yes, and the money from, how much of a government worker's presence, just trying to get handle on how much money comes into the town and how much money stays in the town?

Mr WINTER: Because we have our own Ampol workshop and our own mechanic there, that money stays with us within the community whereas before the money was just going out to outsiders.

Mr KIELY: The money from the other traders is?

Mr WINTER: The hotel, the other service stations, road houses in town, that money just goes to them.

Mr KIELY: So, your predominant income in town for people is welfare money.

Mr WINTER: The ATSIC money and welfare money, yes. CDEP, ATSIC and welfare.

Ms CARTER: Edward, what is their education system resources in Elliot?

Mr WINTER: There's a very good school there. Approximately 80% of children attend the school.

Ms CARTER: And what years does it range?

Mr WINTER: They have the whole range, because it's all together in one school and they're not separate.

Ms CARTER: So a child who is 16 can still go to school there? Does it cover the whole high school?

Mr WINTER: Yes, it does.

Mr WOOD: I was a bit disappointed, you forgot something - the golf course. Is it not going anymore?

Mr WINTER: It's still going, yes.

Mr WOOD: Every time I went through there, I was told I had to stop and have a game.

Mr WINTER: One of those things that ...

Mr WOOD: Is the poultry farm still going? I should ask you if my egg grader is still there because I sold some years ago.

Mr WINTER: We have a golf course.

Mr WOOD: The question I was going to ask about CDEP was, you say that 80% of people are in CDEP.

Mr WINTER: Yes. It depends, I mean there's such a flow of moving in and out we have a ceiling of 92 participants and we have 85 at the moment. It just depends on transient population.

Mr WOOD: There's a letter in yesterday's paper from Nauiyu Nambiyu talking about CDEP. You have some people who still collect their unemployment but don't work CDEP.

Mr WINTER: Yes.

Mr WOOD: That's good.

Dr LIM: My question relates to the alcohol restrictions you have in Elliot. Do you know how long it's been going on altogether now?

Mr WINTER: I have only been at Elliot for 18 months, and the restrictions before were not severe. We undertook a survey, hence, came about the extra restrictions.

Dr LIM: Over the period that the restrictions have been in place, has there been any indication that the alcohol consumption in Elliot is generally decreasing or staying about the same?

Mr WINTER: It would have decreased because a simple fact is that the amount of money the people were receiving was reduced from CDEP, the hours were reduced, so in doing that it also brought down the amount of alcohol they could purchase because they didn't have the money to buy it, simple as that.

Dr LIM: Okay, so you are making the assumption that because the ...

Mr WINTER: If you get \$100 a week and you're buying your grog with it, and the next week you are getting \$50, obviously consumption is going to go down.

Dr LIM: So, you're making the assumption that the disposable income has decreased in Elliott therefore alcohol consumption should decrease.

Mr WINTER: Yes.

Dr LIM: Has there been any, I mean there should be some statistics somewhere.

Mr WINTER: The police would have those statistics.

Dr LIM: The total amount of alcohol consumption has decreased as the result of the ongoing restrictions, I mean, comparing to when it was first introduced, I am certain there would be a reduction from with pre-introduction and post-introduction of the restrictions, but has the reduction continued to go to be significant or not, or is it at that same level?

Mr WINTER: Well, I can only go by the statistics from the police in regards to the percentage of crime rate has dropped. As far as the hotel giving me information, it's up to them to volunteer the information.

Madam CHAIR: But that's information that we could get from the Licensing Commission in terms of, yes, we can get that.

Mr WINTER: I mean, I can't just walk up to the hotel and say, hey, tell me what you sold last year because they probably wouldn't tell me.

Dr LIM: When was the last time any review was done on Elliott's alcohol restrictions?

Mr WINTER: Four months ago.

Dr LIM: And that review, was that any assessment of the alcohol consumed?

Mr WINTER: No, we suggested that we have a survey. It was rather difficult to work out how we were going to find out who wanted what, so I suggested that we have a survey to find out. The survey was done, the answers came back from the survey, and from the survey the alcohol commission gave their reply and that was it. So to make it fair, even the tourists can't just walk in and buy cartons. It is across the board.

Mr KIELY: Edward, you were saying that you are working with the police and that you've got a reduction in the crime rate, anecdotal, I suppose, now which is a dreadful way to go, but do you have any of the other community members, were they getting any out of town centres? Where you might not be seeing the problem in town, you see them come down here for ...

Mr WINTER: Whatever community it is, I'm sure there's ways around things to go out and acquire alcohol.

Mr KIELY: So its not happening here?

Mr WINTER: Not that I'm aware of because, after putting things in place I'm advised if one of our vehicles is out there for instance, what they do with their own private vehicles, of course, is up to them, up to the people who are going out there, but all I know is that our vehicles don't get involved in that because I know where they are.

Mr McADAM: You are the CEO of the Gurungu Council, which is Aboriginal Association Incorporated, is that right?

Mr WINTER: Yes.

Mr McADAM: And you're also chair, president of the Elliot Local Government Council?

Mr WINTER: Yes.

Mr McADAM: That must augur well for the future in terms of bringing the two bodies, not necessarily closer together, but ensuring that, for example, duplication, there is a better use of resources.

Mr WINTER: Yes, of course. That's one of the ideas behind that, it's up to the people to decide that of course, and I see my role as doing the best for the community as a whole regardless of if it's town council or Gurungu Council, it doesn't matter, the thing is that the community must benefit.

Mr McADAM: And the majority on the Elliott District Council are Indigenous?

Mr WINTER: That's correct, yes. There are seven members of the council and five positions are now Aboriginal in the town council. And we have 12 members of the Gurungu Council who are all Aboriginal.

Madam CHAIR: Just one more.

Mr WOOD: I was just going to ask, can you see a day when they are together as one council?

Mr WINTER: I can see one day that one or the other will be dissolved into one, so, yes. At the end of the day, as I said, there's 97% population of Aboriginal people in Elliott. I mean, it's only a matter of time before the town is Aboriginal.

Dr LIM: Can you explain how a person who has been only in the town for 18 months, be elected into the president of the town council and Gurungu Council.

Mr WINTER: I get things done and the people can see this. The community is growing well.

Madam CHAIR: Okay, thanks a lot Edward.

Welcome to Joe Carter. I must apologise; we were going to take some evidence from the ladies at Ali Curung but I don't think they have turned up and we haven't heard. So, Joe Carter, Pat, Valda.

Mr CARTER: Thank you, Madam Chair, and committee members for this opportunity. I am Joe Carter. I am the General Manager of Julalikari Council Aboriginal Organisation. Pat Brahim, who is the Chairperson of Julalikari Buramana, which is an outstation resource centre as part of Julalikari and Valda Shannon, who is a council member of Julalikari Council. First of all I'd like Pat to start off and give a talk first, and Valda.

Ms SHANNON: I'll start off. [speaking in language]

What I said there: we are still talking about problems, the issues, and our people do not seem to be involved in a lot of the stuff that is going on - discussions, the planning. We feel to be left aside and there are a lot of indigenous people in this community who see this town as a whitefella town. That is all.

Ms BRAHIM: I will just carry on to that. I was at a land council meeting the other day, and the things that people were actually talking about was having a separate sporting facilities. They wanted to look at Little Athletics; they wanted to have family days. They wanted a different supermarket; they wanted to have a different recreation hall; and they wanted an Aboriginal school.

So, you have to ask the question: are we really involved in the process of actually making decisions that are affecting our kids today and affecting our people today? So, one of the processes, I suppose, we looked at is the – I will go back to, in my role as the Chairperson of the Julalikari Buramana Aboriginal Resource Centre is that we are responsible for the services to the outstations that are attached to Julalikari. They cover an area of 340 000 km². We have 32 outstations that are attached to that, and about 580-odd people who live out in those communities. There are 108 positions that are attached to CDEP. So you have about 400-odd people who are still probably dependent on welfare payments. Of the 108 CDEP positions, there is expectations that they will actually take on some of the community development roles. With the allocations of the resource centre, we have four people who are employed to provide a service to all those outstations. We have two essential service officers who take on power, water and the sewerage. We do not get funded for that because ATSIC only, under the CHIP funding and plus the CDEP, yet we have the expectations of providing that service to our people out in the communities.

So, probably earlier on in this year we just had a breakdown of bores. I think there were about eight bores that went down. We did not have the funding to fix them, and then we had to look at ways of actually working through those sorts of things.

Part of the things at these outstations is that, during the Wet Season, we have an influx because the roads are not any good so they come into town. They are in town, probably for about two or three months. They have access to the lifestyles of Tennant Creek - the alcohol, the fighting, all those sorts of things. What they are actually saying is: 'Well, if you fix the roads, then we won't have to come into town so much, and we'll actually look at managing our lives better out in the community'.

We have started a process of actually putting community development plans in each of these outstations. They are still in the draft form. There is a lot of the capacity building, I suppose, with the community people. They still understand that it is about them managing their own lives. But, how do we help them, say from a resource centre, to do that?

In the short term, I suppose, what we probably need to look at is how do we accommodate the people that need to come into town during the Wet Season? So, if they are going to come into town, managing the access to alcohol. They don't drink most of the year, and they come in and it is like the binge drinking that a lot of them actually talked about earlier. With the binge drinking comes domestic violence, as with all those other things that come with that.

We could say that is in the role as the Chairperson of the organisation. But, then again, as a member of the Warumungu people for Tennant Creek, both Valda and myself are actually involved with a lot of the other organisations as well. We hear a lot of things coming from people. So, all the things that have been talked about today, we are fine, we are not part of the process. We need to be included somewhere along the line. If you want to make change, then the inclusion part needs to be there.

The other part was earlier on they talked about the protocols with the traditional elders. That is something that we have to own. Town council can't own that. We have been doing that, probably for the last six months. But the elders need to do that, so all we are doing is actually working with them to do that. I do not know how long it is going to take, but we have shown them the protocols that have been set in place for the Larrakia Nation; we have looked at the Four Corners that have been set up for Alice Springs. But, for our lot they need to look at what is going to be suitable for them.

We have had a few deaths in the last few months, or even years - like the elders - so that gets harder, the process gets harder because of that. So, I'm finished.

Dr LIM: I suppose the question that I had earlier when I asked about outcomes. That is well and good to have programs and feel good about delivering the programs, but if the programs are

not achieving grassroots outcome, really the programs are not doing anything at all. What process can Julalikari facilitate to ensure that you have not only know involvement of programs, some that will see involvement in developing and delivering programs yourself so that you can get some real outcomes?

Mrs BRAHIM: Working from the outstation part, Joe might be able to fill you in for Julalikari. But from the outstation with the community development plans, it is actually working with the communities to look at just running through a process of saying: 'Well, where would you want to be in two years? What are some of the things that you see?' So, part of it, we had a strategic planning officer. The funding went for that, so now our four staff members are actually carrying that, and working with those individual communities to start looking; and then bringing in other players so that we, the staff there, facilitate that process. So that you are developing people's access, I suppose. You have a government worker here – take them out, they need to be involved with that.

So, the outcome at the end of the day is that the individual or the community people are going to know that they can go somewhere else to get the service where, somebody is responsible. We need to make those agencies accountable for the services that need to go to the community. And because of the past dependency that has been created in coming into resource centres, everyone says: 'You can go there, you can do that, like any black organisation, it is the same thing. ATSIC it's the same, go to ATSIC'. It is about educating the wider community about their responsibility, instead of saying: 'Well that is a black organisation, you go there'. So, it is about a paradigm shift for a lot of people, yet the expectation is that Aboriginal people carry that. We need to educate the wider community about their responsibilities. It is a paradigm shift for them, not for us; we know where we are. So, when you are looking at outcomes, it has to come from that way so that they know what their responsibilities are.

Dr LIM: You are speaking to the converted, but thanks a lot. I asked the question to try and prompt a response.

Mr CARTER: Relatively the same as what Pat is saying. It comes from the community itself and we are actually in the process now, because of our loss of our last JobNet contract, we had to look at other means of support. We need to have the community involved in that council also. So, that process is in place now and we are continually looking at new processes that we need to put in place to enable us to provide the best services to the communities.

Mr McADAM: I just want to ask one question. What is stopping you from setting up your own shop?

Ms BRAHIM: Nothing at the moment. Money, I suppose, and just being able to do that. What we, say this is coming from the Warumungu people, as part of that. So, we have actually, with land councils, started talking about that sort of stuff: 'What do we need to do'. We have to look at skilled people, we need all those sorts of things. To set it up without going through all those sorts of processes, you set yourself up to fail. So, you have to go through all that building stuff first.

Mr McADAM: And the other question is: you might have been here when I talked about the delivery of services to communities in the bush. When is the last time indigenous organisations were reviewed, in terms of their performance to communities in the bush?

Ms BRAHIM: Julalikari and Buramana got cut \$65 000 last financial year in the funding that we had. This is why we have ended up with four people. So that we could actually start to target the services better, and it is the way that we actually set procedures in place about the community development plan, looking at the corporate strategies of what the organisation is. Out of that set-up over the last 12 months, you actually start to recognise that you have not got enough money to do those sorts of things. So, how do we make the other agencies accountable for those services?

Ms FRY: [inaudible] and efficiency and effectiveness [inaudible] probably a good year. Efficiency and effectiveness will be of the resource centre, for the last year – we were in partnership with ...

Mr McADAM: So, I will ask Buramana another question. What is your staffing numbers now?

Ms BRAHIM: We have four paid workers.

Mr McADAM: And how many did you have two years ago?

Ms BRAHIM: Seven.

Mr McADAM: And what has happened?

Ms BRAHIM: What do you mean: what has happened?

Mr McADAM: Why have we gone from seven to four?

Ms BRAHIM: Because of the efficiency and ...

Mr McADAM: So that is what the purpose of the efficiency review was?

Ms BRAHIM: So that the funding can actually start to be targeted to meet the needs of the people on the ground. So if you keep paying for ...

Mr McADAM: So there has been an increase into the bush communities, is what I am saying, in terms of what?

Ms BRAHIM: Increase in – explain yourself to me.

Mr McADAM: What I am saying is – I am playing the devil's advocate here, right ...

Ms BRAHIM: Yes.

Mr McADAM: ... because I have written to ATSIC about this, and I have written to other indigenous organisations about this. I have also written in regard to some of the government – I am talking about NT government departments. I believe we are not getting full value.

Ms BRAHIM: That is right.

Mr McADAM: I am talking about people in the bush. It is time for us to be honest with each other and say: 'How can we ensure that we maximise the provision of services to communities out in the bush?' Right? What I am saying is – Kathryn just talked about some sort of efficiency, some sort of review of the stuff.

You had seven staff two years ago, and you have four now. Communities remain the same, if you know what I mean. We have had issues about power and water and yet we talked about efficiencies. So, the point I am trying to make is: we are down from seven to four, and the services out to the bush communities – I am not just saying Buramana by the way, or Congress, I am talking about government departments too. So, we have decreased staffing numbers. Has there been more money going out to the bush?

Ms BRAHIM: When you are looking at the actual ...

Mr McADAM: Because I doubt it. I think it is a decrease.

Mr KIELY: So, you are saying with a program of \$500 000 and you have \$250 000 going in wages. Now, if only \$100 000 is going in wages, for argument sake, is the gap monies making it out to the community in terms of program delivery? Is program delivery being made up to ...

Ms BRAHIM: No.

Mr McADAM: I know it is not, because our government cut \$180 000 to your power and water. Marlinja had the same issue.

Ms BRAHIM: Power and water, road, so when you are looking at these ...

Mr McADAM: You will love that one, Richard.

Ms BRAHIM: ... the essential services in our outstations has actually been cut. So, our roads – I forget how many kilometres of roads to our outstations that we do not even get covered for in that 12-month period. PowerWater do not provide a service to any of the outstations. We have two essential service officers who are doing quick fixes and, when it comes to sewerage, they go and do all the work. So, in actual fact, the essential services officers or the project officers we have attached to Buramana do a lot of the work that the NT government agencies are responsible for.

Mr WOOD: Can I just ask you a question? I know we are slightly off the subject, but wasn't the Department of Local Government the provider of essential services on outstations?

Mr McADAM: Only roads.

Ms BRAHIM: Only roads.

Mr WOOD: Yes, but I thought that was funded ...

Madam CHAIR: This has been an issue – this just did not come two years ago or something either. This has been an ongoing issue for some time. Local Government does not. PowerWater provides essential services to the main community – like Tennant Creek. But, in terms of outstations, there is no responsibility.

Mr WOOD: Didn't PowerWater give them a grant, or the government give them a grant to cover that, through Local Government?

Ms BRAHIM: On paper there was.

Mr WOOD: On paper there was?

Ms BRAHIM: Only on paper. So, when we went to ask, then there is no real money. When you are looking at those sorts of things as in, if we do not have the services at the community, naturally, you are going to have an influx of people into town. With that, comes the social behaviour and the overcrowding houses, all those sorts of things.

Madam CHAIR: That is when you have the movement in.

Ms BRAHIM: ... instead of people moving back to the community ...

Mr KIELY: Taking you back to the substance abuse issue, you are saying that the roads – if you get that infrastructure which was better – I assume that you are saying people come and do their business in town, but then they will have the ability to get back out; that they would not necessarily have to come in ...

Mr CARTER: It gives them access in and out. Once you come in after it has rained, you cannot go back out, so you are stuck in town for so many months. As it is now, it is three months or something that you will be in town because of the road conditions.

Mr KIELY: So, is the options facing us as a community to provide these facilities in town for those three months, in certain programs, or to channel that money into better road structure or infrastructure ...

Madam CHAIR: In communities.

Mr KIELY: ... because they are the basic two options that you are presenting?

Ms BRAHIM: If I can answer, the discussions that I have had with the people who live on the outstations who, if the roads cannot be upgraded, then if there is emergency accommodation in town that they could actually have access to, over the two to three months period. This is mainly not only for during the Wet Season, but when you have people who are ill and those sorts of things. We just do not have places where people can go and stay. So that is why they go and stay with family, and then you have your overcrowding, you have the alcohol and all those sorts of things. Like, it is a catch 22. If you do not do this, then all these other things are going to happen. And alcohol abuse, domestic violence, those sorts of things, is how it comes.

Mr KIELY: So, you would probably get the same amount of dollars for in the town without the attendant social issues?

Ms BRAHIM: Maybe, I cannot tell you.

Madam CHAIR: Pat, in terms of some of your outstations, are all the outstations that the resource centre looks after, are they all dry areas?

Ms BRAHIM: Yes.

Dr LIM: The roads to the outstations are funded through Local Government?

Ms BRAHIM: Local Government.

Dr LIM: And the money comes back apparently from the federal government into the community council? That was as a result of the changing policy, where previously it was money provided by the federal government to the Territory government and the Territory government would identify which roads needed to be repaired. Now, small amounts of money are going to each community council and that amount of money is insufficient to do anything real?

Mr CARTER: They used to.

Dr LIM: Hence the roads are not being repaired, whereas money has already been delivered by the funding bodies to the relevant authorities – and the authority being the community councils. So, therein lies the problem. The money has been given – not enough per community to fix up a road – but then, who else has to pick up the responsibility? That is the difficulty. Well, under the CLP, there was a partnership program being promulgated between Local Government and community councils to try and draw in the other agencies, so that they will pool the money adequately – for instance, the use of power – to make sure that PAWA actually provided real money.

What happens currently is that PowerWater would say it delivers electricity into Tennant Creek at \$1 per person per year. Therefore, you have five people in the community, you would get \$5 for your five people per year. You say: 'What can I do with \$5?' But that is how PowerWater translate unit costs into a community.

What the Local Government under my department was doing was trying to ensure that PAWA is told you have to fund that particular community for five people or 50 people in real terms – how much it costs to deliver electricity to those people. No, I am asking now ...

Mr McADAM: Well, seeing that you were minister ...

Dr LIM: ... has that partnership been progressed to ensure that communities are adequately resourced under the auspices of Local Government?

Mr McADAM: Which communities are you referring to?

Ms BRAHIM: Can I respond? I came into, as a Chairperson of Buramana, about three years ago. So that was when your previous government was in. So, with the money that was actually allocated to our resource centre, we were still probably about 280 km short in what was going. The actual upgrade of roads was just a straight cut, so in a lot of places you had rivers. So, when you are looking at benefits for community, then I think there was more damage than in the way that things were done, because it was just a straight cut.

What we are looking at and working with the Local Government now, is to actually have it so that it becomes more formed, so it becomes more all-weather. And if we can keep people out in communities and develop their communities and work towards sustainability, then people come into town on choice. At the moment, there is no choice. They have to come into town, and access the services that are here. They get mixed up with all the other stuff; they do not have a choice. That is where we have a lot of the social behaviour problems.

Ms SHANNON: There are a couple of other things I want to raise, one to do with - we were talking about our families being affected by alcohol and drugs, but what about this other issue, about the taxi drivers and the bush bus? They hold a lot of key cards of our people and take a lot of their money, just to give them a little bit back, a little bit of money back, about \$20 a fortnight to live on.

Madam CHAIR: So they are actually holding the cards?

Ms SHANNON: They are holding the cards. The other one is Night Patrol to be paid a lot better than what they are getting now. I have been raising this and talking about this for many years, because they do a lot of good work to help the police and make the job easier for the police.

Mr McADAM: Can I just respond to those, because I am very familiar with both of them. The taxi driver in this town holds approximately 55 cards - approximately; they vary. Some people come into my office and ask for cards because he won't give them back. The only way to get the cards back is to advise the bank that people have lost their cards, which means that they cancel the card and they get a new card and they have a new pin number. So that is one of the most effective ways in terms of dealing with this. Marion and Len might be able to elaborate a little bit more - but I do know, particularly in relation to alcohol sales, that there will be legislation, as I understand it, it already has or is about to be, which will prevent the taxi driver to tick-up in respect to grog sales.

I honestly believe that - this is my own personal point of view; it's not a government point of view - but I honestly believe that in certain circumstances, it is the choice of the individual, in terms of whether they hand over their card. But the bottom line is, that I believe that should be illegal too, any form of tick-up. I just think it is a continuation of the welfare system and I believe that that should not occur. There would be another lot of indigenous people who will say it should happen – it is their choice. So those things have been done in terms of - well, are about to be done.

The other one, the Night Patrol, and I agree with you 100%. Last year there was an extra \$78 000 for top-up money given to Night Patrol. You may argue that is not sufficient enough but \$78 000 was allocated by our government to Julalikari Night Patrol. I think there are other options available for the Night Patrol as well, in terms of trying to secure extra money. I honestly believe that one of the real opportunities exist for Night Patrol, you know, is this Tennant Creek Youth Initiative and Safe the Community Strategy. There is a lot of money around the place which can be accessed. But I have to be straight, I have to be honest, because there is no point in not being so. But there are some indigenous organisations who are not participating. Now, it is no use saying, 'Them' and 'Us'. We can do that till we are black in the face or we are white in the face, when we talk about 'Them' and 'Us'. You either jump on board or you go off in another direction. If we go off in another direction, we will never maximise all the dollars that come into this town.

You heard me say before to the schools - because I will give you an example. I will be straight here again. A lot of money comes here for sports and recreation programs, you know, CDU - not necessarily straight sport and rec but I am talking about youth-type programs - and what does everyone work? Eight to four. So who is it that is at fault here? I am just being honest and as straight as I can be. I think it is a two-way street. I am urging people to jump in together and to try to deal with this, because, if we don't, you know - you know what I am trying say? I am not trying to be smart. I am just trying to be honest here.

Ms BRAHIM: Can I respond to what you're saying?

Mr McADAM: Yes.

Ms BRAHIM: The Community Safe strategy, the program is fine. Okay, I was part of that process, but the whole thing that was - and why I have actually stepped back from it - was going in the wrong direction for me as an Aboriginal person. So I had to go back and do things, working with Aboriginal people on a different level. We have to do the capacity building, people to understand what is actually going on over here. We can't move along in this direction; they don't understand that. If we can't bring people along, then the money is not worth it. We will never ever change, so we need to bring people along. This is the paradigm shift that people have to go through and until they go through that paradigm shift nothing will change in this place.

Dr LIM: Here, here. May I ask? Why do people surrender their key cards to people who are not relatives? Why do they surrender them? I would never give my key card to my daughter. Why do people do that?

Ms KINRAID: Can I answer that, Richard? As the [inaudible] can I tell you that the taxi driver is not the only place in this town to hold key cards of Aboriginal people, but some Aboriginal people it is a means of living from day to day for normal food, rent and power in this town.

Dr LIM: But it does not answer the question. Why do people surrender their key card to somebody else?

Mr McADAM: Because it is their individual choice.

Dr LIM: No, no. I am asking. Can you explain to me?

Ms SHANNON: Maybe because they have known the taxi driver for a while and, you know, put their relationship ...

Dr LIM: And they trust him.

Ms SHANNON: Yes, they trust.

Dr LIM: Yes. So, if the person trusted the taxi driver with the key card, why are we saying that should not happen? Is the taxi driver cheating the person?

Ms SHANNON: Yes.

Dr LIM: Yes. Okay. All right. Okay. In Alice Springs - using Alice Springs as an example - the Tangentyere Council actually has a client advocate in a person who actually tries to help Aboriginal people deal with their budget, their finances, to ensure that nobody surrenders their key card to a third party. Now, does the Julalikari Council try ...

Mr CARTER: It's also a matter of survival too, for some of the people, because of the book-up system and all that. People are held to ransom because of that.

Dr LIM: Yes, I understand. I understand that. But if there was a system to assist the person to budget out of their debt and at the same time get back the key card, would that be a way to prevent that happening?

Mr CARTER: Possibly.

Ms SHANNON: Yes, that should be something that we can do.

Dr LIM: That is the paradigm we should be taking about. I mean, I agree with you. Without a paradigm shift we can do this for another two hundred years and we will still be in the same place.

Madam CHAIR: One more, because I'm conscious of time.

Mr CARTER: I've just got a few positive things to say actually. I am not too sure at the moment if all the committee members are aware that Julalikari Council has been a great supporter and a mover and shaker in alcohol restrictions in Tennant Creek and it was actually driven by the community members, asking the council go out and fight for them because of the abuse and domestic violence that was happening in the communities. That process started back in 1994 and Julalikari has actually been the driving force behind that, and with the council members pushing the council itself. We have had a review about three times on the restrictions and all those times it has been successful. So there is a positive side to that.

A lot of the stakeholders in Julalikari have been very supportive in our endeavours, I suppose, but it is a bit disheartening when you get one of the major stakeholders in town actually not opposing a new licence or a new outlet, but we will live with that, because the outcome was positive. One the largest stakeholders in town did not support Julalikari in the alcohol restrictions but the outcome was positive for us so we will live with that.

Also, Julalikari has pushed the issue in regards to other substances, like metho, aeroplane glue and speaking to the outlets and the outcome of that, is that metho and aeroplane glue has actually gone under counters. So that has been a success also. Also pushing the quota limits on the fortified wines, and stuff like that, so it has been a big pay out. Also, it was mentioned earlier about the deposit bottles and the recycling and that has been on Julalikari's agenda for some time too although not as successful as the others.

The council members actually, when you look at the strengthening of those views, are in the process now of putting up 'no alcohol' signs around the Julalikari managed communities. Also the council are a lot more active, I suppose, in the process.

Ms BRAHIM: Just through the housing committee with Julalikari. Part of the homemakers got training programs that look at budgeting, look at managing money, all those sorts of things. So, that response to what you were talking about, like there are other players who are responsible for those services as well, and we need to include them in that process.

Madam CHAIR: It is always good to finish in a positive note. I urge you stay for the round table discussions, because there are some hard questions that are coming from this committee, because we have to get to the crux of the problems with alcohol and stuff in the town - issues of restriction, policing and a number of things that we need to go on with. Thank you, but please stay.

I would just quickly invite Greg Marlow from the Chamber of Commerce, if he is there, to come up. Then we will go into the round table.

Mr MARLOW: Greg Marlow on behalf of the Northern Territory Chamber of Commerce, Barkly Region.

I have already handed in the written presentation. Also, it is on disk as well, so you have that available to you. But, I will read out what I had written down.

The Chamber is made up of members who are small and large businesses, including licensed premises and tourist operators, and also Aboriginal organisations. We market ourselves as the voice of Territory business. Some of this might be a bit obvious; it might be just simplistic, but it is there anyway.

Substance abuse can lead to drunkenness from alcohol or intoxication from other substances; disorderly behaviour; littering; property damage; assaults or abuse; and lower employee performance through absenteeism; workplace abuse; and lower productivity. The effects of substance abuse can be seen within public places such as shops, the main street and parks, within places of work, damage to businesses and residential premises, and it creates a bad image for tourists and residents, degrading the outlook for business people and residents as well.

To give examples. The tourists do not want to see chicken wire on the windows of business premises or security screens on houses; they do not want to see windows boarded up or broken; they do not want to see drunks lying around on footpaths or in the parks; they do not appreciate being humbugged. So, they do not stay and they pass the word on to others in their travels, who also do not want to stay, and they do not want to have a look around the town. Any advertising campaign put forward by the NT Tourist Commission or the Regional Tourist Association is, therefore, negated.

Business people incur costs to repair damage to their properties, they recruit staff to town, because the ones within town may not be suitable. Those staff may then be subjected to abuse by those affected by substance abuse. Business owners become disenchanted and either close down or sell up to escape the realities of substance abuse.

A second point of view for business is that they should not have to put up with affected customers; neither should their staff. It is no fun having somebody trying to tell you that they want a packet of Winfield Blue, or a carton of VB, or a copy of the 2001 tax assessment when they are drunk, because you cannot understand them.

A third point of view is that of staff being the affected ones - those who have been affected by alcohol or drugs. Where they are the ones turning up to work suffering from the effects, then less work is gained from them. They may become abusive to customers and also to other staff within the workplace. They create a danger to a safe workplace. Such affected employees have slower reaction times when accidents occur; they may not realise that an accident has occurred at all.

Whilst the Chamber consists of members that include licensed premises, we do not support initiatives that are anti-competitive or could reduce their trade. Looking to the future, there are two proposals that we would like to put forward for Tennant Creek. The first is a ban of sale of

port in glass. Earlier through the day, you have heard arguments about glass being, or can be, used as a weapon and of the litter problem around town. Port also has a higher alcohol content than beer or wine, and the abused consumption of port can lead to an increase in antisocial behaviour within the town. Plastic and cardboard containers would reduce dramatically the number and seriousness of injuries.

A second proposal is that we would support an initiative to improve street lighting around the town. This measure will reduce the incidence of vagrancy or loitering. Residents consider the town to have some areas that are unsafe at night - and also during the day, for that matter. On occasions, it is not pleasant to go for a walk down the main street or to visit a restaurant, as an example. Trade from those businesses is affected towards the down side. Talking with members of the local police force, and a review of the statistics, indicate that well-lit areas have a reduced level of crime. The Chamber supports the local police force with their various strategies and we would encourage any move that reduces antisocial behaviour which results from substance abuse. Thank you.

Madam CHAIR: Thank you. Greg, if you don't mind, and we have taken some notes - and thank you for your paper and the disk. Would you mind if we just go through the next lot of presentations and then we have the round table discussions? Then members' questions - notes that they have taken for this and any questions can come up in the round table discussion, if that is okay. I am just conscious of time and that there have been a number of participants waiting for most of the day.

Esther Pearce.

Ms PEARCE: I did not need to make any presentation. I was just going to be involved in the round table.

Madam CHAIR: Round table discussion, okay.

Well, look, we might just have a five minute break and then, if everyone can come together. Sorry, I was just trying to rush through this.

The Committee suspended.

Mr WOOD: This is not a round table, Madam Chair.

Madam CHAIR: Well it's the best we can do, Mr Wood. We can't suit your every need. And look, if I can stress, and especially through this session, that we do go through the Chair and one by one, and that includes members as well of this committee.

Please state your name fully, clearly and as much as possible. I am used to projecting my voice and screaming loudly - I have three children, so it makes it a lot easier to project the voice. So if people can try to - I am a politician, yes, I forgot about that. So, if we can try to talk as loudly as possible and say your name and if everything can come through the Chair. Thank you.

Well, I will start. We have heard quite a few submissions and I thank everybody who has put in, also written submissions, to the committee. There are some that haven't that have been waiting around all day. I thank you for your patience for waiting. This is a major issue. I think the committee is looking at three of the substances - alcohol, petrol sniffing and cannabis. However, alcohol still becomes and is still the major problem in a lot of our centres, including our communities as well so, it's not just in your urban centres. In a lot of the communities where there are wet areas, there are certainly numerous problems. There are problems with infrastructure and service delivery and all the other issues.

Education is a major thing that comes through as quite problematic, that certainly we need to focus our attention on. Mental health is certainly another area – badly under resourced, non-existent in a lot of areas and certainly one that the committee has noted in our interim report. However, having said that, you haven't all come to listen to me ramble on, we've come to listen to you people to tell us and the committee will respond, however, there will be questions, and certainly there are some members who have got responses to Greg's last presentation, so, I will open the floor to further discussions and questions.

Dr LIM: Well we discussed the selling of port in glass, if the Chamber supports it, can I assume therefore that the outlets in town support the policy as well, and if that's the case then that should be easy enough to voluntarily exclude port in glass coming to the town.

Mr MORROW: Basically, I don't see a problem with any licensed premises continuing to trade current volumes, if necessary, so long as it's transferred from glass to another softer container.

Dr LIM: Well, that issue was brought up this morning. The question we had was, will the outlets themselves be prepared to go along with it? If the Chamber is supporting that, am I to assume also that the outlets do support the matter?

Mr KIELY: Prior to the restrictions coming in, was port a drink of choice? I look at my port drinking habits and they are gone these days. No-one I know really, is it the sought after drink that it used to be?

Mr MORROW: Over time, I think the alcohol of choice has changed, or the drink of choice has changed.

Mr KIELY: So port is drunk for effect.

Mr MAGNERY: When the Moselle was taken out, to replace Moselle, and perhaps maybe the Moselle should be in a two litre pack instead of the four litres, it's a safer alternative.

Madam CHAIR: Could I stress again that you say your name please, and the same with other members.

Ms KINRAID: Ms Kinraid. The choice of drink now is a shift from VB beer to the UDL cans, more and more of those are being found out on the streets, along with port bottles now, and many of my clients tell me that they drink that now instead of beer.

Mr KIELY: Len Kiely, as I mentioned before, I was at the AHA conference in Darwin just last week and I hopped into the exhibits. Carlton United have this drink called Hotshot, which is beer with a vodka shot in it, which is 6% proof, comes in a stubby and I think if port has been a problem, wait for that one to get on the shelf.

Dr LIM: My question, to the three respondents to the product substitution. Where does the community draw the line? Do you draw the line, say okay, beer only in this community, nothing else, and do you think that your community would support that sort of sentiment, or do you see it, look we have to identify who the problem drinkers are and isolate the problem drinkers from the products?

Mr MAGNERY: I am Yvon. I think we are notified of the problems, and we have to provide services to those people but we also identify that port has had a bad effect on the drinkers because the violence escalated, and also the glass has been a problem, it is often used as weapon and it's a potent drink and I think as a community, we have to say, I think we have some responsibility and we should say no and I think this community would support it, even the licensed premises would support it, I have no doubt.

Ms APPLEBY: Elly, the school nurse. It's just that the little kids at the primary school actually made up posters to put in the food barn and places like that to ask people to dispose of their bottles appropriately, because they are playing on the oval and getting cut on the glass, so even the kids are supporting this.

Mr WOOD: Gerry. I know we are only dealing with this particular issue, but is it practical for a manufacturer to supply, as was mentioned before, port in plastic bottles for this town.

Mr MORROW: Greg Morrow. Gerry, I think it comes back to economics and volume. There was one licensed premises in town here in previous years which elected to provide wine in two litre casks and that was good; they got whatever sales that they had out of that. There are obviously two litre and four litre casks available elsewhere in Australia. There's no reason why that can't come back to Tennant Creek if it's not already available here. Again, it becomes an economics issue as to whether it's possible or probable for them to provide it in two litre plastic containers. The containers are available, whether it's possible for them to bottle it in plastic containers.

Mr WOOD: What happens in Alice? I thought they had two litre port in Alice. Am I right there, Richard?

Dr LIM: Port is freely available.

Mr WOOD: In a two litre cask?

Dr LIM: I believe you can buy them in two litre casks, yes.

Mr MAGNERY: I am Yvon, again. I would like to address the issue of port again, and I speak of 18 years experience amongst people who are drinking, and also managing intoxication in people, and having seen the detrimental effect that port is having on people and I feel that port should be out. It's quite simple.

Mr KIELY: Len Kiely. I would like to support you on that. If port has come in as a substitute which means you can become intoxicated more quickly after the restrictions, seems to me in this community, we should work as hard as we can and also the business houses should lead the way and take a voluntary stand on no port. That seems pretty clear.

Mr MORROW: Greg Morrow again. I think you obviously have this legislation in place that you shouldn't be serving intoxicated people. You also have this other issue of drinking in moderation. I think it comes down to the individuals. It is also coming down to a supervisory level in that if you can see somebody has gone over the limit and you shouldn't be serving them and shouldn't be providing alcohol to them to go further than they need to. I personally don't have a problem with anyone drinking port but obviously in moderation.

Mr McADAM: Can I just ask Elly a question? Do you say that the school children have written to someone?

Ms APPLEBY: I don't know if they actually wrote to anyone, but I know that the primary school children developed posters to identify the issue of broken glass in their play areas, especially on the oval and places like that, and on the footpaths, it's quite obvious, I mean all of would have seen at one stage or another. And a way for the kids to promote a safe environment in their school, they've developed these posters and put them in public places like the Food Barn, so that people can see what the effect that the broken glass has on their play area.

Mr McADAM: Can I just say something, and I won't say anything any more. I just want to say, because I think it's really important, because what Elly has just said is very basic, it's very simple. It is the school children trying to get a message across to the rest of the community, 'Hey, look, it's unacceptable to go around breaking glass', you know, that sort of stuff. That is

just one strategy. We have talked about court; that is another issue. We have talked about the Tennant Creek Youth Initiative and Safe Community Strategy, in terms of what they are trying to do. We have talked about night patrol. We have talked about protocols. So when you mix all these things together, it is like a jigsaw puzzle, you know what I mean?

You will never get a solution, never ever get one solution to the issues; not in the short term and not in the medium term. But by all of these things being married together, you start to come up with some of the solutions. Like, we always say about all these itinerants, people coming in from the bush, well, I know why a lot of them come from the bush, because there is nothing out there for them, there's nothing. So that is why I am saying to ATSIC and to the NT government, 'Listen. Review what you are doing. See how we can improve the services to communities in the bush'. That is not sending a message to communities, 'Don't come in. We don't want you'. It is a quality of life thing for communities in the bush and it is the same as the protocol stuff, you know. Warramungu people are the TOs of this country. Marion acknowledged that. Wherever we go, we acknowledge that. So times change, if you know what I mean.

Police before used to go out during the footie season to talk to the players, used to talk to the chairperson and Julalikari Council and the police would go out, talk to communities and say, 'Listen. Coaches, chair, TOs, listen, when you send your players in town, eh, these are the sort of things that we expect of you, because it's wrong to come into town and do this', but this was coming from TOs to the bush, if you know what I mean, with the police and with night patrol. I think that's right. That hasn't happened for a while. But it worked. It won't be a 100% solution, but if you marry all these little initiatives that are coming here in Tennant Creek, then we're going to stand half a chance of addressing some of these sort of issues. So, that's what I want to say, because what made me think about that was, because I went to Hall's Creek, and there are posters in the shops which the local businesses will do it with the TOs, the local community council. There is a poster in the takeaway area, 'Have you bought your children food today?'. People might think that is simple stuff, but it 'ain't. It is reinforcing a message, 'Hey, you have a responsibility to your kids too'; that sort of stuff, quite apart from the big stomp, you know. You can't stomp on people all the time. There are certain things you can do.

I agree, that if people are continually getting drunk and causing harm, domestic violence to their families or doing that sort of stuff, then I think those people should be told, 'Hey, sorry, if you're not prepared to do it, three strikes' - I shouldn't use that word - but what I'm saying is, we should be able to say, 'Listen. You really must undertake rehabilitation. Do you want to do that?', 'No'. 'Look, I'm sorry, you're going to have to do it'. You know what I mean? Because you talk about the rights of individuals out there in the community, what about the rights of people here in Tennant Creek and the rights of mothers and fathers and children? That's also a consideration. So that's all I'm saying, and that's why I feel very proud to be associated with all of you in some capacity or another, because all of these little things you're talking about, they all add up and really all it needs is a focussed strategy, and I think the Tennant Creek Youth Initiative and Safe Community Strategy as being one of the drivers with the TOs, critical. We 'aint ever going to solve it but I bet you we're going to get half way there. That's all I wanted to say.

Madam CHAIR: Can I say from the Chair, I think you've just stopped the afternoon.

Ms HILL: Through the Chair, Marion, I think Elliot's hit it right on the head, that if it was more out into the bush, because I know some guys that drive from Aputula - how many ks is that, eight hundred? - just to come here to buy grog, all the time. They leave their families, their young wives, get in a car, five of them pile in a car, they drive over here, drive back again. I think Elliot's hit it right on the head, get it out there, go and do the work, make sure the money's equal, coming through ATSIC, whatever, make sure it's all balanced out, that it goes to the right people, and then the push, if there's enough of it.

Mr KIELY: Through the chair, there's been that program where people are going up to the counter and buying cigarettes, and mum and dad talk about so much money going on smokes

and not enough for tucker, has that sort of program or anything been any good, I'm not just talking about just down there, but running a program like that.

Madam CHAIR: Well, I mean, you look at everything, Mr Keily. I don't think you can say, 'Well, that doesn't work' or 'It's never worked'. I mean, a lot of the time those programs haven't gone out to the bush. They need to be tailored to the needs and to Aboriginal people's language and stuff like that. So that takes a lot of work.

Ms CARTER: No, I'm right. Thanks. Richard?

Dr LIM: Madam Chair, I'd rather hear what you've got to say.

Madam CHAIR: Yvon?

Mr MAGNERY: May I? I'm Yvon, again. If we talk about mandatory treatment, which is beneficial for people, it's been proven, then we need to support the non-government organisations that are providing those services. At present they are under-funded and possibly will disappear if they are not looked at and, therefore, we won't have anyone and, therefore, we'll have to direct people to prison or to - with nothing, no services. So it is very important that I have had the opportunity to mention this to this committee. You have to support non-government organisations that provide those services, strengthen them. They already exist. They need the tools. They need a little bit of dollar, a little bit of staffing, for them to enable to get a very good outcome, and then we'll have a better society, much better for people.

Madam CHAIR: Maybe someone can answer this for me, or someone from Julalikari. What's available in Tennant Creek? When we look at a lot of the grog issues, a lot of the time - and we've heard some stories about young kids drinking - but what about all those ones that aren't drinking, those kids that are, you know, dad or - and in some cases both mum and dad are drinking - or dad's drinking and mum's playing cards and the children are left to defend themselves. I mean, what is there - and there's a big number of our kids who are out there who are falling between this gap and we see this, no-one seems to be picking them up. What's available in Tennant Creek with a lot of these, where do they go to, besides - I mean, families that aren't caught in the trap of drinking or playing cards and then that places more burden on those families.

Ms STEIN: I am Pam Stein. I am a domestic violence counsellor. I think that one of the problems is that we don't have enough services for those kids who do fall through the cracks. We need some way for those kids to learn other behaviours, other than the ones that they've learnt from their parents, which is in relation to substance abuse. Those sort of behaviour modification programs, like Family Support Services and things like that, and parenting programs, we haven't got those here. I fear for those kids, because they are the ones that end up in the juvenile justice system and they're the ones that also create a whole new generation of kids who abuse substances, or already starting to as well. Maybe that's something we need to look at, the cracks in the services in our community.

The other thing is too, I was really impressed by what Elliot and others said. I think that maybe we should look at re-establishing a substance abuse task force within our community. There was a really wonderful enthusiastic community - well, some people anyway, others came on board eventually - that started all the grog restriction in this community. Maybe we need to go back there again and say: 'Okay. We can gather together a whole group of people ...' - like here - and say: 'Okay. What do we need just for our community? Do we need to have some by-laws in this community that are different to everybody else?'. Maybe the council can do those sorts of things. Maybe we should be considering things like Elliot said: three strikes in terms of alcohol-related crime and you have to go into rehab - some of those sorts of things. We need to be a little more creative and a bit more outside of the norm, in terms of - and Tennant Creek has been really excited for that, because we do it in other areas.

Ms SHANNON: This is Valda. I just want to respond to you. A lot of our kids that we have talked about, they are just wandering around; a lot of them are homeless. A lot of our families refer to them as a 'Lost Generation'. They get into trouble; they sleep here and they sleep there; they are all over. There is a group of them that do it. Some are drinking, and they are into alcohol substance abuse. Some, they are not doing that sort of stuff but they still wander around from place to place with nobody really looking after them. A lot of our young people, they get the grandmothers and the grandparents - well, mainly the grandmothers look after them and it is really sad. You know, it is bad.

Madam CHAIR: Say your name.

Ms FRY: Kathy Fry.

Madam CHAIR: Kathy Fry, yes.

Ms FRY: That is it. I just wanted to mention again the group of children Valda has been talking to. There is only one avenue for them in the day time, which is the Community Development Unit run by Anyinginyi Congress, which provides a great service. They pick up, they feed them and they do all sorts of stuff with them. But it is still not getting all of them and it is fairly slim with resources.

The Community Development Unit has been trying for the last three years to get some funding for a youth crisis centre. Back when – what's his name - Patrick Koskey there.

Mr McADAM: Patrick Koskey. He is coming back there too.

Ms FRY: Pardon?

Mr McADAM: He's coming back.

Ms FRY: Oh, good. I helped him with submissions and went to a great deal of trouble. FACS actually approached and said, 'We have \$360 000 to spend in this community. You can have it, but it has to fit in with a family crisis centre'. So, there was this massaging done, trying to get youth needs met under the umbrella of this family crisis centre. It was basically thrown out the window because it was not mothers, fathers, domestic violence, lots of different components. There was a strong focus on these. So it did not pass the case, because it did not meet what they were looking for - the flavour of the month for that funding.

Since then, supported accommodation programs for Territory Health Services - they have some recurrent funding of around \$100 000 a year. We spoke to them about being able to approach other agencies and trying to get something together, because the actual building was not a huge problem, it was the recurrent funding. Apparently, it costs around \$400 000 a year just to function, because you need that 24-hour specialist service, when you have counsellors and things. Also, being the type of community we have, you need separation of the sexes, races, different, so it is able for everyone to access the service; it does not exclude anybody - that people feel comfortable there from all different walks of life. They said no, we cannot use it for that.

Probably, over three of four years, we have been trying to find some program or something, that a youth crisis centre could be supported recurrently, with the operational money. The building is not a huge issue. I am sure we would be able to get that under lots of different programs. It is the recurrent funding, because it is so cost intensive. There is a huge need and, as Valda was saying, these kids might spend one night there, two nights there, one night there, one in the park, one in the back of someone's car, whatever. It is only from the goodwill of families, giving them the odd feed here and giving them a bed for the night, but those kids fend for themselves and bring themselves up. We do not have a service in town for those kids.

Madam CHAIR: Gerry.

Mr WOOD: Can I just ask a general question, leading a little from that, and I think Yvon mentioned it before. You mentioned about spending money now and not having to spend it later, in your talk. People believe that we really do spend enough money getting kids on to the right path, like encouraging them to get into things like sport, music, theatre, whatever. So, that becomes the thing that kids look up to – like we create a peer pressure that is positive peer pressure instead of negative peer pressure. I just think that so much money is spent in the alcohol industry, in rehabilitation, in all that side but, compared to what is spent for young people, or try and get people to bring the best out of them and to show them they can get their highs from other things besides drugs and alcohol. I would just be interested to know whether people think there is enough money spent in that area and how we, perhaps, could get more money spent in that area.

I will just give you one concept I have always had. I believe that the alcohol industry, although it pays its taxes, I believe it has an obligation, because of what it sells, to put money back into much more positive things than it does at the present time.

Ms FRY: Kathryn Fry. The thing with getting kids different things to do, we have to remember that a lot of these kids - and I hate to use this term - but they are damaged goods. They need people to talk to them and help through what they have seen, what they have had done to them. They are much older than their years and so streetwise; there is just so much. It is not about keeping them busy or occupied. It is about helping them to get over what has happened to them to enable them to move on.

Mr WOOD: They need a hug.

Ms FRY: ... and to be able to move on.

Mr WOOD: All they need is a hug, they need some care.

Madam CHAIR: They need love.

Ms FRY: Yes, they need love. So, that is where all this resource intensive stuff comes from. It is intensive care. This is what they need to be able to turn them around.

Ms APPLEBY: Can I? Elly, the school nurse. Being involved in the school curriculum and education of these young adolescents is that they are getting the education. They are getting educated, but the problem is that they are not getting counselling. If you can educate someone until you turn blue on the effects of alcohol but, unless you have that one on one or one of a small group where you can help them deal with their issues - because they are so multifaceted, it is not just drinking that is the issue; it is the depression, it is the related domestic violence issues, maybe at home, peer group pulling. There are all of these issues and, unless we help deal with those as a multifaceted aspect, and counsel these people and their parents and families, just reducing alcohol itself is not going to – I don't believe – solve the problem. In order to help young people, if we get more counsellors – I do not think there are any counsellors in this town at all at the moment for any youth that I am aware of. If I am incorrect please let me know ...

A witness interjecting.

Ms APPLEBY: Yes, that is for domestic violence, but I am talking for them to express their issues. Their issues, not what we are telling them their problems are, but for them to come and see someone like myself on a full-time basis, so they can address their issues and where they are coming from and come to ask for help. I think it is an important road for us to go in preventing chronic potential health issues for these kids.

Ms BRAHIM: A few years back we had job education JPET program and that folded. The funding did not come in, so we had this generation of kids ...

Madam CHAIR: What was that program?

Ms BRAHIM: JPET - Juvenile Program, Education and Training. It was targeting the young kids between the ages of 15 to 25. That did not get the funding any more, so that was probably two years ago. So we have this generation of young kids who probably did not even finish school, couldn't read or write, didn't have any sort of training program behind them, like dealing with the issues that are at home, all those sorts of things. So, now, we are going back and we have these younger – through the CDU at the moment, they have a younger group of kids, but we still have this older generation of our next generation that need the training, need the education, need to go to counselling, all those sorts of things, and no one is talking to them.

When the program was around they had a counsellor; they had the opportunities of doing work experience; they had the opportunities of doing literacy and numeracy; all those sorts of things. There is nothing of that now.

A witness: Community work.

Ms BRAHIM: Yes, community work. There is none of that sort of thing around now and so we have this group of young kids out there ...

Ms STEIN?: When you are looking – sorry, Pam Stein, domestic violence. When you are looking at what you say are damaged kids, they come from a damaged family usually. We really have to look at it in a holistic way instead of just targeting some youth or unemployed or whatever. We need to look at the fact that they are coming from a sick environment, if you want to say or look at. And the sick environment is not only just because of substance abuse. It is also because of whole piles of things which are historical; things like dispossession, lack of culture, disintegration of culture etcetera, land being taken away - all of those sorts of things which have impacted on those people for a whole number of generations, which produces incredible trauma, which produces things like substance abuse. We have to look at it as a generational thing and not just as one aspect of our society. There are a lot of people in our society who are suffering from trauma.

Ms HILL: Through the Chair can I respond to Pam. Jan Hill. I believe we should really look at another thing that is quite threatening and quite confrontative to look at in this town. What about the fact that there are other cultures in this town that also do like to drink and, if their rights were taken away, and if their - how can I put it? You look in the paper at advertisements of what is going on at the pub on the weekend - that in itself is an invitation to live in a certain way. This town does not really like to look at that. Okay, those kids, what have they got to look up to in terms of adult life? It is called: go to the pub, have a great time with T-shirt brawling or whatever you want, with grog on a Sunday afternoon. Well, we have a lifestyle that is in this town that nobody really wants to know about. It is there in their face, 24 hours a day, that that is how some people run their lives; 24 hours a day of their social life, their entertainment, whatever they do in their spare time. But, for some reason, we say: 'That is okay. Those sort of people can live like that'. And it is in their face all the time that that is condoned, that it is okay. You can have Memo Club over there, there are people over there who drink there. How often, how many days a week, how many kids have been born in the playground just about there? I am being honest here, but it is not ...

Ms STEIN: There is nothing wrong with that. There is nothing wrong with people going to hotels ...

Ms HILL: No, there isn't.

Ms STEIN: ... or a society where there are hotels. We have got to ...

Ms HILL: No, there isn't, I agree.

Ms STEIN: ... but there is no alternative.

Ms HILL: No, there isn't. That is what I am saying: that for some reason it is okay, and this town lives on it. If there is a rodeo, oh, what happens? Everybody goes drinking after it. That is okay, that is considered okay they get rip roaring drunk; that is a choice. But those kids see that, so it is not just what we offer the youth in terms of all the strategies we are talking about now; they are part of it too. But the whole community has to face the fact that these kids have to look at a lifestyle every day of their life, of what other people do. But it is put under the mat. You have the Beef and Burgundy Club. Oh, that is great, I might go to that once in a blue moon if I am invited, maybe out of choice. But that is drinking too, that is getting down, that is hard drinking. But that is condoned, that is all right in certain a strata of life, and we say: 'That is okay'.

Ms FRY: Kathy Fry. Can I just make the point that the purpose of the youth crisis centre would be that kids at risk, kids who needed help, would be there and that unit needs to get those kids, work with them and permeate back out into their families - from professionals working at those kids at that first point of contact, going back out and working with the families and keeping ...

Ms STEIN: It puts too much responsibility on the kids who are already stuffed up, anyway. As far as I am concerned, you work on the adults first. They are the ones who should be taking responsibility for their behaviour. I agree that kids should have a place where they can be safe ...

Ms FRY: Just through the chair, can I ask what we do with the children at risk now ...

Ms STEIN: They need to be safe.

Ms FRY: What do we do with the children at risk now? Do they have to wait for the adults to get educated? Who is looking after them?

Ms STEIN: I do not know. I have not got the answers, but I am just saying that these are some of the problems.

Madam CHAIR: Meg.

Ms ILES: I am Meg Iles. I would like to agree with what has been said in terms of what Jan was saying about that wider culture. I suppose that is what the high school presentation is trying to alert people to the fact that there is a culture of drinking. The role model kids are seeing - whether they are indigenous or non-indigenous - is that of drinking offers a good time. I would also like to agree with what Valda was saying about the kids. We have talked about that many times in terms of housing for kids [inaudible]. Sadly, a lot of kids actually come to school to get food provided. They are doing that and they are involved in the fact that they are getting themselves there against the odds, getting themselves home, whatever. And stumbling along. The reward is a sandwich at recess. It is just ...

Ms CARTER: So Meg, at the high school, you provide a food service there as well, do you?

Mr ILES: From the kitchen.

Mr CARTER: And at primary.

Ms CARTER: And it is free is it or ...

Ms ILES: Yes, it is free but it is funded through ASPA. It is ASPA's generosity that allows that to happen.

Ms CARTER: And who can get food? Any child or specific children?

Ms ILES: Kids who are hungry. And that is ASPA's direct. I point at Valda because she is the treasurer of our ASPA committee. That is their direction, that any kid who is hungry needs to have food.

Madam CHAIR: I think that that is good in terms of feeding those kids. But what do we do? Who goes back to those parents and says to them, ultimately, they are the ones who are responsible for feeding those – at some stage we can put as many programs, as much money and government can ... Government knows that there is a certain responsibility that we have but we have to bite the bullet too, as indigenous people, and say: 'Well, we have a certain responsibility to our kids'. That is what needs to be confronted as well.

Ms STEIN We can identify the problem drinkers in our community here and, if we can identify them, I do not know why the hotels have the right to keep feeding them booze all the time - to keep providing the booze. If they are people who have - I think people should be banned from taking chronically - access to booze.

Madam CHAIR: Well they do on communities.

Ms STEIN: Yes, I know, that is why: why shouldn't it be here in Tennant Creek?

Madam CHAIR: Why shouldn't it happen here? Pat.

Ms BRAHIM: There are probably a couple of comments. One is the recognition that there are diversities within us as Aboriginal people, that we are not all homogenous, so that things need to be done differently. The other part is the point that you made: why can't we go and tell people that they are responsible for it - especially our own mob. It is that we have the wrong people in the jobs, so they do not have the rights to go and say to somebody out there: 'You are responsible for this'. They will shy away from it. So, they are getting paid to do a job but they cannot do that extra bit. That is one of the big issues in this place, is that they are sitting in a position and, to go and say to somebody: 'These kids are your responsibility, you need to feed them, you need to do that'. There is no way in the wide world they can do that because they do not have that relationship, and they cannot relate to what the Aboriginal person's going through.

Ms STEIN: Can I ask: why hasn't it been done already? If that is the problem, why hasn't it been done within the Aboriginal communities already, when you know who the people are who are responsible? Why can't you go and other people, and go and say: 'You have responsibility for your children'? Why has that broken down? Why is it up to me and other people - white people – to go in and say: 'Hey, you have a problem'? I am being real here now too. It does not happen.

Madam CHAIR: Valda.

Ms SHANNON: That is why a group set up that school council. We are talking about empowerment of parents; we are fair dinkum about that. We are asking for a lot of things to help us to look after our kids and we feel it was placed with you mob last time when you were here. We are asking for support, people to support it. That came up from kids that went over Townsville to Shalom and then the parents got together, set up this council and we said: 'We are not just going to support the kids over at Townsville, we have to support the kids in the local schools in Darwin, in Alice and Adelaide, and at the same time we want to empower them. We want people to come in who we want to help us understand curriculum, to help us to look after our children'. We're slowly getting that together now.

Madam CHAIR: Right we will have further resolution on Friday.

Mr WOOD: I was going to say something about the feeding, because my wife used to feed all the kids at Sacred Heart. She was an indigenous assistant teacher and I had eggs. So there were a lot of broken eggs and the kids had eggs for breakfast. But I must admit she was very frustrated that the parents were not taking responsibility. She had the relationship to tell them, that the parents were not doing the job, but it did not make a lot of difference.

Just quickly, I didn't want to let Jan's comments go past, because I support what you say. We could talk about specific problems to Tennant Creek, but there is a cultural problem. We - I suppose talking about non-Aboriginal people - have no problem going to a cricket party or the football presentation night and getting drunk - that's okay - and yet we will go crook at people for being drunk in the street. There is a culture in our society which says, being drunk is okay, and that's what all the promotions on TV are basically all about. You will see the cricket ads now, 'Caught in the slips', two blokes sitting on the lounge there - it's quite funny - but really it's an ad which is meant to get you to drink while you are watching telly. You will see the ads for XXXX, which open up a big van full of grog. There is the one with the crabs; a bloke gets caught in the crabs - he opens up a whole back of a van full of XXXX. They have their four garages together, he opens up a wall fridge full of grog. The whole idea is not to have moderate drinking; it is to have a lot of drinking. Our culture is reflecting that.

Maybe we are only a small committee, but I think somewhere we have to start to turn that around, that alcohol is damaging not only to indigenous people but - I think the statistics, the police have said, 70% to 80% of all call-outs are alcohol related. I think most of our serious violent crime is alcohol related. The cost it is doing to our society and the amount of people that can't turn up for work is quite huge, and accidents and just people sick, the cost to our hospitals. How many people turn up at our hospitals because of alcohol induced illnesses? We have an underlying society which for years has said alcohol is okay, and we are passing it on to our youth. To me, we have to at least try and turn that around. It is not to say people cannot enjoy alcohol, but I think nowadays it is becoming all right to drink to be drunk, and that is a bad way for society to end up going.

Mr KIELY: Through the Chair too, [inaudible] but it is not only an indigenous issue. I think you just have to look at front page here - the murder in Alice Springs. I think it pretty clearly demonstrates that we should not just focus in on it being an indigenous issue. It is a community issue. I don't want to see it just focussed on just purely as indigenous. It has to be tackled by all of the community and look at all the different facets of the community. All that has to be addressed together.

Ms STEIN: I am sorry, but it is an indigenous issue in terms of domestic violence. Eighty-nine percent of my clients are from the indigenous population.

Mr KIELY: Perhaps in this town.

Ms STEIN: I think it is really important to talk about that in reality. It is happening in the indigenous community more so than it is in the white community. I am disturbed about that. As a white person, I take responsibility. Also I am hoping that some of the Aboriginal communities start taking some of the responsibility too. Because I am sick to death of seeing it in my place as well and seeing the violence that is associated with it, everywhere in our community, even if you walk down the street.

Mr BUSSELL: I'm Keith Bussell(?). I would like to just touch on a few things that Elliot spoke about earlier on, about the sport and recreation people that we have in our town. We have per capita - nowhere else in Australia - we have eight sport and recreation people in this town and per capita to the rest of Australia we are a long way ahead than - and we have no sport at all except for Little Athletics for kids to go to. There is no junior sport in the town at all.

A woman: There is soccer.

Mr BUSSELL: Yes, soccer Oh, there is swimming too. But, I mean, it is basically restricted a lot too. So the kids are finishing up not having anything to do on the weekends, after school, obviously, and I think we need to be pushing more to getting the sport and recreation people together to develop programs and getting some realistic sports going for the kids. The kids go down on the weekend and the senior football is on all Sunday and the kids are just running around. There are plenty of kids around to play junior footy.

A witness: Have a junior footy competition.

Mr BUSSELL: Yes. You've just got to get people into these programs, like we spoke about before. Not just 8 to 4.21 or 4.30.

Dr LIM: Doesn't that come back down to my question to your colleague earlier - that we have all these programs in the Barkly Region. We all feel warm and fuzzy about it, and it is all the bureaucrats and the program deliverers that are getting the benefit of the funding from governments at all levels. But the little kid on the ground or the little fellow on the ground or the adult on the ground, gets nothing. It is the program deliverers that are getting everything. Are we talking about them? Are we talking about us? Are we the ones who are feeling warm and fuzzy because we are delivering programs? But the real outcome is that the little guy down there gets nothing. Maybe it is program deliverers who need to refocus and say, 'Look, ultimately, it's the little fellow on the ground that should be getting the services. We need to, therefore, refocus and say, "Look, what are our outcomes for this X number of dollars being spent?". Until we get those outcomes, really we are talking about ourselves, not about them'.

Mr BUSSELL: Yes, but a lot of things are fairly hard to measure, aren't they? In my case, if I go out and do an education program in the community, how am I going to measure it? How many drinkers that didn't drink or - some things are hard to measure.

Madam CHAIR: Or they're long term and they take longer to measure.

Mr BUSSELL: The same as in your job. How do we measure that you are doing a good job?

Madam CHAIR: Just before we go off that ...

A committee member: Every four years, mate.

Mr BUSSELL: It is hard to measure, isn't it?

Dr LIM: That is another debate. I'll have it with you quietly about that.

Mr HARDY: Robin Hardy from DEET. I would like to go back to something that Mr Wood raised, the question of advertising. Back in the middle of the 1970s an enormous amount of money was put into the Keep Australia Beautiful Campaign and it turned around attitudes in the country to litter. In the early 1980s, an enormous amount of money was put into the *Slip, Slop, Slap* Campaign in Victoria, using tobacco money, and it turned around the attitude to skin cancer. It seems to me not beyond the possibility of the advertising industry, with funding from the alcohol industry, taxes on the alcohol industry, to start changing people's attitude to the over-consumption of grog. The only way to attack ads like the ones you mentioned is to have ads to show the other side of the picture. Advertising is such a powerful tool and we only seem to regard it as a tool to sell.

I don't if any of you remember the Hidden Persuaders – I am showing my age - but that's what advertising is about. It is about persuading people. We should be able to persuade our society that some things are not acceptable.

You mentioned before, Madam Chair, tailoring programs to people who need it. Surely, an advertising program can be tailored so a message can get across in the way that Pat was saying people are prevented from getting across to Aboriginal people. Persuade them in other ways.

Madam CHAIR: That's very good. Look, Mr Wood continually reminds us about marketing and we have got in our interim report - he really pushed that - and it is important point. People tend not to think about the power of the media, the TV and the messages that come across there.

Pam, in terms of just the whole issue of domestic violence, I was just going to ask what programs and when you look across and we talk about indigenous people taking responsibility, a lot of the programs that I see in terms of domestic violence and family violence - and maybe I am wrong here, but people can tell me - is that a lot of that program and that funding is aimed at women. There is very little money or programs aimed at our men, in terms of tackling their emotional wellbeing and making them feel whole as an individual.

I was going to zero in on Joey or Elliot in terms of responding to this as indigenous men, because I think that that is a big issue. We look at perpetrators in terms of violence. We look at a lot of the statistics. We look across every cohort in health, using indigenous men or indigenous people at the top of those cohorts and it is usually our men at the top of it. But I see very little in terms of programs or commitment aimed at - you know, maybe we need to shift. Pat talked about shifting that paradigm. I mean, is it time to shift that and start looking at - maybe we need to specifically target the men and not just indigenous men ...

Mr CARTER: It is happening, Madam Chair, on a small scale here in Tennant Creek. We see [inaudible] actually got their own community together and ...

Mr McADAM (?): That is the men's health stuff.

Mr CARTER: Yes, that men's health stuff and the CDEP workers actually at Julalikari are meeting and talking about these exact issues that we are talking about. So there is a process actually going on.

Madam CHAIR: So the men are starting to talk about issues of violence and stamping it out. Because I think that's what we need. We can chuck as much money and unless our men start ...

Mr CARTER: There's only like a handful which is probably a great number when you start talking about this issue in these stages and slowly getting the numbers involved.

Ms BRAHIM: I was just going to say there used to be funding for the National Family Violence Strategy to actually to deal with the perpetrators and that was a Commonwealth funded one. When I was the chairperson of DOORS (?) we used to have a sub-set that was attached to us that we employed men to actually work with the men and work with the whole family. With the domestic violence, you knew straight away to go in and put the restraining order and all those sorts of things. And in recognition of Aboriginal people it was to keep the family together, so we actually got funding to try and work through those sorts of issues. I think about 1997 that it actually stopped for some reason; so I am not too sure where it went to. It was a national pilot that was done in Darwin. So maybe these guys are doing voluntarily, so you know, you can sit there and talk about it, where does that information go and how does that make change out there? You know, it might just be for that group of people but we still have a lot more out there that needs to look at the strategies that have been taking place. How do we put that in place?

Madam CHAIR: Barb.

Ms SHAW: Barb Shaw. I think that a lot of the indigenous men are becoming much more aware of wanting to be involved in and do something about family problems and family violence.

They are starting to recognise that and they are starting to want to take responsibility. I had a staff from ATSIC give me a buzz and she'd just done the trip up to Elliott. The purpose of her trip was to [inaudible] and at the end of it, she actually had a group of indigenous men come up to talk to her and say, 'Look, is there anything happening for men, is there anything on the horizon to put some programs in place for men?' And, so it's out there, I mean, a lot of the Aboriginal men are talking about it and even if it's just a gathering point where it's a support place, where they can actually get together, share stories and just give each other support, you know and I think there is a [inaudible] really wanting to do something.

Madam CHAIR: Sue.

Ms CARTER: Through Correctional Services, men, Aboriginal and non-Aboriginal, who've been convicted of crimes related to domestic violence, when they're in jail, I understand have to do a compulsory domestic violence program. Have you ever had any feedback as to how that may influence the situation? No? That's all right.

Ms HILL: Can I just say something, Marion? I have worked with Alcohol Aftercare, they come over to NTU to do some programs over there. I have discovered that when you get to know the people who come, they're really great people, it's just that their life, you know. I have decided that we don't talk about that. We don't discuss any of it. We just look at how they can do things for the future in terms of what they are interested in and what they can do. And, you know, some of those people have decided that when they have finished Alcohol Aftercare, they are going to walk over and they're going to come over by themselves. Because the other thing that I've found too is that, when their time in Alcohol Aftercare finishes, there's not much follow up, which is a bit sad. But they are now talking about keeping on going because they are happy, they are doing great computer program which we do at night and it is very difficult to do. But we have decided that they are having a go at it and they are doing it. They are very pleased with themselves. Plus they're doing other practical stuff.

I think the fact that they want to come over regardless of how they're going to get there. Two have come over, just walked over and I think, you know, the fact that it's looking into the future and it's positive that way rather than be stuck with the problem of where they're at, go into the future. And do you know what? It's done wonders for them, it really has. I think that's part of the secret too, that you don't get stuck but you move on, past it. That is often hard too, when you're running programs, you could get so stuck in it that no-one can see the trees in the forest. It's so bad in there but you have to get past that and move on and really be able to grab the vision of what they want, work together, that really helps.

Ms APPLEBY: Elly, school nurse. Just going back to what Keith was saying before, and your comment Richard on outcomes for our programs. I would personally like to see more studies done in my area as child and adolescent, so I'd like to see an in depth, especially in this area, in Tennant Creek for adolescents' perceptions of their drinking behaviors now. So that in five years if we come back and we have instigated something [inaudible] council committee, that we can then have a look at the statistics and see what our outcomes are today, compared to five years down the track. I think something like that will be very useful and beneficial to bring back to this committee in five years time.

Mr KIELY: [inaudible] studies.

Madam CHAIR: Esther or Jenny?

Dr LIM: In relation to outcomes assessment, if a program has been going for some time, you should be able to at least identify what you were trying to deal with when you first introduced a program and compare that with today. Now, if you don't do that then I think you are looking at your job rather than looking at the outcomes you are trying to achieve. There are ways to do that and I think as professionals you must put your minds to it, to ensure that whatever you do is going to achieve some positive benefit. Otherwise, why are you doing it?

Madam CHAIR: You usually set a number of indicators [inaudible] know your outcomes.

Ms FRY: Kathy Fry. The thing you have to be careful also, and I have seen it in Tennant Creek, is that there is a program and there is some change in the community and four different programs can claim that they made that difference. So you have to be careful you do not say this program made a difference; a combination of these programs made that difference in the community. So, you know, to be careful when looking at stuff. I have seen a lot of people take credit for stuff that may not necessarily have been because of them.

Ms PEARCE: Just as a service provider, I would like to let it be known that I certainly in Tennant Creek want the Northern Territory government to act as a whole with the delivery of these services. I actively support that. In addition to that, the agreements that can be reached between ATSIC and other funding bodies, Commonwealth bodies, etc, I think are very important that we all link together to create the outcomes for the community and that those communities are community driven as well as identified by the community as their needs and not what government sees as needs. I think that is very important for government agencies and all service providers to recognise that.

Ms FRY: You were speaking before about [inaudible] and stuff like sport and rec and school breakfasts and all that sort of thing. Half of the problems we have is that you have all these different buckets of money which are specific on things like terms and conditions and things, and you are meshing together in a community like this, that can actually be where the obstruction is caused. The conditions that are tied to that money. We have seen it with sport and rec. We have actually been trying really hard with the NT indigenous sports program, town council and with Youth, Sport and Recreation which initiates the money that goes through the Australian Sport [inaudible]. We are even restricted by our own national office, because they're saying, 'No, this money's for that'. It's quite simple here, all the sport and rec officers get together, develop a plan that covers a huge region and they all take one piece of the pie and share it with all the services. Everyone gets equity. At the moment we can't even get notional [inaudible] funding because there are so many strict ties to all this money. So I would put it to government as well, that they need to look at flexibility in some of those programs as well and looking at unique cases.

Mr MAGNERY: Maybe I can say one more word. In a sense, you know, that through globalisation, countries and cultures around the world are disintegrating. So that is one point I wanted to raise. We are suffering too as a culture. For example, in France in the 1950s and 1960s they watched French movies, they drove French cars, they drank French wine. Today they drive American cars, German cars, they drink Coca-Cola, they listen to American music. So, in a sense, the media has had a huge impact on our system of life and we disintegrate slowly, but we have fight back the media. It is powerful. Maybe what I want to say, to finish, is that each of us, we have to look at ourselves and say, 'What am I? What can I do?', and do the very best we can. We have to ask ourselves questions, look at ourselves and be better than what we are.

Madam CHAIR: That's very good. Look, if people want to sort of sum up and maybe one by one, we might just go around and each person can sum up on the day, if they like, and then we will wrap. Meg, we might start with you.

Ms ISLES: Yes. Really, I think we have said all that needs to be said. I think there are lots of people who identify with the issue at getting everyone on the same path [inaudible].

Supt EDGINGTON: I think it's all been said. As I said earlier on, I think positives came out I suppose from service providers. I just want to say one thing, that I am confident we are moving in the right direction, with a few changes and improvements, here and there.

Mr BUSSELL: I can reiterate what Steve said. With the Tennant Creek Safe Committee up and going now - and there is a lot of organisations that are involved in it - and it is positive.

Ms APPLEBY: I just look forward to any positive outcomes from this meeting today. I hope there are.

Mr HENWOOD (??): I'd like to say that I think we have to keep in mind that this is an issue of restricting and not banning substances.

Mr MAGNERY: We came here to share, to contribute, to discuss, to meet and I have no doubt that we can make a difference.

Mr CARTER: I think, when you look around the table here, a lot of the people here are the doers in the community and a lot of people out there need to contribute back into the community too. They're mainly the knockers, all the antisocial behaviour that happens around in town. The people that are sitting around this table here are always the same faces you see all the time. So there's a lot of contribution in the community but then there's so many knockers that hold people back in providing the services.

I think I'll stick my neck right out here. Those people need to start standing up and be counted. They are sitting back getting their wallets fat on a lot of indigenous money and other moneys, but those are the sort of people who need to get out here and start doing something. Start contributing instead of sitting back and knocking the workers, the doers, people that are trying to do things, and hiding behind their doors. A lot of these people are, you know - I don't need to stick it out any more - when it comes to substance abuse, they are doing it behind closed doors. Unfortunately, a lot of the stuff that we were tackling is out in the open.

Ms PEARCE: I just look forward to implementing some very strong recommendations.

Ms KITCHING: I think what Pat Brahim said earlier on about the inclusion of Aboriginal people in the consultation process when you're building partnerships is really, really essential. I think it does not matter with any town, people have to be mindful of the fact that they are visitors to Aboriginal people's country and they have to be very mindful that that is very important. As Joey said, people who are not here today have to contribute back into some of these issues and problems. I, as a service provider, I guess, just look forward to trying to contribute from a health perspective. I am only one person - and Barb touched on that before, about the under-resourcing of people to do service delivery from our department's point of view. We are currently under review and possible cutbacks as well. I am only one person in this big ocean who has come here to help Aboriginal people as well as being essential.

Ms SHANNON: I am a Warlpiri person. I speak Warlpiri. I did speak in Warlpiri, the language of this country. I am unemployed but I do a lot of work for the community, to try to make things better for the kids and the parents; that is my focus. It is going to be my focus for a very long time. This has been good for me today, but we need to come together more often, help each other communicate, network, use others out there who are interested, you know, to come in and give us a hand, put it into practice. We've still got a lot of work to do but, you know, to enjoy what we're doing, to make this place better for everyone.

Ms FRY: I can't really think of anything really significant to say, so I'll just say this. I'd appeal to the ministers to - a lot of conferences we have had at this level is that people in departments here in Tennant Creek and this region work really hard to please their bosses and try and [inaudible] with the community. But they are trying so hard to get promotions or to get recognition from the people up there, and those people up there are so disconnected from what happens in the regions, there needs to be a [inaudible] at that level, for these people to understand that things need to [inaudible]. Because, at the moment, bosses of departments in Darwin are just - we have little cupboards down here that can't really do too much at all.

Ms BRAHIM: Today, a lot more of the other people need to be pulled out and actually speaking. I don't know how we're going to do that. Those people will always shy away from something that [inaudible]. I think we have made them respect.

Ms SHAW: I think it is time for some radical decisions. It is time for tough decisions, and I think it is time to bite the bullet. I think I look forward to some pretty tough negotiations.

Madam CHAIR: Edward.

Mr WINTER: I will be quick. I look forward to the day when we see some Aboriginal counselling done by qualified Aboriginal people because that would help tremendously in the problems that we are facing. I am still wrestling with the thought of having seven or eight sports and rec officers in town. Children – they have already said to you they have nothing to do and they are bored. So, my question is one of what are the sports and rec officers doing? Some one needs to get these guys together and find out what is going on and sort things out. Things do not just happen from 8 to 4. When school finishes, that is when other things should be starting; not knock off at 4 o'clock and go home. That is what most people do, but for sport and recreation it is time to start.

Madam CHAIR: I will start with Mr Kiely. Do you want to, before we sum up?

Mr KIELY: Yes. I think the thing – well, I know the thing that came through to me today was that the community, you want to manage your own social problems; you are not walking away from them. You squared up pretty well. You did not say: 'Well, it is all government's fault'. You did not look for some fan to hang everything on. But you do want to devolve responsibility; you are looking for government to get in there and assist, instead of running it from some external agencies 1000 km away. You are saying: 'Well, give us some answers; give us some legislation, empower us with different by-laws, and then we will get on and get this job sorted'. That has been telling of the people around here and for the direction that everything is heading. Certainly, the problems are recognised in this town. I believe everyone has a positive mindset on trying to rectify the situation; and make this a more [inaudible] that you live in.

Madam CHAIR: Gerry.

Mr WOOD: I suppose I am not over-positive. I am not trying to be negative either. But I came from a middle class white suburb in Melbourne and went straight to Daly River when I arrived. I ran into a completely foreign society where domestic violence was not called domestic violence, but donging a woman with an iron bar just happened. No one cared about it then. People were drunk continuously; robberies were always held when people were drunk; it was a society then that was very bad. It had its problems then, and perhaps because they were not fashionable, nobody worried about it.

I tell people the story that I looked after the Aboriginal kids from cattle stations, and there were 30 of them and half of them died under the age of 21. So, I have always had a strong passion for hoping something would change. But, when we talk about the power of the media, it is very influential. It is more influential with indigenous people. There used to be a Carlton United ad that said: 'We would have to be a man amongst the men'. It was an ad that was on about the 1970s, because I ran a campaign: 'Think before you drink'. In fact, the member for Barkly who was then the Chief Minister at the time, Ian Tuxworth, gave me \$2000 to put out some ads at that time. But the power of the media, and especially with people who cannot always see the subtleties, is very strong.

I hope something comes from this committee one day. I believe it is going to be a lot of hard work. I do not think we are going to expect a lot of changes overnight, because there is a cultural change as well as specific changes.

The final thing I would like to say: I heard people say perhaps they are not involved in all the decision making. But just like I said about Gurungu and Elliott council being one, I must admit –

and I do come as an outsider, but I have passed through this country a few times in my life – it would be nice to see one council in Tennant Creek, with the Tennant Creek Council, Julalikari and some form of combined council. I take the point that Elliot makes that that wastes the resources. But if we are going to progress anywhere in society, we must work as group of people, where the human being is the important thing and whose race you are is second. Maybe it is a vision that people here might not agree with me, but it just seems to me that one day it would be good to see one council with all people on it.

Mr McADAM: I just want to say to people: do not feel overwhelmed about the task, because it is happening elsewhere. The difference being that in Tennant Creek has a real good history and record in terms of dealing with some of the issues. I do not have to say what they are; everybody knows what they are. Everyone has contributed in some way, just as you have today.

The other thing is that we all have differences. But the Tennant Creek Youth Initiative and Safe Community Strategy is a long phrase but, I tell you, it is a vehicle to jump on. Right? It is a vehicle to jump on at this point in time – protocols and all that sort of stuff. Jump on it, support it and you will see where it goes. But it is the only one we have, do you know what I mean? So, that is all I want to say. Thanks for your participation.

Ms CARTER: I would like to thank them all for helping me increase my understanding of the issues here. I also felt that I heard a lot of positive comments and ideas as well during the day. We take down these points and they will be mulled over and used for the future, to try and come up with some recommendations that – not just in a legislative level but also for other communities that might be able to learn from what we are picking up from all over the Northern Territory.

One of the things that was said today was from the lady from the domestic violence area, was that perhaps Tennant Creek needs a substance group to form. I just wonder whether it is something you might like to think about. Considering the energy that you have brought in here today and the things you have brought together, it might be a good way of getting together and working on this as well – as a whole community in a broad sense.

But I would just like to thank you for coming here today and spending the time with us.

Dr LIM: I do not want to pontificate too much, but I came onto this committee to help contribute my background and my skills to it, and be prepared to listen to communities and see what they have to teach me and inform me about substance abuse throughout the Territory.

From today's meeting, I take away three points. The first one was raised by Sue about having a group in Tennant Creek that would focus on substance abuse for the community.

The second point was made by Pat about the paradigm shift in all of us, on how we can deal with issues of race in our community in the Territory, and how we need to take responsibility for ourselves and our children.

The third point was about what you raised yourself – Bob, isn't it? The Living With Alcohol program was a very good program which, unfortunately, our government let slide. It should be something that should be re-introduced. I thought that was something that was starting to show results after 10 years, and we cut it off at its adolescence, unfortunately.

Madam CHAIR: Very good. Well, I am not going to – I think everybody has said enough. But, look, every member on this committee – and the stories we heard today; it was the positive stuff at Elliott. I have driven through Elliott many a time and had that same attitude: God, how can people live here? There is not much going on here.

But, you learn and you live and that is all part of it. I have spent nine years working in the Aboriginal health sector, and you think you know it all until you – and that was part of the commitment of coming on this committee; because of my health background and working with a

lot of remote communities. But, the stories are the same. I keep picking up when we go from community to community, from urban centre to urban centre: we are still talking about the same things. And we have not stopped. I can remember saying things back over 15 years ago, that we are still sitting here saying today.

I live for the day that one day indigenous people will learn to bit the bullet. I believe that there are certain debates that we, as a people, have to take on amongst ourselves. The substance abuse stuff, we have to start confronting those issues and the issues of family violence - all the issues that affect us as indigenous people. I live for the day that we are going to be able to – without pulling each other down, because we do not need it. I continually say sometimes: 'We don't need while fellas as enemies, because we do a great job ourselves'. I live for the day that we are able to stand up and confront a lot of these issues and move forward.

There are some positive things happening. I constantly grieve and have a lot of anxiety over our men. I have a young son that there is a lot of anxiety there with. As a mother of a young boy, there is a lot of concerns there, because I do not think that we confront. And women are more easily able to stand up and talk about things or cry about things; we talk a lot louder. But I do not think our men do that. This is not just black men. I have noticed it even with white men. It is just men right across the board.

Dr LIM: Hey.

Madam CHAIR: Oh, and Chinese men. So it is right across the board. Whether it is just a male thing, I am not sure, but at some stage, there has to be some more change with men. But, I am hoping, like Gerry, that there will be some good. And we do have some healthy discussion amongst the committee. All members of this committee are quite committed to the issues. We do have our differences, and that is what makes it healthy. That is where we will come up with some good recommendations, because everybody has a difference of opinion; everybody comes from a different background and has worked differently, but that will bring together for government.

We will come back again. This is not just a one and only meeting or visit by the committee to here. We will come back again. Certainly, there are things and certain issues put forward today that we could look – some of the things that we could action in the short term, rather than waiting for the longer term. But we will come back again. Taking up Valda's other thing, the committee needs to get out to some of the communities, even to get some of the views of the people in the town camps. We need to get out of formal settings like this and get out there to the people, because sometimes it is a bit hard to expect the people we are talking about who have the problems with grog, that they are going to come into the town camps and sit down in a formal setting like this and tell us. I believe we, as a committee, have a responsibility and an obligation that we have been charged with, to get out there to those people as well, and listen to those views.

So, thank you all for coming, but we will be back.

Thank you.

TRANSCRIPT NO. 4

PUBLIC MEETING, ALICE SPRINGS

2 MAY 2003

PRESENT:

Committee: Ms Marion Scrymgour, MLA (Chair)
Ms Sue Carter, MLA
Mr Len Kiely, MLA
Dr Richard Lim, MLA
Mr Elliot McAdam, MLA
Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Appearing: WITNESSES AND ATTENDEES
Mr John Stirk, President, Green Gates Association Inc
Mrs Alison Lillis, Vice President & Public Officer, Green Gates Association Inc
Mr J Easterby-Woods, A/Manager, Alcohol and Other Drugs Unit
Dept Health & Community Services
Mr Paul Ryan, Team Leader, Clinical Services, Central Australia
Alcohol and Other Drug Services (CAAODS)
Superintendent Trevor Bell, Northern Territory Police
Mr Jim Farrell, Central Australian Aboriginal Alcohol Program
Unit (CAAAPU)
Mr Des Rogers, Alice Springs Regional Council, ATSIC
Ms Beth Mildred, Regional Manager, Central Australia, NT
Chamber of Commerce & Industry
Ms Jane Vadiveloo, Manager, Social Services, Tangenteyre
Council
Ms Sharon Forrester, Coordinator, Social Justice Program,
Tangenteyre Council
Ms Alison Hunt, Western Aranda Community
Ms Mildred Inkamala, Western Aranda Community
Ms Jane Lloyd, Chair, Domestic & Family Violence Advisory
Council
Ms Maggie Kavanagh, Manager, NPY Womens Council
Ms Barbara Low, Manager/Educator, Holyoake
Sara, Alice Springs Youth Accommodation and Support Services
(ASYASS)
Mr Nick Gill, Convenor, Central Australian Regional Substance
Abuse Action Group (SMAG) and Manager, Drug and
Alcohol Services (DASA)
Ms Ann Mosey, Self employed, substance abuse, community
development counsellor and consultant
Ms Betty Pearce, Lhere Aetepe (member)
Mrs Robyn Pedler, Umoona Community Council
Mr Cyril Coaby, citizen

Mr Des Rogers, Chairman, Alice Springs ATSI Regional Council
Mr Kumatji Turner, citizen
Ms Summers
Ms Mabel Lochowiak, Chairperson, Umoona Community Council, Tjuutagku Council
Ms Robyn Pedler, Umoona Community Council, Cooper Pedy SA
Ms Maureen Trindle, observer
Ms May Wilson, observer
Ms Ruth Clarke, Office of Mr W Snowden, MP
Mr David Chewings, citizen
Mr Leigh Shacklands, Financial Counsellor, Tangenteyre Council
Mr Peter Strachan, Interim Manager, Footprints Forward
Ms Dot Robinson
Ms Marian Swift, Ntaria Clinic
Mr Johan Elferink, MLA, Member for Macdonnell
Ms Vikkie Hough, Office Women's Policy, Darwin
Mr Jeff Hulcombe, CRH/Tangenteyre Council – Research Injury Prevention
Ms June Oscar, Kimberley Language Resource Centre, Halls Creek, WA
Ms Maureen Carter, Nindilingarri Cultural Health Services, Fitzroy Crossing, WA
Ms Jilpia Jones, Canberra ACT

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Madam CHAIR: I apologise for it starting a few minutes late. Firstly I would like to acknowledge and thank the traditional owners of this land in which we have had the privilege of being down here for the week in terms of parliament and also to be able to have this select committee hearing meeting today. And I notice we do have a traditional owner in our presence. I declare open this public meeting of the select committee on substance abuse in the community and welcome all participants appearing before the committee today to provide evidence in relation to the committee's terms of reference. If required, copies of the terms of reference can be obtained from the committee secretary. The meeting is open to the public and is being recorded. A transcript will be produced and may eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence to be *in camera*. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to a committee is protected by parliamentary privilege. For the purposes of the Hansard record, I ask that you state your full name and the capacity in which you appear today, the first time that you speak and thereafter. Simply state your name to assist the recording and transcribing staff.

As with public meetings in other centres, a number of persons and organisations will be making presentations to the committee. Witnesses are asked to remain for the duration of the hearing and to participate in the round table discussion at the conclusion. It is intended that questioning of witnesses by committee members will take place at this time. Please advise the secretary before your presentation if you will not be present for the round table discussions so that alternative arrangements can be made. A light lunch will be provided for all participants at approximately 12 noon, or we are hoping 12 noon if everything runs according to schedule, and coffee and tea are available. I remind all of you and I would also like to reiterate to my committee members, that all comments are to be directed through myself as the Chair. Before I call the first presenters to the committee I would like to just notify that I have to go at about 10.30, it can not be avoided, for about 10 minutes, in which Elliot McAdam, the MLA member for Barkly, will then

reside for 15 minutes. I now call on Mr John Stirk, president, and Mrs Alison Lillis, public officer, of Green Gates Association Inc.

Mrs LILLIS: Thank you. Alison Lillis, senior vice president, Green Gates Association.

Mr STIRK: My name is John Stirk, I am the president of Green Gates, and Alison is going first.

Mrs LILLIS: I do not think there is any doubt that we have a substance abuse problem in Alice Springs. This Select Committee, the Task Force, media reporting, people being charged with drug offences, the attendance here today of organisations, government and private, and now the introduction of the drug court. I think that pretty well says we do have a problem. Green Gates obtained 18 letters of support from service clubs, churches, business people and individuals who supported a residential establishment. The people in these organisations obviously are concerned and believe we have a problem. The government is funding organisations that are treating people affected by substance abuse. Green Gates has no official figures on substance abuse. We push on with our objectives because we are alarmed at what we hear and learn from members of the community who are either directly or indirectly involved in dealing with the associated problems of drug and alcohol addiction.

In Alice Springs, we have a lot of established organisations with years of experience and dedication. Why do we need to keep having committees and forums which only costs money. but also take valuable time, when simple consultation with these organisations would I am sure convince everyone that there is a problem. If the money spent on committees etc. could be diverted to the existing organisations presently operating, I am sure it would be more beneficial.

Green Gates' mission for the past three years has been to promote community awareness of the problem and conduct fundraising activities and to lobby government to establish a residential rehabilitation facility in Alice Springs, where Green Gates can offer its volunteers' personal expertise to alleviate the suffering of substance abusers and provide support and respite for families involved with an addicted person. The Task Force found that residential treatment was not the treatment of first choice, and yet the majority of submissions to the task force deplored the lack of residential detoxification service for Darwin and Alice Springs. A strong recommendation was made for financial support for the reopening of Green Gates in Alice Springs. The findings of the Task Force listed eight residential rehabilitation services included in Darwin, Katherine, Tennant Creek, and Alice regions. Six out of the eight are listed as treatment services for Aboriginal people, two out of the eight are listed as treatment services for persons with alcohol and other drug misuse problems. It would appear these two services are for both Aboriginal and non-Aboriginal persons and are situated in Darwin. In the Alice Springs region, there are two residential services for Aboriginal clients, and no long term residential service for non-Aboriginal clients. Home detox is an option but very trying on other members of the family, especially when there are other children in that household. Green Gates members and the 1200 or more supporters of 11 fundraising events by Green Gates over the past 12 months, believe Alice Springs' needs are as important as other NT regions, and that the problem is such in this area to warrant a residential facility in our town to be available to all members of the community of Alice Springs. Green Gates only had six months experience in 2000 when they ran a trial residential rehab before it was closed by neighbours. So I will leave it to the experts with experience to discuss treatment presently available. Green Gates is a non profit organisation, donations are tax deductible, and volunteers receive no payment for their services. Quite a few local businesses have offered donations of goods and services if we reopen.

Mr STIRK: Members of the committee, for many years, I think 15 or 16, a fellow called Ian Barker, who was a lawyer, lived in this town. He subsequently became Solicitor-General at the time of self government, and he reminds me that he had to go to a meeting with Malcolm Fraser in Canberra to talk about why the Northern Territory had to have an industrial relations regime on self government. He was told that the Parliamentary Counsel said that was so. Now, Barker at this stage walked out of the room, and Fraser said to him, 'Where are you going?' His response

was quite simple. He said, 'Mr Fraser, I thought you ran the country, I now realise the Parliamentary Counsel runs the country.' That is the challenge for all you members of this committee. We in Alice, and particularly in Green Gates, have been trying to look for solutions. We put solutions up to people we think are supposed to make decisions and I do not know whether it is some evil creature in Treasury or people just can not make decisions, but the bottom line is, nothing is happening. We are coming before you because I think we have gone everywhere else, and what we are saying is the need is quite transparent and clear. It is really a question of what government is prepared to do. At the end of the day, we thought politicians were the people who told public servants what to do. We are somewhat suspicious that it is the public servants who tell you what to do. We went before the Minister for Health some seven months ago to say that what we were trying to do was to try and push the need residential accommodation and look for the solutions, and at that stage, there were some live issues in this community about the placing of people with substance abuse problems, particularly petrol sniffing, who were in residential areas, and the concerns of neighbours, that is an ongoing issue. As Alison has said, it is an ongoing issue for both Green Gates and I think any other provider of substance abuse services in this town.

Richard Lim knows well the issues that took place when Green Gates first started, everyone thought it was a wonderful idea, but 'not in my neighbourhood.' And it is the not in my neighbourhood issue that I think we have to deal with, and what we had suggested to the Minister for Health at that stage, was that maybe it would be opportune to revisit the idea of where these houses were located and perhaps rationalise and sell some of those, and use the capital generated to move to areas where there was obviously going to be less neighbourhood problem. Obviously, in this town, and all of you who have been to (inaudible) will know that that is in a sort of ruralish area but close to town, and obviously would solve that problem. I think it took us six months to get an acknowledgement to that letter. What seems to be our concern is that there seems to be a great paralysis of decision making. Now, we all know that in theory, you have got to consult through your departments and I think ultimately probably Treasury says yeah or nay. But these are serious issues and we are looking for some leadership from politicians and with respect, we just do not think we are getting it. And I had I suppose the privilege, of sitting in a 20 day petrol sniffing coronial here in this town in the late 90's and we had the happy experience of the representative of the Commonwealth telling me that the timeframe from when they decided to do something to when the Commonwealth Treasury let the money go, was five years. So she actually did concede to me that it was a bit like Rome burning while Nero fiddles. And we can have committees like this forever, we have had Task Force. What we are looking for is some action, because out there on the street, people are dying.

Dr LIM: If I may put a question, Madam Chair.

Madam CHAIR: We sort of want to try and leave the questioning until after, if that is okay. Will you participate in the round table discussions?

Mr STIRK: I have got commitments which are going to mean that I am going to be in and out, I am going to have to go fairly soon and I will try and get back if you can give me a time for the round table.

Madam CHAIR: As I stated in the introduction, if you can make those arrangements with the committee secretary. Before I commence, I should have introduced, actually, our staff, Ms Pat Hancock, who is the secretary of our committee, and Liz McFarlane, who does all our recording, and quite a good job, and keeps us all honest in terms of what we are saying. If you want to make some arrangements with Pat, and we will try and work around that. Because there are some questions that I would also like to ask and I am sure other members here.

Mr STIRK: There is one perhaps right I should have mentioned too. In the course of that same coronial hearing, we had the then director of Pitjinjarra Council tell us that there was half a million dollars they got from the Commonwealth which they had not expended because they could not decide who should (inaudible) the program. I thought that was gobsmacking. The

need was there, he could not work out who should be in charge between two people, so he did nothing. Now that is a terrific indictment I think on organisations and people, and I think it is something that we have all got to deal with.

Madam CHAIR: Is there any...

Mrs LILLIS: There may be just one other thing. The task force came up with, they were going to do a mapping of all services in the Territory, which we actually presented with our submission when we put it to them, and that came out of quite a lot of services meeting to see what everybody wanted to do. And actually, once a month, quite a few services do meet at CAAODS. So I am sure that the services here are all willing to get together and work together. You know, most of them have got infrastructure and really, Green Gates in particular, would like to utilise other services, but of course we realise the other services are then going to need more money. You know, there is no point, there is no real urgency for Green Gates to have their own psychiatrist and counsellors when they could be utilising services that are already here, thereby everybody working together saving money.

Madam CHAIR: Well, I think there are members of this committee who could not agree more with what you have just said. That has certainly been something that we have seen throughout a lot of our community visits and the inquiries we have held to date. It is not an isolated problem, but certainly something that the committee is quite keen to look at and has been writing to various ministers requesting the information as to what the budgets are and also what services are being provided not just to urban centres, but also remote services; so that we ourselves can look at the snapshot.

Mrs LILLIS: I did get a letter from the minister saying that somebody was working on this mapping and she would give me information when it came through. Well, we have done it. And who better to do it than the people that are here and involved? So I do not know who is putting the map together for the Minister.

Madam CHAIR: Is there anything further you would like to add? Thank you. It would be good to just make some arrangements to ... Thank you. Will you stay as well?

After some discussion MEETING SUSPENDED – Deliberative meeting of the Committee.

Madam CHAIR: Okay, we might reopen the session and I do apologise. Sometimes members of parliament, we do have to break at times to have our deliberations and sort out certainly issues amongst us. There are members who have been invited to provide these official presentations. We have allocated between 20 to 30 minutes to each presenter to come and put their presentations to the committee. There was a notice circulated to all members of the committee because we have done other round table discussions in other centres and we have had a number of presenters. We have gone over that time, and it was certainly from my position as the Chairperson that we allow most of the presentations to go through... And which we would then have a better discussion amongst all members with people and also members of the public, the round table discussions were not just open to official presenters, interested members of the public were to also participate in that round table discussion. The committee has had a deliberation in terms of the official presenters to us today, and what we have decided, because we have allocated that 20 to 30 minutes, if a presenter's presentations to this committee is only 20 minutes and we have got 10 minutes to spare, I as the Chairperson, no other members of this committee, but I as the Chairperson will use my discretion to open the discussion for questioning. I will limit those questions to enable other people who have come to this meeting today to give them opportunities, instead of waiting around. So if there are members who have, or presenters who have come to give the presentation, if your presentation is not going for the full 20 to 30 minutes I will allow and use my discretion to open questions from committee members to those presenters. Thank you. It is 9.35. I would like to invite Mr Bryon Brooks, manager, and Mr Paul

Ryan, nurse, from the Alcohol and Other Drugs Services from the Department of Health and Community Services.

Mr EASTERBY-WOODS: Madam Chair, slight change in relation to personnel. I am J Easterby-Woods standing in as Bryson Brooks for the purpose of manager of Central Australia Alcohol and Other Drug services.

Mr RYAN: I am Paul Ryan, I am a team leader of the clinical services at the Central Australia Alcohol and Other Drug Services. We would like to commence with a brief rundown on Central Australia Alcohol and Other Drug Services, who we are and the roles that we perform. We provide nonresidential counselling services, home detoxification services, community development and nationally accredited training courses. We have three teams within our organisation, an education team, a community capacity building team and a clinical team. Within the Alice Springs area and looking at the clients that we work with, alcohol by far is still the most widely reported substance of concern to our service, currently rating around 44% of our admissions. We have a number of referrals from other services, particularly Alice Springs hospital, mental health services and community corrections, and while we do not have the last six months' figures to hand as yet, it seems that this is on the rise.

What is also of concern is the number of younger people who are being referred to our service. Currently 32% of our clients being admitted are less than 24 years of age. This is particularly with issues related to binge drinking and polydrug use. Cannabis is used by a significant amount of our clients, 26%. It is significantly reported as a second drug of consumption but we are also seeing a significant number of clients for use of THC primarily. These clients tend to fall under the age of 20 and present with a wide range of dual diagnosis and mental health symptoms. Amphetamines has been the major intravenous drug of choice in Alice Springs and constitutes 12.5% of our client base.

Dr Lim: Could you repeat that number?

Mr Ryan: Sorry - 12.5%. The number of presentations for amphetamine detox has reduced slightly over the last five months. I am unable to give the exact figure as our data set figures come back at the end of each six month period, but for the...

Madam CHAIR: Sorry Paul, could you just speak up a bit because it is not coming through on the recording.

Mr RYAN: Sure. We have noticed a drop in the number of clients presenting for detox and treatment over the past five months however we are unsure as to why this is, although the opiate-pharmacotherapy program has commenced in that time and our clinical resources are being diverted somewhat of an extent. In terms of in house solvents, ie petrol, we are getting an increasing number of referrals, both from Alice Springs hospital and remote mental health services. The referrals from other health services are up, and we think this may be due to increased profile of petrol sniffing within the media and the increased efforts of dealing with the problems in some communities. However, we find that dealing with clients with petrol sniffing issues is difficult because the process of referral to the Alice Springs hospital results in usually a short period of clinical management. The detox from petrol is not a lengthy process, and the usual age grouping makes it difficult to access these clients in a short term brief intervention manner. Opiates have accounted for approximately 11% of admissions to this service, and since the advent of the opiate-pharmacotherapy program, we have commenced approximately 20 clients on opiate maintenance programs. This has resulted in a very large increase in workload and a diversion of our focus away from what we were doing prior to the commencement of this program.

Of one particular concern to the CAAODS clinical services, has been the issue of psychological issues related to substance use in regards to inappropriate behaviour in the community, illegal activities and violence. There is a significant number of clients who present

with probably diagnoses of personality disorders and substance-related mental health symptoms, who fall outside of the mental health systems resources and have a high likelihood of contact with the criminal justice system. These clients need a high level of resource in case management and care, and education is required for AOD and other workers in managing clients of this nature. It is one of the biggest gaps in service that we can identify.

Madam CHAIR: Sorry, I do not mean to interrupt you again, but for the purposes of the audience, and I think the air conditioning is drowning your voice, if you can try and protect that, just so that members of the gallery can hear.

Mr RYAN: A major identified issue for CAAODS is that there is no rehabilitation facility in this region at this time for clients who have a history of both polydrug use and or mental health issues. These clients are remaining in the community and we often find at least implications of suicidality behaviour and the high rates of suicidal behaviour in youth, particularly those from remote communities, we believe is reflected by this lack of resources. The current services in Alice Springs are appropriate. The range of services that we work with include family and children services, positive behaviour support unit, local area coordination, drug and alcohol services association, Holyoakee, the Alice Springs Hospital, the community mental health team, inpatient and outpatient units, the Alice Springs Correctional Centre and the Central Australian Aboriginal Alcohol Programs Unit, or CAAAPU. We believe that the current range of services is appropriate if somewhat inadequate in their availability and scope. Nearly all of the AOD services in Alice Springs are of a non-clinical-medical nature. Alice Springs Hospital does not offer as easy access to inpatient detox when this is called for, especially for those who need medical supervision 24 hours a day. The current detoxification centre in Alice is a non-medical service. It has one detoxification counsellor and has a lack of staff who are trained in dealing with difficult behaviours and challenging clients. The detoxification centre is not open 365 days a year. There are limitations on the timings of admissions as in only in morning times, and not at all on weekends, and clients who are often assessed and referred from us by the Alice Springs Hospital are lost to the system when their discharge occurs late in the day or on weekends and they return to the environments that contribute to their life issues.

As well, the detoxification centre here can only accommodate five clients at any one stage and the mix of male and female clients is limited by the facilities that are there. There is a lack of facilities for those with a dual diagnosis both with detoxification and rehabilitation. There is no respite care for families of sufferers, families with substance use issues. Families under these conditions are often in crisis and care needs to be taken not only with the user but also with other family members. Respite care increases the ability of the family to participate in and contribute to the care of their family member in crisis. The current detoxification services in Alice Springs are restricted to those above 18 years of age. Young people often need greater support than others do in times of need, as they do not have the education and life experience to cope when under pressure. The current available rehabilitation facility in Alice Springs has an indigenous focus although there is a non-discriminatory entry policy, however this perception creates a barrier to many non-indigenous clients. The next nearest rehabilitation facility is located in Tennant Creek which is almost 500 km away. Beyond that, we find that referrals either go to Darwin or to interstate to other services. We also recognise that in our own organisation we have a lack of access to Aboriginal health workers and or other indigenous staff and this creates a barrier in the delivery of our service that we would like to remedy.

Our current method of detoxification practice involves a reliance on our patient, or home detoxification. This model has several downfalls. It does not provide 24 hour supervision and many clients that we see do not have support people available to them during that time. Family members can provide excellent support but it can be difficult to coordinate and staff have limited resources to support the families as well as the clients themselves. It limits the choice and opportunities for the people of this community to avail themselves of services in regards to detoxification. Quite often, home detoxification is the only option available. Many of our clients have nonexistent or unsuitable home environments in which to undertake home detoxification. They often live in high risk situations in regards to relapse possibilities. Most models of home

detoxification are aimed at clients with a low to moderate substance misuse issue. The majority of clients seen by the CAAODS clinical service have a moderate to high level of substance misuse.

After detox, rehabilitation is a necessary part of the treatment framework for substance using clients. Without access to this, a high proportion of clients will relapse at earlier stages and continue to use substances. The lack of rehabilitation treatment centres for those using polysubstances in Alice Springs impacts strongly on the service that we can offer. We believe it impacts on the relapse rate, particularly in the early post-treatment periods. It leads to a huge increase in workload on our current clinical team. We are currently operating with one part time doctor and three nurses and with that, we offer a 24 hour a day 7 day a week, on call service support for our clients. We provide ongoing rehabilitation in conjunction with many nongovernment organisations and other department services, through support for individuals and families after home detox, or detoxification at the DASA facility, with a referral to outside agencies. However, this mix can lead to interruptions in the continuity of care for individuals and lead to an increased risk of people being lost to the system. We referred 24% of our clients to other service providers in the last six months of last year, however we found that nearly 21% of those clients ceased to participate without notice, and we do not have any reasons as to why that occurred.

In touching on some of the factors that affect the substance misuse issues here in Alice Springs, we widely regard that the culture of alcohol within the Northern Territory in particular is one of the reasons why the situation has evolved to where it is today. The Alice Springs Town Council report in 2001 highlighted the historically high consumption of alcohol in Alice Springs and in the Territory as a whole. The social inequities in populations in this region certainly play a large role in the development and some of the systemic patterns of addiction. However, there are some views that the approaches which aim to improve those underlying factors may not be fully sufficient. To quote from Noel Pearson, in his Charles Perkins oration in 2001, addiction is a condition in its own right, not a symptom. Substance abuse is a psychosocially contagious epidemic and not a simple indicator or function of the level of social and personal problems in a community. Five factors are needed for an outbreak of substance abuse: the substance being available, the spare time, the money, the example of others in the immediate environment, and a permissive social ideology. If these five factors are present, substance abuse can spread very rapidly amongst very successful people as well as marginalised people. We believe this is what we see in the Alice Springs region.

Adding to this is the need to recognise that addiction issues, while extremely damaging to populations affected by low socio-economic factors, affect groups from all strata of our community. Using employment as an indicator, in the last six months of last year the number of clients of our service who were in full or part time employment was only slightly lower than those who received some type of benefit as their main form of income. The figures were up to 43% versus 45%.

It would seem that the beneficiaries of most of the profits from the sale of alcohol in Alice Springs must be held accountable for the profits they are making. This is not a thought aimed at punishing local business but a recognition that the social cost to the community must not be borne by the residents alone. There seems to be an acceptance that more needs to be done, as readily noted by submissions to the debate in the local media and various reports. In the *Dollars From Broken Spirits* report in 2000 it was strongly stated that the community wants regulation of the Liquor Act. They have stated quite clearly that they want breaches of the Liquor Act dealt with severely. They want underage drinking stopped, binge drinking reduced significantly and sly grogging also severely dealt with. We feel that there needs to be a recognition that due to the level of needs in this region, there is a need for a higher proportion of services per capita. Substance misuse is a problem that requires action on a distinct level as opposed to solely working at underlying factors. The talk of expanding existing services in Alice Springs, as from the Illicit Drug Task Force recommendations in 2002, is very welcome by our service. What we

feel is also needed is the elimination of gaps in services that cover all aspects of attempting to improve the lot of those whose lives and community are affected by substance misuse.

Mr EASTERBY-WOOD: Just to follow on with some of the small picture and big picture evidence there. CAAODS finds itself as the thin edge of the wedge, in relation to we do provide the clinical services that other agencies in town here are not able to provide, and certainly our recommendation for the Green Gates proposal in relation to a rehabilitation centre is something we are desperately in favour of. I am a little bit nervous sitting here, in relation to what John was saying before, in relation to public servants telling you guys what can or should happen, but that is exactly what I would like to say now, as a public servant. There is this perception in community that the buck stops with government services and, as a public servant, I agree a lot of that is where it is meant to be. However, unless we are resourced properly and unless the community service agencies that we work with are resourced properly then we are in danger of becoming reactive instead of proactive, which is where we are at, at the moment. I would dare anyone in Australia to match their services against ours in relation to the professionalism and the dedication that our clinical team shows. Unfortunately for Alice Springs, I do believe that we are one of the finest institutions in Australia in relation to working collaboratively with other organisations. However, neither those organisations nor CAAODS should be penalised for that collaborative process, to say well those guys work great together so they need less resources. That does not actually help the issue. We could work significantly better and have significantly greater outcomes if those resources were increased.

Now, there has been a lot of debate in relation to what those resources should look like. We are not advocating in relation to capital infrastructure or development. Apart from the rehab facility which theoretically could be provided by the Department of Housing or a location like that, I do not think we are looking at capital infrastructure investment. I think we are looking at investment in human resources. I think we are looking at investment in relation to program expansion. Between the agencies that are represented here today is an amazing service delivery component. We just need to fine tune it. But that will take resources and increased collaboration. There needs to be a real movement in the approach for the tristate resources process in relation to - there are people here today representing South Australia and Western Australia. There has been a lot of talk in relation to what should be invested from other areas. Alice Springs and Central Australia in particular, is the general substance misuse population area for those coming in from Western Australia and South Australia, in relation to this is where a lot of them receive treatment. That does, however, once again, impact upon the resources that we can deliver to Territorians. So part of what needs to be looked at is a movement. Instead of people continuing to talk about investment from other states, we have actually had word that the other states are quite interested and had funding to be able to put into these processes. However, because of bureaucracy and red tape within the public service, which I represent, there are issues in relation to accessing that funding. And the greater danger is that if that funding becomes available to us it will be taken away by the Commonwealth because, hey, we have suddenly injected more into our system. So there needs to be an agreement by Commonwealth that if we are successful in being proactive in that approach, that once again we should not be swatted for it.

There needs to be touched on, the idea that there are large indigenous organisations here in town that are more adept at dealing with issues where they have received funding, but there is also a lot of politics involved, in a lot of these organisations, and it needs to be realised that only one in six indigenous people in this town live in town camps. So therefore I do not find that it is appropriate at all times, for funding to be going through to these indigenous organisations on the basis that they are running the town camps, or they are the leg into the town camps, given that it is only a one in six scenario. So it needs to be opened up in relation to agencies working together and a lot of these politics with the internal machinations needs to be reviewed, there needs to be timed processes. If millions of dollars are invested in a petrol sniffing program then that needs to be seen to be actioned a lot faster than it has been in the past, or any of those programs, that is just one example. But as I said, there seems to be this thing that most Aboriginal people here in town live in town camps. That is not correct, and I think it actually

biases those that are living outside the town camps in relation to the services that they can receive.

To wrap it up, we are very proactive at the moment but there are the drug course coming in, the juvenile diversion schemes, all of these things are looking at impacting significantly upon what CAAODS is doing and what the members that we organise with. However, as far as we have seen, there has been no significant discussions in relation to resource allocations for these programs. You know, you get a memo saying that great, you guys are going to head up this new program. But you do not see a memo saying, and you are going to receive another, or an, Aboriginal health worker, you are going to receive this or, you know, going out remote. The other thing we would like to touch on is the prohibition Act.... 122 I think it might be. It is unenforceable.

Madam CHAIR: Prohibition orders?

Mr EASTERBY-WOOD: Yes. It is unenforceable in its current state. However there is one part of it that we would like to work with in relation to, it provides for the courts to actually - if someone is seen to be a problem, substance misuse, mainly alcohol, that it does provide for rehab treatment; which is actually mandatory then or by the courts. We have a problem at the moment, we have spent a lot of time working with the courts in relation to putting up structures and what we would like to see happen in the program and how to work with that particular client, and of course, there is yeah, a great idea, but then does not do anything to make that an enforced program of rehabilitation. So someone walks out and that is the last we see of them. There needs to be a restructure of the order in relation to not worrying about the prohibition so much as looking for some sort of "*Rehabilitation Act*" which stipulates that if someone is found to be of danger to themselves and or the community because of their substance misuse, that we have the ability to work with them in an environment that is conducive to us helping them over a set period of time.

Mr RYAN: Madam Chair, just to add to the issue of the impending drug court that has been announced in the papers. As a service that may be affected strongly by referrals from that drug court, we have received no information, no background, and certainly no indications of funding to deal with those issues.

Mr EASTERBY-WOOD: I mean, paperwork is not something we do, it is not something we excel at. We excel at dealing with the clients and helping them make the best of their situation. So we need resources if they are going to back up the administration side of things. Thank you.

Madam CHAIR: Look, I will use my discretion as the Chairperson. Just quickly, prior to that, when Mr John Stirk comes back, what I might do if we have got some time, is actually call Green Gates to come back so that we might open it to a couple of questions, so that we can try and get his view in some of it. What I will do is I will take question from here, one from there, and I will certainly allow the independent member on this panel to ask a question. I ask that all members please keep their questions to a minimum, which will allow the presenters to answer back without wasting too much time. Thank you.

Mr LIM: J, are you suggesting that the money that is provided through say, the Tangentyere Council, does not put it into non Town Camp residents, or do you think that the Tangentyere council programs include Aborigines and...

Mr EASTERBY-WOOD: I am saying that I do not believe that, I believe the funding is going into the town camps, but my concern is giving it to that one sixth. What is happening, you know, is only a sixth of the funding going into town camps or is the majority going into the town camps and therefore, the remaining people who are not in the town camps are not receiving that ability. That is my concern. Not that that is, I do not want to bring that up as a standard example or finger pointing, but as I said, there is this belief that it needs to be Indigenous organisations. I think there needs to be a collaborative effort between Indigenous and non-Indigenous if the

people providing the services, you know, as I said, there is only one clinical service here in town. To be told that there is a lot of politics involved into accessing town camps for education, for clinical treatment, and all these things, I just think it puts a lot of frustration there where it does not need to be, if we are all pulling for the same outcomes.

Mr WOOD: I am interested in the mandatory treatment, and this is an issue that was raised at Tennant Creek. How would you see that sort of treatment being resourced? What I am getting at, and I am presuming that you are not just dealing with alcohol, you are dealing with people who have other sicknesses as well?

Mr EASTERBY-WOOD: Yes.

Mr WOOD: Do you see something like a low security prison site, when I say that I don't describe it in any other way, with perhaps a garden, with some skills that they can learn there, that they are required to stay there, it might be six months?

Mr EASTERBY-WOOD: Yes. Strictly, our view, well this is something that we are still debating but we see it as a process whereby if someone is detained for that process, it is identified that you know, was it a violent situation, in which case probably not the best way of looking at it. But more longer diversion... if it is something that someone broke a window in order to gain access to petrol or alcohol or those sorts of things, if it is deemed appropriate then that person going into a rehab process whereby they are engaged in life skill activities, continuing education formats. We have already got a very good working relationship with Centralian College in relation to vocational education and training for the training that we provide. So there are facilities in town that will pull together to help provide Green Gates, for example, with that process. Not just putting someone in there and saying 'you will be here,' but providing that whole of life skill experience. But as I said at the moment, it is not enforceable, so anyone can walk out of the rehab thing and that is it. To know that if you walk out, you will serve the six months remaining on your sentence, I think that would be progressive for someone actually thinking, well I might stay off the grog for a couple of months.

The other thing that we would look at with that scenario is that food voucher system in relation to a certain amount of payments being taken out in the form of a food voucher. That would of course only work if those food vouchers were actually allocated to a specific name and someone would have to provide photo identification to use those vouchers. People talk a lot about voucher situations. They are useless, because all you are going to have is have someone get \$300 worth of vouchers and all you get for \$50 cash so they can go buy alcohol. There needs to be a photo identification whereby they can only use those vouchers to purchase food, if that is the person I mean that is a start. But in relation to what we are looking at for that rehab process, is that an amount would be allocated to pay for damages or something that had been done to the community, to pay for some of their rehab process, because it should not be going all on government funding, if someone has committed that crime, and it is certainly going to be a lot less cost than being incarcerated in prison, so some of their payments go towards that residential care, some towards paying if there is any difference of crime assistance or something that is needed, and then the rest is theirs to do with whatever they need.

Mr KIELY: What I am saying, is when you talk about food vouchers and people being responsible for paying for their restitution type of things, it seems to be the aged care model that you were throwing up but you know, people who are in aged care, the service provider virtually gets the payment and then they take care of the individual. It seems to be an overlap with different models coming in. But on the prohibition orders, I am not sure whether I was understanding fully, but are you advocating that the mandatory rehabilitation component of prohibition orders should perhaps be handled by something similar to, we are talking about the drug courts which is going to mandate rehabilitation. But that in a sense, the drug courts should be opened up to handle alcohol abusers and be able to mandate that to rehab them there.

Mr EASTERBY-WOOD: The crime is committed. It should not matter whether the original substance was licit or illicit. The process should still be the same.

Mr KIELY: So other than a drug court, you are saying a substance abuse court?

Mr EASTERBY-WOOD: Yes, we are advocating that the same system, a substance abuse or misuse court, yes. And as I said, whatever form it takes, whatever model, looking at a joint responsibility between the people working with that client but the client being responsible also.

Madam CHAIR: I have certainly got plenty of questions but I will keep them for later. Thank you for your presentation and I hope that you will be part of the round table discussion later. I would like to now invite, keeping on schedule, Superintendent Trevor Bell from the Northern Territory Police, Fire and Emergency Services. Can I just ask Spt Bell, we are running about 10 minutes behind schedule. We have allocated about 20 to 30 minutes for your presentation. However, we did have a committee deliberation. If your presentation only goes for about 20 minutes I will then use my discretion to open the floor to members to ask one question.

Spt BELL: That is fine, I probably will not take that long, I have got 11 pages here but I will not go through all of it because I have printed a copy for everyone anyway. I will just briefly go through the substance for the majority of it.

Madam CHAIR: Can I ask that you try and talk a bit louder because with the air conditioning, it is actually drowning the recording but also people behind you.

Dr LIM: Madam Chair, may I make a suggestion, that the air conditioner be turned off? It has turned cool outside and not likely to be warm for a little while and we might get better sound levels.

Madam CHAIR: That is better.

Spt BELL: I will start off by just giving a bit of history of Alice Springs police, if you like, what the Alice Springs police division I run encompasses, which is the district, town, of Alice Springs, which is predominantly the Aboriginal communities of Maryboe, Santa Teresa, Jay Creek, Anamumata, supporting cattle stations for and within the district. The district is 33 840 km² in area, the current population of Alice Springs division (which takes in those areas as well) is approximately 30 000. It enjoys an annual growth rate of approximately 1%. Police resources comprise 128 members, this is broken down to a superintendent, six senior sergeants, six sergeants, 89 constables, 21 auxiliaries and six Aboriginal community police officers. The Alice Springs Police Station operates on a 24 hour basis. It is one of the busiest Police Stations in Australia. There is a strong representation of American personnel and families in Alice Springs, some 3000 people. There are approximately 1424 businesses in Alice Springs which does not include Government Departments. Categories of incidents which have decreased since 1998 are anti social behaviour in the Mall, disturbances general, disturbances on licensed premises, drink within two kilometres, drugs, domestic disturbances. Categories of incidences that we have found to be fairly stable, interfere with motor vehicles. Categories that have fluctuated are, robberies, sexual assault, stealing, unlawful entries. Unlawful entries at the moment are going down. Unlawful use of motor vehicles. Categories that have shown a continued increase are criminal damage. Most offenses, I think that there is a bit of a hoo ha earlier on with some of the stats about sexual assaults in Alice Springs recently. I think they said there were nineteen sexual assaults in Alice Springs. Unfortunately the stats the way they collect them don't really reflect the true picture. There were nineteen offences not nineteen sexual assaults. There were only five actual sexual assaults, with nineteen offences relating to them. One incident, one person was charged with ten offences over a period of the sexual assault he committed. There was only five victims, but a lot of offences. Stats produced sometimes are a bit misleading as to what is actually the true picture.

Use and abuse of alcohol and illicit drugs and the subsequent anti-social behaviour associated with it are the main problems in Alice Springs and take up the majority of police time and resources and will continue to do so into the future.

The major issues confronting the region is to find some resolution to the endemic socio-economic circumstances of its significant Indigenous population, social order issues including, substance abuse, public disorder and violence arising is detrimental to the wellbeing of the community as a whole and the Aboriginal community in particular. Policing in Alice Springs over the past twelve months strategies have changed. We have introduced motor bike patrols, push bike patrols and foot patrols in the CBD and environs. These were introduced to address the problems perceived with the 2kilometre law and the drinkers and public drunkenness. As a result the aggressive policing of the two kilometre law in and around the CBD and Todd River area, we have reduced the anti social behaviour problem in the CBD, reduced the perception of drunks roaming the streets all hours of the day. However what our strategies have done, is to shift the problem from the CBD area to the Town Camps. The problem drinkers have left the Todd River and the CBD area, because police would tip out their alcohol and issue them with summary infringement notices or apprehend them for being drunk.

They have now shifted to the Town Camps and are causing problems within the camps. We have found that the reports of disturbances and anti social behaviour have reduced in and around the CBD and increased outside the CBD.

We are getting fewer people apprehended for protective custody as they are no longer drinking or drunk in a public place, they are now in the Town Camps where most of them live or have relatives.

The problem with anti social behaviour and drunkenness is still as bad as it was prior to the liquor restrictions. However, with the change in our strategies, it is not quite as visible or obvious. It has given the CBD and town shopping precincts a better ambience. In 2001 all the incidences attended by – not all the incidences attended by police, 78% of them were alcohol related, 20% of them unknown, 2% were not alcohol related. You could just about say that just about close to 90% of our jobs are alcohol related. A couple of graphs there giving the alcohol related incidents.

The alcohol restrictions come into force in April 2002. The trial period has finished – last month. The alcohol restrictions have been in force for twelve months as part of a trial. Research was carried out by Chris Moon who is the Project Officer for the Evaluation Reference Group (ERG) and has come up with the following information as a result of his research.

Agrigate wholesale sales of absolute alcohol in Alice Springs outlets from April to December last year was 3.1% or 10 968 litres higher that for the same period in 2001. Although this increase is not statistically significant. Compared to sales of absolute alcohol for April to December 2001 there has been a change of beverage types, consisting of 75 000 litres drop in cask wine sales, 2760 litres drop in bottled wine and a 651 litres drop in cider, along with increases of 65 700 litres of fortified wine, 6000 litres in standard spirits and 7000 litres in mixed spirits. There were 10 500 litres in heavy beer, has gone up, and midstrength beer. There has been no substantial change in the volume of light beer. So basically the substitution has been from 75 000 litres of wine, cask wine, moselle, port, etc, (inaudible) to 65 751 l of fortified wine, basically port.

Mr KIELY: Which is probably worse.

Spt BELL: Well, it could be worse in some ways, health wise and things like that, yes. The number of confirmed assaults for the trial period is 14% lower than for the previous 12 months. The number of public order incidents for the trial period is 27% lower than for the previous 12 months. The average number of incidents per month for drunkenness and drinking within 2km of licensed premises are 11% lower than the previous 12 months. The number of protective custodies taken by police between April and December is 43% lower

than the previous period. The portion of protective custodies held in our cells from Thursdays to Sundays has increased from 50% of the total to 58%, peak time has moved from 7 pm to 9 pm for us. That is probably with the changing of the takeaway hours from 12 pm to 2 pm, we have noticed that everything basically shifted two hours for the day. Admissions to the sobering up shelter for the trial period are 8% lower, and for the previous 12 months the near peak period has shifted from 5 pm to 7 pm. Presentations at the Alice Springs Hospital emergency department from April to December identified as assault related incidents, presentations rather, at the hospital, assault related, are 18% lower than for the previous 12 months. Awareness of the light beer restrictions which is the restriction of selling heavy alcohol in hotels between 10 am and 11.30 am in the morning basically, stakeholders have very minimal knowledge of that. Town council staff continue to report an increase in broken glass, particularly in sporting ovals, but Alice Springs hospital staff report no increase in glass related injuries.

Dr LIM: What about the use of the ovals? Have they increased or decreased? I mean, if you don't go to the ovals, you don't get cut, and you don't go to hospital?

Spt BELL: Well, I don't think the oval situation has decreased, they are still playing sport on the ovals, it is just that there is a noticeable increase in glass in the town council record. Business comment is mixed. Some businesses see alcohol related incidents as a big problem for them and that the restrictions have made no difference. Some businesses, including shopping centres, see alcohol related incidents as relatively minor and managed by changes to their practices, emphasising improved customer communication, and staff training in better, although not more, security. Tourism operators report increased comments by tourists, some complaints about the availability, and often just confusion or surprise at the need for restrictions. Most tourism operators are afraid of the long term impacts of alcohol related behaviours and restrictions on the image of Alice Springs and the flow on to accommodation. Some tourism operators mention an economic impact from having to buy smaller, more expensive casks or having to buy out of town. And eight operators had taken advantage of special licences made available by the commission.

Treatment agencies have noted no change in numbers of referrals or admissions, no changes in types of people or presenting issues. Town camp, residents, Tangentyere executive and night patrol have all noted an increase in disturbances, mainly noise and partying later at night. Town camps used to be noisy at 5 pm to 6 pm but asleep by 11 pm. Now the noise continues until 3 am or 4 am. As a flow on from some of those things too, we have noticed that the juvenile problem in town quite often relates to the fact that the juveniles do not really feel safe in their own communities because of the drinking and the problems that are related there, and they go wandering the streets where they feel they are safer in that instance. It also impacts on us when we try and take them home because quite often we can not leave them in the camps or at their homes, because the situation is such that it would probably be putting them in just as much danger by taking them home. So we then look for the option of trying to find some other alternative accommodation for them or contacting FACS to do something for them.

We have proportionally more call outs to town camps, since restrictions started. Out of town police officers have noted a change in the characteristics of grog running, although not necessarily an increase in the number of events. A move to beer and port casks and some move to spirits, people leaving and returning to communities later in the day or night. The part of the police to protect the grog runners is also, with them travelling later at night, there are fears for motor vehicle accidents happening on the roads. Uncertain about the impact on public behaviour in communities. Communities have been quiet, but officers out bush are not willing to attribute that to the restrictions. Out of town licensees have noted an increase in the sales of some beverages types to tourists but no movement of drinkers actually going to the out of town facilities to get the cask wine etc. I did a little bit on Section 122 of the Liquor Act, which Jay stole a little bit there, he tried to present it yesterday at the ERG meeting, and I think he stole a little bit of that. But I believe that Section 122 of the Liquor Act with some amendments and cooperation between police, health, courts and some of the service providers, ie DASA, CAAAPU and places like that, could be used to help with some of the problems of habitual drinkers and drunks in Alice Springs.

This section of the Act deals with the prohibition order Section 122 as a provision for the courts to impose prohibition orders banning the sale or purchase of alcohol to persons named in the orders. I believe people are concentrating too much on this section whereas there is at sub-section 4 of the Act, the provision that a court may also order that the person named in the prohibition order be referred to an appropriate body for physical and mental assessment, for a report back to the court, and the person undertake at their own expense, if ordered, a specified program of treatment and rehabilitation. I believe this committee could make a recommendation that a working party be formed with all interested agencies, to develop some form of cooperative approach to allow this section to work. I believe there would probably need to be some form of legislative changes to the Act because as it stands, there is no power of the courts, there is the power to order these things by the courts, however there is no mechanism to compel people to comply with the order. So I will leave it. But there is an opportunity to do something with that section. In the past, it has not been used since 1995, and even then it was unworkable, the prohibition side of it, however I do not think anyone has ever tried to focus on the rehabilitation and treatment side of it, and I think it is probably the most appropriate section that people should be looking at. I have just detailed the Act there for your information.

Alcohol and crime. If we ignore the health statistics and implications which are bad enough in themselves, then just look at the relationship to crime. The Northern Territory Police Activity Reports are a clear indication that alcohol and crime is a major issue. The Australian Institute of Criminology in *its Trends and Issues* paper supports this conclusion when it reports in Paper 18 of the Alcohol and Crime, following both Australia and overseas research, support an hypothesis that there is at the very least, a relationship between alcohol and the commission of criminal offences. In 1968, Bartholomew found that 59% of Victorian prisoners had consumed alcohol before committing the offence for which they were charged. Bartholomew repeated this in 1983 and found that the rate had increased to 81%. There is a clear indication, I think, that it appears that with property offences, it is not quite so high, but with offensive violence, which is the main problem in Alice Springs... I think the Top End is more property offences but we are more violent crime down this way, and there is a very high correlation between alcohol consumption and violence, especially domestic violence within the Aboriginal communities and camps and things, it is a very high rate. I think Alice Springs, from memory, has roughly twice the amount of people put before the court for domestic violence incidents than what Darwin has. It is a pretty sad indictment when you think of the population disparity there.

Substance used and abused by Aboriginal people in the Northern Territory are alcohol, cannabis, kava, and petrol, petrol sniffing. In significant areas of Western Australia, South Australia, Northern Territory, Northern Queensland and western New South Wales the abuse of petrol in indigenous communities is considered by many to be out of control. Anecdotal evidence indicates that petrol sniffing occurs in many indigenous communities, if not at all times, certainly most have recurring outbreaks with sniffing with children aged 11 to 12 years, and in others as young as 5 and 6 have been reported regularly abusing petrol. Many of these incidents result in some form of interaction of police, night patrol or warden staff. The long term effects of petrol abuse often result in the early death of sniffers or brain damage to a degree where they are maintained in a vegetative state. This constant care per year is very costly, conservative estimates indicating the investment in the vicinity of \$150 000 per case per year. There are currently 15 such persons being cared for in Central Australia and it is suggested that this could escalate to 60 or more in the foreseeable future, within the next 10 years, at a cost of in excess of \$9 m per year.

Aside from the cost of treating and supporting sniffers, hundreds of thousands of damage is caused by petrol sniffers to pumping facilities each year and there are also a huge number of personal injuries caused by petrol sniffers to both police and community persons, the social costs of family degradation, loss of facilities and services, and the apprehension and court costs are of an astounding magnitude. An NT Department of Health and Community Services facts sheet on petrol sniffing reports that petrol sniffing and other inhalant substance abuse is known to affect up to 30 remote communities in the Northern Territory. Inhalant substance abuse is most entrenched in the Central Australian region and the Tristate border region of

the Northern Territory, South Australia and Western Australia. In the remote central communities it is estimated that there are up to 350 sniffers. Sniffing is an endemic practice in at least six remote Central Australian communities. While the numbers of sniffers appear small in comparison to other problems in the community, they have an affect on community life far beyond their numbers. This affect is partly due to the number of offences committed by sniffers and partly from the sense of despair and shame that spreads through most of the families.

NT Police strategic direction. The NT Police, Fire and Emergency Services strategic plan for 2002-05, there are several strategic priorities which relate to the drug law enforcement. The principle strategic priority is to implement the policing initiatives of the government's three point plan, *Tough On Drugs*, law enforcement strategy of zero tolerance on drug production and distribution. Several other strategic priorities indirectly address elements of illicit drug use. They are ensuring high priority is given to domestic violence, juvenile diversion and indigenous policing issues, enhance our proactive intelligence approach to detecting and investigating crime and organised crime. I grabbed a few notes before I came on: some of the other drug problems in Alice Springs. I have just got a few small things. Marijuana: it is mainly recreational; it is mainly the hydroponic type that is getting to Alice Springs and the remote areas; it is increasing amongst the Aboriginal community; it is mainly coming up from Adelaide, the majority of it. Amphetamine use appears to be the major problem with drug use in Alice Springs; it is a fairly high use; it is mainly intravenous use; they do use oral or they do sniff it or put it in drinks, but the intravenous one is the favoured way because of a bigger rush, I suppose, or whatever it gives them. It is also the biggest problem for us because it makes people paranoid; it also leads to a lot of property crime; we find that the main way it is getting into town is down from Darwin via Hell's Angels and the outlawed motorcycle gangs and up from Adelaide through the Finke outlawed motorcycle gang. These, as I said, lead usually to a lot of our property crime problems, We do not have a lot in Alice Springs but property crime we do have; a lot of it is related to drug use.

Ecstasy is sparsely available, not very much. It comes in from Darwin, Adelaide and it has been known to come in from overseas directly as well. Tablets of ecstasy is selling for between \$40 and \$50 a tablet. It is mainly viewed as a party drug, commonly called 'The Hug Drug'. Heroin use in Alice Springs is very minute. We have not come across much heroin at all in Alice Springs, but we do find that a lot of people now, because they cannot get heroin, they are using morphine sulphate, prescribed for pain relief, capinol or MS contin, I think it is. They get in capsule form, usually prescribed. One cap of that is usually 100 milligrams, I think. It usually sells for about \$100. They crush it, mix it with water and intravenously inject it. LSD is sparsely available. It has been used in Alice Springs. It is usually in tab form and it is just placed on the tongue.

That is about the situation with drug use in Alice Springs. The main problem with drug use, from our point of view, for healthwise and things like that, is the amphetamine use. I think that is about all I had to actually say.

Mr McADAM: Thank you very much, superintendent. I will allow some questions. Probably about eight minutes. I would just like to start, if I may, in regards to - I think you were referring to Section 22.4, which talks about the...

Spt BELL: Yes, 122.4. Yes.

Mr McADAM: Sorry 122.4. You say that perhaps this committee can make recommendations that a working party be formed with all interested agencies to develop some form of cooperative approach. Is it not possible for the organisations based here in Alice Springs, both NGOs and government, to do that?

Spt BELL: I would imagine it probably would be. Certainly, I know the courts have been reluctant to use this section 122 at all. I think it has probably got a lot to do with the fact that it is a legal drug, alcohol, and you are imposing things on people for basically engaging in an illegal activity. So I think they have been reluctant to do something with it. Even though we have not put anything up since 1995, but even then, when they were put up, they were put up

mainly as prohibition orders and the emphasis was not placed on the rehabilitation, I do not think.

Mr McADAM: I would just encourage local organisations to take that, because waiting on the committee you could be waiting for a while.

Spt BELL: I have also raised this - because I am member of the evaluation reference group of liquor restrictions. I have raised it at that, which - we are probably going to make a recommendation to the Liquor Commission, something similar as well. Perhaps, because it is their Act, that maybe they should drive it a little bit.

Mr McADAM: Gerry, do you have any?

Mr WOOD: Yes. I would like to talk about that more but I think it will come back later. Just on your conclusions about the alcohol restrictions - and you have given a series of decreases and change of times and that - but you also mentioned that there have also been changes in police strategy...

Spt BELL: There has.

Mr WOOD: Is there any way one can define whether some of your changes in police strategies have also caused some of those changes that have been put down under the alcohol restrictions?

Spt BELL: Well, my personal opinion is the police strategies have had a major impact on some of the results of these - as a result of restrictions it sort of focused the strategies a bit more on more aggressively policing about the two kilometre law and, as a result of that, with the motorbikes, the pushbikes, we basically shifted the drunks out of the CBD and into the camps, which certainly lowered the drunk apprehensions. It has also lowered the assault reports and things like that, because they are not in the streets any more, they are not committing the crimes, they are in the camps and when they are in the camps they quite often do not report a lot of the incidents. Things that happen in the camps just stay in the camps. There is also a lack of telephones in the camps usually. So the mechanism for them to actually contact us and report assaults and various this is limited. So, yes, I think the fact that we have shifted them out of the CBD through our tipping out of their alcohol and issuing people with some infringement notices, etcetera, has created a lot of the stats rather than - perhaps maybe not restrict them as much. I think it is a combination of both.

Mr McADAM: I was just going to say, because it is interesting about the moving into the urban living areas or town camps, trespass orders, have they - have you noticed an uptake in terms of responding for those people?

Spt BELL: No, there have been none.

Mr McADAM: No, none, okay. Sue?

Ms CARTER: I was wondering, you mentioned very early on about the summary offences notice that can be given as a strategy. If one is given - because I do not really understand what one is - I would like you to explain what one is - and say one is given, does it have any affect?

Spt BELL: A summary infringement notice is, basically, the same as a traffic infringement notice. It is an on the spot fine. It is for offences of drinking in a public place, disorderly behaviour. You can actually a summary infringement notice rather than arrest or summons someone. If it is a very minor offence, it is not arrestable, it is not worth taking them to court. You can give a summary infringement notice, which is, basically, an on the spot fine.

Ms CARTER: How much is the fine?

Spt BELL: They vary. They vary, depending on what the offence is. Probably \$100, \$200.

Ms CARTER: And does anyone ever pay them?

Spt BELL: They are paid at times.

Ms CARTER: So it would be a bit like If someone got it - say someone was drunk in the street and they got one, are those.

Spt BELL: Well, we normally do not give them to drunks, because they do not understand, in the first place. What we will do, if we apprehend them for protective custody for being drunk and they have committed an offence, we will issue one once they are released, when they are sober, and we explain it to them then, because otherwise it is pointless giving them to someone who is intoxicated; they will just chuck them away.

Mr McADAM: Len?

Mr KIELY: Superintendent Bell, I get the impression that we have shifted the problem, consolidated it out of the river bed and out of town down to the Town Camps. Have you detected any increase in alcohol related incidents of crime in the suburbs? You talk about the town camp situation but really is there any...

Spt BELL: It probably has. It is place like tourist places in Alice Springs, like the Keith Lawrie Flats, which are public housing type accommodation - and they have shifted, instead of drinking out in the creeks - it is the low socio-economic type people who are living in those areas and we have detected quite a lot around that area, where large groups of drinkers gather and we cannot do a great deal with them because they are in their own properties, but they have massive parties and things, and there are a lot more incidents like that which are causing problems in the suburbs, basically, where the - especially mainly around the areas of socio-economic type population bases.

Mr McADAM: Richard?

Dr LIM: With the diversion of the problem into town camps particularly and the issue of street kids, because they fear being home particularly late at night, and then when you do apprehend the children, there are not very many places you can take them to. What was the rationale then, or what is the rationale for the police being against Abbott's Camp wanting to be dry?

Spt BELL: I was not part of that process, but I think the thing there is, Abbott's Camp wanted to stop the drunks coming in. Well, they cannot stop the drunks coming in. All they can do is stop drinking there. A dry area only stops people drinking at that camp, and that does not happen at the moment. It is mainly the drunks going there. The majority of the drunks that go to Abbott's Camp usually drink in the river outside Abbott's Camp, then they come in when they are drunk. To make it a dry area would have achieved absolutely nothing, in our opinion. I am pretty sure that was what it was, that the argument - I cannot - I was not involved in it, but I think that was the argument, that there were not drinkers at the camp, they were drinking outside the camp. By making it a dry area it was not going to solve the problem of the drunks coming in. With the drunks coming in, they can ring us any time for that and we can just come down and enforce the Acts.

Dr LIM: How reliable are the figures to the ERG then about restrictions reducing crime and other issues, when you say that in town camps these instances are not reported or are under-reported?

Spt BELL: Well, the figures that the ERG will be weighed up. I present the same sort of type of stuff that I am presenting here to the ERG, so they can then weigh up how much weight they put on those figures, because the figures, even though they are quite good figures for reducing stuff within town, you have got to weigh up the benefits of what it is doing

in the town camps. So I present the same stuff and it can be weighed up by the Liquor Commission eventually and by the ERG.

Mr McADAM: Thank you very much, Trevor, for your time. Will you be available at 3.30?

Spt BELL: Yes. Yes, I will come back at 3.30.

Mr McADAM: Okay. Thank you very much.

Mr KIELY: It would have been nice to have you at that debate that we had.

Mr McADAM: What I was going to suggest is, that we allocate - no we have not.

Unnamed participant: Could we have a break, please?

Mr McADAM: Is Dr Jim Farrell here?

Dr LIM: May I suggest that people who want cups of tea or coffee can help themselves and we keep on working, then we can catch up then.

Unnamed participant: Wont that be a distraction?

Mr McADAM: No. I think, because we are running a bit behind time, it might be more appropriate for Jim to...

Dr LIM: Please feel free to help yourself to drinks.

Mr McADAM: ...Central Australian Aboriginal Alcohol Program, CAAAPU. Welcome, Jim. Thank you very much.

Dr FARRELL: Thank you.

Mr McADAM: I think you may have been here previously, when Marion indicated what the procedures were...

Dr FARRELL: Yes.

Mr McADAM: ...that you have been allocated a period of time, speak to your submission if there is time available, then we will certainly allow questions. You will be available at 3.30?

Dr FARRELL: Four o'clock.

Mr McADAM: Four o'clock, okay.

Dr FARRELL: I will get in here. I am on a tight schedule but I will be there.

Mr McADAM: Thanks, Jim.

Dr FARRELL: I will just give a brief, basic outline of CAAAPU, the history of CAAAPU, our services and where we are at now. CAAAPU was established in March 1991, to consult with and articulate the aspirations of Aboriginal people in Central Australia in the development of a comprehensive strategy to address widespread and devastating problems of alcohol abuse. CAAAPU grew out of grass roots among Aboriginal people in Alice Springs who want to do something about the seemingly intractable alcohol problems. In early 1989 the Aboriginal Alcohol Awareness, AAA, a self-help group, based on the principles of Alcoholics Anonymous, was founded. At the grog forum of the NT Aboriginal Issues Unit of the Royal Commission into Aboriginal Deaths in Custody in 1989 Aboriginal people made it clear that they wanted a comprehensive, coordinated approach to the alcohol problems in Central Australia rather than just short term strategies. An Aboriginal alcohol working party was set up and began meeting.

In 1990 two more drug forums were held. The second one was held at Hamilton Downs. They proposed putting a submission to the Federal Government for the funding of a planning unit which would consult with Aboriginal communities and organisations, to devise a strategy for the Central Australian region. Since that time CAAAPU has grown. It has its ups and downs like other organisations but today it is a place of health, hope and healing. CAAAPU endeavours to do a number of things. It endeavours to provide a safe, non-discriminatory healing place that equips clients with the tools in which to live a healthy, sober, active and productive life. It endeavours to be a leading advocate in areas of alcohol and other drug dependency, as a recognition of the unique spiritual and cultural strengths of Aboriginal people. It endeavours to ensure that it incorporates practices that enables clients to develop their full potential and, lastly, it endeavours to work towards a reduction of the harmful effects of alcohol and other drugs on individuals, families and the community, thus contributing to the wellbeing of our society here in Alice Springs and Central Australia.

Currently we have five programs. The first program we have is a residential treatment program of eight weeks and this provides clients with individual and group counselling in a safe, healthy and caring environment. Clients who wish to stay longer with us may do so. Various organisations refer clients to the treatment program, including DASA, CAAODS, the Alice Springs Hospital, Correctional Services and the courts. This treatment program consists of lectures on alcohol and drug addiction, group and individual counselling, a smoking ceremony, a AAA meeting, as well as a AA meeting, cultural activities, a life skills program, which we started recently, which is tailored to meet the needs of individual clients. The type of things we do there are artwork, budgeting, nutrition, getting employment outcomes, job search and skills. Also CAAAPU supports family involvement in the recovery of clients as well. On Saturdays we allow visitors to come in and we also are flexible in allowing family members to come and visit clients in the program, to ensure that they stay there and support them.

Secondly, CAAAPU offers a day care program for both men and women. Here clients receive counselling and education and also they partake in some activities. One of the difficulties we have at the moment is attracting male clients to CAAAPU. We are looking at that, the reason why, and we are going to do something about that soon.

Thirdly, CAAAPU offers an outreach program in the community. We have various programs, such as a weekly education program at the prison, we visit a local primary school, we visit the streets in Alice Springs here and the Todd Mall here, the Todd River, we respond to the needs of the community, and we also visit the sobering up shelter at DASA twice a week, in the morning, to do some brief intervention, and we also conduct assessment at the court in Alice Springs here.

Fourthly, CAAAPU offers a AAA meeting, which is based on Alcoholics Anonymous. This is an opportunity for people in Alice Springs to come to CAAAPU each Wednesday evening. The AAA meeting is based on the principles of Alcoholics Anonymous. It provides a friendly, sharing, anonymous fellowship. It is a spiritual program fostering self-responsibility and self-healing. The only requirement into this group is to have the desire to stop drinking. CAAAPU provides transport to and from CAAAPU every Wednesday night and people can phone up and so on.

Lastly, CAAAPU provides an after care program for clients who leave the treatment program and we have a situation where people leave the program, we have one staff member who follows up the clients who leave. We have a major difficulty with that, which I will address at the end of the speech.

Our current situation is that we are revising our corporate plan and already we have consulted with various organisations in Alice Springs through a workshop forum which was held on April 28th, last Monday, and this was to help us to identify how best we can serve the community with regard to substance misuse. This was a very useful exercise and we are having a second workshop on May 9th, which involves both committee and staff coming together, to actually break this down after further feedback from the community organisations

and revise our corporate plan and put some strategies in place, to address our current - the needs of the community.

Dr LIM: Can I have the date, again?

Dr FARRELL: Sorry?

Dr LIM: Can I have the date, again?

Dr FARRELL: May 9th. That is between the committee, the board of CAAAPU and staff, and also there are actually some other outside people coming as well on that date. On April 28th we held a consultation forum with community leaders from outside. We have heard a lot of useful information from those organisations and individuals.

CAAAPU has received a capital works grant from the Commonwealth Government, over \$2m inclusive of GST. This is to build new residential quarters for clients of CAAAPU, another building is to be decided, to facilitate the delivery of its services as well as upgrading its existing buildings. This will enhance the delivery of CAAAPU programs and provide a much better environment for both staff and clients. Currently we are working out of demountables which, basically, have a use by date. This program, this building program should be completed by May/June 2004. CAAAPU currently is continuing to forge links with organisations in Alice Springs and can I just say that there have been some very good examples of cooperation in the last four or five months, between CAAAPU and other agencies, and these have resulted in very successful outcomes. One example of that is where we had for the first time a petrol sniffer who also is at risk of falling into the alcohol issue and so on, father and son have come to CAAAPU and that has been cooperation between DASA and CAAAPU and both clients are doing very well. The father said to one of the staff that if my son didn't come here, he would be dead in six months. So we are endeavouring to diversify.

As director of CAAAPU I and my staff and the committee are committed to work closely with all relevant organisations in Alice Springs and individuals to improve our service delivery and we welcome any input staff, sorry from individuals in Alice Springs or organisations. We have a policy of welcoming people to the organisation. All you need to do is to give us call and I myself or a number of staff are willing to meet people to let people know what goes on there. CAAAPUs retention rate has recently increased as results of focussing on client's satisfaction during their stay at CAAAPU. I have done some investigation and we have put some changes in place. Recently we have had some staff training for three and a half weeks, we have also developed an new treatment program and we have also worked closely with referring organisations and we are moving towards core case management and that would prevent clients falling through the gaps so that when people come to our program that is followed through and when people leave our program that is also followed through. So people don't disappear and get lost.

Remember that clients that come to CAAAPU have to feel at home and no matter how good a program is, no matter how fancy a building is, if clients don't feel at home in the environment then it is really a waste of time. At the moment here I am here I am twice, three times a week I have consulted with, in a friendly manner, with clients at CAAAPU, ask them how they are getting on and basically checking the barometer you know if they are happy and if they find it helpful and there are any issues they have that they are not afraid to actually articulate those to either myself or other staff members. One thing I want to make clear is that CAAAPU is both open to take indigenous and non-indigenous clients and there has been a bit of confusion about that perception I should say in the community that CAAAPU is only for indigenous clients, in fact we have I think three maybe non-indigenous clients at the moment and you know everything is working out quite good.

Mr LIM: You may have to drop off one A

Mr FARRELL: We may yes, well there you are thank you very much and we welcome your feedback.

The solutions to substance misuse problems are both complex and varied and a multi-faceted approach involving working closely with relevant agencies is one way forward. In fact it is the only way forward. If we are to succeed all members of the public I believe in Alice Springs need to be involved directly or indirectly with CAAAPU and with the alcohol problems. You can't turn a blind eye and say that is not my problem and I've read lots of people in the paper writing articles I haven't seen any of those people coming to me, talking to me about the problems. I mean people – it's easy to write and be an armchair critic. But really you know, you are either part of the solution or part of the problem. I extend an invitation to all members of the public and the committee here to visit CAAAPU at any stage. The location just lastly, CAAAPU provides an ideal environment, it is away from the CBD here. We've got trees growing there, we've got some little animals there as well and one of the challenges I think facing CAAAPU I have to be frank with you is attracting suitably qualified people. One of the strategies we are putting in place to actually start a traineeship program whereby we get individuals to come along to a traineeship program and that people are keen to stay at CAAAPU, want to be employed, we can actually further their training. So this is one thing that when some people leave we often find it very hard to fill those vacancies.

One of the big problem we have at the moment, the current matter is when people leave CAAAPU, the after care program. The housing is a big issue in Alice Springs and we are not in control of people's lives and a lot of the time people end up going back to where they resided previously and we are trying to work out some strategy of possibly a halfway house, forging links with other organisations where we can place clients for a period of maybe two/three months after they leave the program, because that is a critical stage, people are very vulnerable to falling to the trap of drinking again, or drinking and meeting with their old mates again.

Are we making a difference? I think we make a difference when my benchmark is reached, which is that there is a queue of people waiting to get in to CAAAPU and the people who are there don't want to leave. When we have reached that stage then we know we are doing something very good and successful. And it is beginning to look like that, currently our numbers at CAAAPU are 15 this morning, so we are trying to maintain a level between 15 to 20 clients there throughout.

Mr LIM: So 15 to 20 is the occupancy rate, that is what you are saying?

Mr FARRELL: Occupancy rate, we are funded for 15 clients, the number sometimes goes down to 10 depending on various reasons, we are trying to maintain about 15 average.

Lastly I would just like to say thank you very much for giving me the opportunity to present to you what CAAAPU is all about, and I will stop there.

Mr MCADAM: Thank you very much Jim it has been very informative and we will allow some questions and I have the first one. You refer to the five different programs, I mean you don't have to give it now but could you supply numbers in terms of those. Thank you. Gerry?

Mr WOOD: I would have to follow up things later, but I suppose one of the issues that I see, and I see the same thing in Darwin as well, and I should say that I used to be a member of ANSTI which is the, I am not a member, I am a member of the Board.

Mr Kiely: We know what you mean Gerry. You can't fool us mate.

Mr WOOD: I mean it's one of their complaints and I think it is perhaps similar to Green Gates, their level of funding compared to some of the Aboriginal organisations was far, there is a big variation and I noticed that you said it is non-discriminatory or group, I do feel that alcoholism does have no racial bounds and I think somehow we've got to work to pooling these resources based on that, that alcoholism has no racial grounds but at the same time certainly be aware that each user group has it's own special needs. I just wonder how you think that we should be trying

to get these groups together more, you've got \$2m residential works, Green Gates has got nothing. I see this as a stark you know a real problem and how do you think perhaps we can get around this?

Mr FARRELL: Well I think the I mean I would welcome to have much more getting organisations, the funding bodies together and have public forum or have a, I mean CAAAPU is willing to host organisations such as Green Gates, I have had consultations with Green Gates and I am aware of their situation and I don't think it is a case of CAAAPU wants all the money. I think it is a question as I have said before, forging links together, it is not a question of Aboriginal organisations get money, I think that we have got to put on, we have got to come together and talk and get funding bodies together rather than I guess the practice has been now.... people are emailed, the telephone, there is a NOADS meeting twice a year but there is no real in-depth meeting and no real communication can take place that we are doing here. If I was talking to you on video conference or on the phone or email all this stuff would be lost and I think there has not been an opportunity for that to happen, so I am suggesting that I am certainly willing to engage with organisations here and getting funding bodies together to look at these issues, and it is not a question of, the way I see it, I don't see it as CAAAPUs getting this money, this was applied for a long time ago, years ago and it has come now and I think your point that basically it is unfair in equity is that what you mean?

Mr WOOD: Well I'll be quick. Just that I know in ANSTIs case they used to feel that the only way they would get money is if they said well we have some Aboriginal people. They just felt that that was not the way they would like to see it. They would like to see money given and you get money through ATSIC, they would like to see money given....

Mdm CHAIR: OATSIC, which is Commonwealth.

Mr WOOD: Yeah but they would like to see money given because we have people with an alcohol program and that should be the reason.

Mr FARRELL: Could I make a suggestion Gerry I could catch up with you and we actually could have a discussion about that.

Madam CHAIR: Can I just ask you Jim and I was going to keep this question and maybe I should leave it once we have got the round table discussion, but has there ever been a suggestion down in the Centre to have a conference of all substance abuse providers to look at effectiveness and efficiency in terms of what we are getting and how it could happen. I mean has CAAAPU ever

Mr FARRELL: Marion, just to give you an idea, we actually have a monthly meeting in Alice Springs here where key providers in the area of substance and alcohol misuse meet together for a monthly meeting and it is basically a communication catch-up and basically where we are at but we have not actually done a valuation as what you are referring to a more in depth one. Since I came here we have not actually done that. We have addressed issues that have come up but to be quite honest with you there has been no in-depth, to my knowledge, since I came here last July and is something that I think that we could well do Marion. In fact I will have a discussion with other providers here and see what they feel about it and I certainly put CAAAPU in to undertake to make that happen.

Mr MCADAM: Do we have any other questions?

Ms CARTER: Where is the CAAAPU residential area located, roughly because I am a Darwin Person?

Mr FARRELL: On the Ross Highway, south of the Gap, 7 minutes, 6 minutes drive, past Rangonestie Road.

Ms CARTER: Thank you.

Mr MCADAM: Do we have any other questions?

Dr LIM: Jim may I just put this to you. Over the last few weeks there is some scuttlebutt about CAAAPU and I don't whether you heard about it at all or not, if you have not heard about it I think I will just leave it let it go, but there are some issues and what you have just said to me just reassures me, that's fine, that's good.

Mr FARRELL: Ok we can discuss afterwards and I would welcome to meet with you.

Mr MCADAM: Do you have, is there any other questions? Well thank you very much Jim one again and we will certainly speak to you later at the round table for the meeting whenever it is, 3.30. Thank you.

What I suggest we might do now then is we will have quick break and we will wait for the next people who are Clarry and Des and Alison, so two minutes max.

Madam CHAIR: We have Clarry Robinya from the Apatula Regional Council scheduled to speak and then followed by Willie Tilmouth at 11.30 and Jane. What we might do is actually is bring Beth Mildred the Regional Manager of NT Chambers of Commerce and Industry to come forward.

Ms MILDRED: Thank you Madam Chairperson. My name is Beth Mildred and I am the regional manager for Central Australia for the Northern Territory Chamber of Commerce and Industry.

Madam Chairperson and members of the committee I thank you for the opportunity of making a presentation on behalf of the Northern Territory Chamber of Commerce and Industry. The Chamber is the largest employer association in the Northern Territory and has a large membership from the retail sector. The Chamber has managed the Liquor Licensees Association for many years and so our information comes from real feedback and from the business owners over a lengthy period. Because of the very real issues confronting the business community and all regions this topic has been raised at board level within the Chamber with much discussion.

In October 2002 the Chamber developed a position paper entitled "Antisocial Behaviour in Relation to Alcohol Abuse" and if you will bear with me I will read it to you because it relates to what I am going to say after that. It states:

"The Northern Territory has been going through unprecedented problems over many years of antisocial behaviour stemming predominantly through alcohol abuse. Alcohol problems cause public fighting, vandalism, littering, theft, injury, child neglect and domestic violence most publicly in the indigenous population and on Aboriginal communities. The resultant behaviour which spills in to the wider community causes disruption to business, in particular tourism, and has polarised the community. It has also caused deterioration in Northern Territory lifestyle that directly affects business. The Chamber and members individually have worked with Aboriginal communities, police, community based organisations and various government organisations for many years with varying successes through participation in working groups, committees, public forums and employment programs."

..... and that work continues actually through those groups.

"Licensees have trialed various strategies to minimise the sale of alcohol and supported community based initiatives often to their own detriment and loss of earnings. They have also borne the brunt of community disapproval. The Chamber's position on addressing

antisocial behaviour is with a firm commitment to continue to support community initiatives that are fair, reasoned and aimed at long term outcomes for all the community. These initiatives may vary from region to region and from industry to industry to meet specific community needs and should have objectives that are measurable and have valuable outcomes for the community but also they have Chamber support. The Chamber will not support initiatives that are emotional, irrational, unquantifiable or that subject business to anticompetitive practices, have inequitable outcomes or are costly to business to implement. The Chamber will support the region's efforts to address the issues as they relate to the business community to the best of our resources. The Chamber's strategy to make this commitment known is to advise governments at all levels of our support for regional initiatives and to assist wherever possible".

So that's the end of the position paper. Alice Springs suffers the same effects of substance abuse as all other regions across the Territory. This abuse leads to intoxication from alcohol or other substances, disorderly behaviour, littering, property damage, assaults and abuse, reduced employee performance through absenteeism, workplace abuse with subsequent reduced productivity. The effects of substance abuse can be seen in public places such as shops, streets, both within the CBD and within the town boundaries, at work places, as damage to business and residential premises, as creating a poor image for tourists and residents, as degrading the outlook for business people and residents.

What does all this mean for business? Additional cost both in dollars and in time. This is evidenced through constant repair of broken windows and reports of other property damage. Businesses report that they often do not make insurance claims for these repairs, that is, they bear the total and ongoing costs themselves, because if they did claim they would find that no insurance company would insure them, and I have been told this many times in the last week in looking at this whole issue. Members have reported to me that cost per month for broken windows have ranged from \$1 500 to \$4 500 per month and we are talking small business here. It seems that some people affected by alcohol or other substances target the same windows week after week. Often businesses do not report these incidences to police as in an example given to me successful apprehension of the offender by the police resulted in the business owner appearing in court with a resultant down time of at least half a day, and the breakages went on. Small business cannot afford the personnel or the time, so many of these incidents go unreported and unclaimed on insurance with the business bearing the full brunt of cost.

People affected by alcohol or other substances lose many of their social graces and urinate and defecate in laneways and doorways and even on stairwells attached to business. Business people are forced to clean this up with monotonous regularity, an intolerable and unpleasant task that has to be addressed prior to opening up for the day's business. Members who have been in business in this town for many years and who have lived here most of their lives report an increase in humbugging for money and cigarettes and for a light, at outside eateries in the mall and sometimes inside restaurants in the CBD. It has also been reported by business that school children are humbugged for money near liquor outlets and additionally young people, that is in their upper teens, are given money to purchase on behalf of drinkers on threat of violence if they do not.

A business proprietor experienced having to stop their car on a main road because of a group of people fighting in the middle of the road, obviously affected by alcohol or another substance. Having stopped to avoid hitting the people who were involved the driver was threatened and eventually managed to drive on, and this occurred at 6.30 at night. The same person now feels unsafe and threatened when having to walk in areas such as the mall when

there is a need to walk through large groups of people. They feel this situation has become worse in recent times.

A business has reported to me that up to 10% of their workforce is involved in alcohol related absenteeism, following weekends, and particularly long weekends. The resulting cost to the business includes having to operate work teams one or two short, counselling of the affected worker on their return, and the cost for replacement if the business eventually finds it cannot keep the employee on. Illicit drugs have also entered some workplaces, in one instance forming a lucrative side business for the employee, that is as a dealer.

Licensees, who it must be remembered are legitimate businesses selling a legitimate product legally, also suffer similar issues to all other businesses in relation to people affected by alcohol or other substances. As individuals and as a group, they have implemented many measures to address these issues and they include:

- the training of all staff in the responsible service of alcohol;
- the serving of meals at no charge to patrons two or three times a day to ensure that the alcohol is consumed with food;
- “walk-in” clients in the takeaway area are not served, this is an attempt to ensure that the product purchased is taken away at least the distance required by law, that is 2km from the premises;
- clients are scanned to ensure that no weapons are taken on to the premises;
- additional security staff are employed;
- a policy of increased dress regulation has been implemented to raise standards;
- changes to trading hours on voluntary trial periods; and
- refusal to sell types of product or in certain size containers.

Many of these measures result in additional cost to the business, for example, employment of additional security staff and the serving of meals at no cost as I have mentioned. These businesses also suffer broken windows on a regular basis and vandalism such as slashed banners, again another heavy cost to small business. They also feel that claiming this damage through insurance will result in them becoming uninsurable due to the high incidence of claims. So that is an opinion across the board with small business I'm afraid.

Antisocial behaviour by its very public nature damages what is our biggest industry – tourism. Visitors to the town often feel threatened by the behaviour of people affected by alcohol in particular, do not appreciate being asked for money, and leave the town with an impression which will stay with them for a long time, perhaps forever. They certainly pass on their experiences to people that they meet and so it goes on. The resultant litter in some areas despite the best efforts of the town council and businesses themselves also leaves a bad impression of our town as a safe and attractive destination. Apart from the perceptions and the impressions left by all this, business suffers from reduced trade, tourist may even avoid spending time with us, and additionally a downturn in trade when the change in the opening times of takeaway liquor outlets makes it impossible for tourists to purchase alcohol prior to moving on or taking that out-of-town bush trip.

A provider of security services has reported that in their opinion the social use and sale of banned substances is increasing in Alice Springs. They reported a growing problem with youth in shopping car park laneways and stairwells found smoking banned substances. Syringes are often also found in these areas. This business would like to see a government television campaign which outlines the dangers and long-term effects created by drugs as opposed to the short-term buzz obtained at the time of use.

We are told by police that much of the antisocial behaviour in Alice Springs is carried out by a group of children who are unable to go home because of serious alcohol problems there and consequently roam the streets day and night. So substance abuse in the community has a spinoff effect, the antisocial behaviour of these children being only one instance. Taking the point even further, these children do not usually attend school, do not receive an education which will fit them for work, and therefore have the potential to continue the cycle into substance and particularly alcohol abuse.

Business as a whole has made many attempts to address this issue. In 1997 an initiative called *Employ Alice Springs* was launched through the business community. It was aimed at indigenous jobseekers. It resulted in approximately 30 work placements in private industry, and was held up locally and nationally as very successful. A second *Employ Alice Springs*, which incorporated mentoring did not receive the support it needed from funding bodies although the willingness of the business community to give it a go was there.

Currently the *Alice Springs In Ten Years* project through its Quality of Life steering committee has developed an indigenous employment strategy for youth, and youth in this case is between say 15 and 30 years. The lynchpin is mentoring both for the jobseeker and for the employer, and the Chamber has been very, very hard on that mentoring aspect which also includes mentoring for the employer. This project has the support of both Northern Territory and Commonwealth governments as I am sure you know and strong support of the business community through the body formed to take it to reality – *Footprints Forward*. This incorporated body is administered by a board of management the strength of which is its business membership. The Chamber is represented on the board. Business is prepared to give it a go through the provision of employment believing that this is where the greatest need lies and despite the inherent difficulties encountered.

There is a view held by some that there are too many liquor outlets in Alice Springs. In the area listed as Alice city, and my source was NT Treasury Racing, Licensing and Gaming webpage, there are 93 licenses. Of these 13 are what could be termed public takeaway outlets, that is they exclude clubs of any description, and only include stores and public hotels. The proponents of the view hold that a reduction in outlets would assist the situation. We do not believe that availability is an issue, it would simply make the remaining outlets busier.

The Chamber supported the 12 month trial presently drawing to a close, in relation to the ban of four and five litre casks of wine through takeaway outlets, together with the change in trading hours. We have yet to see the outcome of that trial and await the final report with interest.

As stated in the Chamber position paper outlined at the beginning of this submission, our position on addressing antisocial behaviour is with a firm commitment to continue to support community initiatives that are fair-reasoned and aimed at long term outcomes for all the community. That concludes my submission ladies and gentlemen and thank you again for providing this opportunity.

Madam CHAIR: Thank you Beth, do you have anything further to add from what you have got on your submission.

Ms MILDRED: No unless you have any questions for me either now or later.

Madam CHAIR: ok I'll use my discretion again and I'll take about three questions before we go on to the next presenter. So I'll take one from this side, is there a question.

Mr LIM: Beth you have given us the liquor industry's opinion about the restriction, trial restriction. Can you give us in general what the business community, other than the licensees, how do they feel about the trial restrictions.

Ms MILDRED: I hope I did not mislead you there Richard because it is not just the liquor industry's view that I have given. This is the business industry's view, business as a whole. I actually spoke to a range of businesses in giving you those examples of cost to business. Some of them were straight out retail outlets. I did speak to one licensee and I know what I heard there was probably across the board for them anyway. But I tried to take a range of business, given the time I had to do it in.

I think you have to weigh up all the negative things I have said about cost, which is simply reality, against the willingness of the business community to try and address the issues anyway, and our view as a Chamber who represents those businesses is that, and they agree with this on the whole, that employment is where it will happen, getting people off the streets. I know that's right down the other end of that pipeline but really if we can get these young people off the streets, into school, have them skilled enough to be able to get a decent job, give them a job, then I think you know, not overnight, but some of this will go away. Does that answer you, it was a bit convoluted.

Mr LIM: No, I wanted you to actually confine to this trial of restriction. How does industry other than the licensees feel about the liquor trial.

Ms MILDRED: In some cases it is a bit of a non event, they don't see any difference to them, they still get their broken windows, they still see antisocial behaviour. As you know that the proportion of business in this town is tourism related, that industry is very worried about the effect of what tourists actually see and perceptions are a very long ranging and dangerous thing, you know a visitor only has to get that one impression and it is the one that they take with them forever, and they never come back which is unfortunate.

Mr KIELY: Beth broken windows and everything, the cost to business and behaviours outlined seem to be a fairly big issue. I was wondering has there been any work done on the breakage of windows on these businesses, how close they are in proximity to a liquor outlet. I mean is the broken window in a business out here, or is it business houses immediately next door to where the liquor outlet. Is there a linkage in that

Ms MILDRED: The businesses that I spoke to were nowhere near liquor outlets so it is opportunistic, some of it is simply on here I can find something I can to break the window with I think. Walking past. So I can honestly say to you that the business I have spoken to were not next to or adjacent to liquor outlets. And I purposely chose to do that actually.

Mr KIELY: How was the linkage between substance abuse and broken windows drawn then.

Ms MILDRED: Well because if you happen to know that you have got people, what I can say to you, one of the business I spoke to is near a park where liquor is taken to be consumed. So on the way past the business, on the way to the park, which is quite close

Mr KIELY: Is there is an alcohol outlet here, there is a park here where the drinking is going on and the business in the middle is coping it.

Ms MILDRED: *It is not right next to it, but it is on the way.*

Mr WOOD: *You brought up of lots of questions but one is that the Chamber of Commerce had I suppose you can split businesses into two groups, ones that don't sell alcohol and ones that do. And most of those liquor outlets would be members of the Chamber of Commerce?*

Ms MILDRED: *Yes they are, a lot, not all of them.*

Mr WOOD: *How much responsibility do the liquor members of your group feel they should take as part of the problem and I am not saying that they can solve the problem but*

Ms MILDRED: *Enormous, enormous responsibility. Over the years they really have tried to do, they have voluntarily taken product off their shelves, before my time in this town, but they have done things and continue to do things, to try and be responsible business people. And I think I have used the word selling a illegal product legal, and that issue was been brought up before about legal products, it is a very difficult subject. And they really do, I don't think anybody believes how much difficulty it is for them to find themselves in the position they are in, and they try very hard to do a lot of things.*

Madam CHAIR: *Thank you Beth and I hope that you will join in the round table deliberations night.*

Ms MILDRED: *Thank you, yes I will be here.*

Madam CHAIR: *Just about running to schedule. I will invite now, Jane, and I do apologise if I get your surname wrong, Vadiveloo and who was the Manager of Social Services and Sharon Forrester who is the Coordinator of the Social Justice Program from Tangentyere Council.*

Ms VADIVELOO: *Good morning. We are here Sharon and I, I must sort of say I have put Sharon in a difficult position, she has come on the hop a bit, she provides so much, probably much more informed knowledge on this than I do and I probably come from a much, me and my history I guess was in Victoria prior to coming here and working in forensic services providing drug and alcohol treatment services and trained as a forensic psychologist down there, so I did quite a lot of work in treatment facilities for substance misuse and then came to the Territory and have been here for seven years, working here, and I will allow Sharon to introduce herself.*

Ms FORRESTER: *I come from a large local family here in Alice Springs and I have spent most of my working life here, working in the Aboriginal organisations. The last six years at Tangentyere Council and various positions and I live on one of the local town camps so I see a lot of the problems that we are trying to deal with around the place.*

Mr McADAM: *Which one Sharon?*

Ms FORRESTER: *Larrapinta Valley.*

Ms VADIVELOO: *So I am just going to give a very in some way brief presentation which Sharon and I will both talk to I guess and respond to any questions. I guess as an overview Tangentyere Council would really encourage the government to address substance misuse as a whole of community response. We often talk about isolated parts of substance misuse so people drinking or antisocial behaviour or crime related stuff to substance misuse but, one of the things we know is that whether we are talking about substance misuse, whether we are talking about health, education, any of those areas now, most of the discussion within the literature of experts*

is social and structural determinance of these things and what that means is the underlying issues, and what people recognise now is if you don't deal with the underlying issues we are never going to be able to address the problem. So it is not enough just to look at one end, so dealing with people who might have a substance misuse problem, we actually need to look at the whole story if we are actually going to have an impact on any of these issues, and they are all interrelated.

The strategies need to include prevention, they need to include early intervention, they need to include treatment stuff and they need to include postvention, and that is a broadband approach to it. So if you look at prevention it is probably the most challenging part of what we do if we are going to get it right. Substance misuse and related issues are highly influenced by the social and structural factors and they are things like poverty, they are things like overcrowding, they are things like social and cultural discrimination, trauma and family wellbeing, early childhood development, infrastructure and employment, all of these things have been seen, we know they relate directly to outcomes of substance misuse and health and all of those sorts of things. It is certainly the big area that has been pushed nationally and I think worldwide if you look at World Health Organisation and all those sorts of things. If we are going to be up to date in our approaches we really need to look at it in the broadband.

For us here they might include for example things that do not appear to be anything related to substance misuse, but things like a regional transport strategy because mobility and visitor issues are a major major problem for town and the impact of town and the overcrowding, and a lot of substance misuse that goes on and people getting caught into a cycle. They obviously I think from our perspective need to include a comprehensive upheaval in our approach to health and education which just aren't really working and hitting the mark at the moment. They need to include real employment opportunities to people and economic independence and increased support of cultural based strategies, community based strategies which when we go through later we can see at Tangentyere the most successful strategies we have. Those that communities have control of and again when you take it right back to theoretical point of view that is what people are saying, the more control people have in their community, then over solutions the greater impact we are having on these things.

And probably another area I think that we all know about and I notice Leigh is in the audience and he works at Tangentyere too as a financial counsellor and could comment on this, but the impact of grief and loss and sorry business is probably one of the most single debilitating factors for people here, and the impact that it has emotionally, financially and on families, on the burden and the impact of that in relation to things like substance misuse is immeasurable, it is almost impossible to measure. And it is something that is hitting the community here all the time. So if we are really going to address it we really need to look at the hard issues. So that is prevention stuff.

Early intervention is looking at the targeted populations that we know are at high risk of substance abuse, so they might be young people that come from difficult family background, they would through statistics on all of our stuff talk about indigenous populations. And those early intervention things might be things like training and education and comprehensive place management working with a person through a whole lot of things and seeing an outcome. That could mean family support and it can take a whole lot of models. That's prevention and early intervention.

Treatment depends on the person. You know you have abstinence models, no anything, you have harmonisation models where you trying to reduce stuff, you have models like Injatuna, you have models like Karpu, you have models like Mt Theo – they're all treatment models and

they all work in different ways in the community and we need to look at how they work and what are their strengths and how we develop on those. Probably the missing link here is that in this town there is no treatment models for young people. There are no treatment facilities at the moment for young people specifically.

And then postvention and this is a big one certainly in my history and areas, when you support people and when people put a lot of effort into change, how do you support them to maintain the change, when there is a whole lot of issues and stuff. So it has to look at prevention, early intervention, treatment and how we support them after that. And that is related directly to government funding and commitment to funding. If you put something into three years and you pull the funding out you are never going to have a long term response and long term impact on these issues.

So Tangentyere Council in many ways is a primary health care provider that impacts on a lot of substance misuse – if you look at social and structural determinants of these things. Specifically, we have got to identify substance misuse programs, and probably three, and they are the ????? Learning Centre, located at Larapinta Valley which was a community-driven community-based initiative to deal with the petrol sniffing. Do you want to talk about that?

Ms FORRESTER: Prior to the community setting up the Learning Centre we had huge problems with third generation sniffers. We have had sniffing out there for quite some time, and that is just glue not petrol, glue and other substances, and they went on from sniffing glue to becoming alcoholics and that created all sorts of problems within that one family group where the problem just went from sniffing to alcohol.

So as a community we just got sick and tired of everybody coming in to try and fix up the problem. So we got together and asked them what they would like to see done for their kids. So we came up with the idea that they wanted a place separate to where they were actually living, so we created a space at our community facility where they could come and talk about what they wanted to do. So then we set up a school for the kids there and because the kids actually had something to do, a lot of them didn't go to school, we have 14, 15 year olds that this was the first that they actually went into a mainstream education system. A lot of the people there couldn't cope with mainstream businesses that they had to go and have contact with on a daily basis, so we looked at how we were going to help those kids and the only way we were going to help them was to help the adults as well. We didn't just look at the one specific problem that we having with one specific group, we looked at the whole group and so we targeted all the different age groups within that family and came up with programs that suited those different age groups, so we have ended up with an inter-generational learning centre, and that has worked really well. The instances of substance abuse are down considerably, the numbers of kids involved in the justice system have actually gone right down now and we are actually creating futures for the younger ones, we've got a lot of the younger kids accessing mainstream education which was something that never happened before and we have created interest in people actually wanting to be involved in things outside of that community.

Ms VADIVELLO: Yeah it has been a fantastic initiative and so you've got parents and kids learning in the same environment. We have just started a community maintenance course for young men and there is a group of 12 young men who haven't been involved in anything for years who are now going to the community maintenance course and it is just fantastic. But the resources you need is one worker to put in the submission, another one to coordinate, a tutor from Batchelor to be there and one of our youth workers from our other team just to work intensively with those young men so they can stay engaged. And that is the reality of the intensive support that is needed.

Ms FORRESTER: Another important part of the success of it, without any of the funding, is the community involvement, because it is driven by the community and what we want to see happen and just our support for those people that attended because without them attending it we wouldn't have a centre to run.

Mr LIM: You mentioned third generation sniffers, now I am not quite certain how you define a generation in this stage I mean medically we talk or in normal terms we talk about 25 years being one generation. Are you making a different suggestion.

Ms FORRESTER: We don't live to be very old.

Mr LIM: No, no, please don't get me wrong. I am asking how do you define a generation in a sense of third generation sniffers I would think of grandparents, parents and children, all sniffing, is that what you mean?

Ms FORRESTER: We have parents, we have children and then we have grandchildren, that is three whole generations.

Ms VADIVELLOO: So that is one of our very targeted substance misuse programs and the other is a youth linkup service which is a regional petrol sniffing program which we are coordinating, but there are 12 consortium members from different organisations around town, we can talk about that later. And I guess the other one would be our patrol services, night patrol and day patrol although they are multi-functional, not just substance misuse but minimising involvement with the criminal justice system.

But outside of that we have got programs that relate to economic stuff, education and training, employment, social capital, social/emotional wellbeing, environmental stress, criminal justice, youth engagement, infrastructure, governments and community control, cultural programs, housing accommodation, all the things that impact at the end of the day of levels of substance misuse and for us those are very important programs because that's about tackling the underlying issues and creating a much more equitable social situation for people. They are on a level playing field.

But the reality is, even though we have got those programs, we did a recent audit for example on one house, you know of all the town camps. On one of the houses, and yes this was yes one of the worst houses, there was 25 under-25 year olds living in one house and another 15 adults at that time. So that's reality with overcrowding in the town camps. So I think through a lot of our programs at Tangentyere we have an impact in one way or another on this issue of substance misuse.

Some of the current issues aside from the broader ones of how we restructure education and health are supporting community-driven initiatives. One of our town camps applied to be a dry community. They put the application through the Liquor Licensing Commission - it was rejected. It was a community initiative for them to be a dry grog-free camp. It wasn't supported at the time by the police and it never got up. Now that camp has about five or six outlets around it and it suffers a lot from visitors that are drinking in areas and then get pushed on because of the enforcement of the 2km law on to that camp, and results in massive levels of violence and family disruption and overcrowding. So there has to be a commitment to supporting community initiatives.

The other is the indigenous youth refuge, a lot of you all know at the moment we are trying to get up an indigenous youth refuge for these kids and it's not being supported by community, and it is in many ways not being supported by government because we haven't got the financial commitment to really run a program well. So those sorts of things really need to be supported if we are going to have an impact. We need a mobility study for this region, we service from Western Australia throughout South Australia right up through the Centre and everybody comes here and the impact on this centre for mobility, has an immediate impact on substance misuse and antisocial behaviour, if that is what you want to call it. So if we don't understand the movements of people and how we support that then through our education and health systems and all that sort of stuff then they'll never going to be able to address it. Because we are always going to have the movement, we are always going to have the mobility, impacts on businesses and impacts on social services.

Town camps are used as a social behaviour strategy by the police and by government. They get targeted for all the problems in town and whenever there is visitors in town that are drinking in public places that is where they get pushed to. And we've got a good relationship with the police and Trevor will say "Look Jane I know this is what we're doing. We're pushing more people onto the town camps." You know but then town camp residents get labelled as the problem, and they're not. Because we don't have the services to deal with the mobility issues and the amenity issues that impact on all this sort of stuff.

And cultural programs, Four Corners, probably one of the most important programs we have. The senior law people in this region have never been financially supported in any way but probably one of the most important initiatives if you are really going to deal with some of these issues because they have the authority much more than western law will ever have and if we can support senior law women and senior law men then we are going to have a much better possibility of dealing with these issues in a real way. But we have to allow them to exist within their own cultural frameworks not putting them into a western framework because it will never work. You know that is just assimilation at it's worst and you are not going to get anywhere.

Just to finish off and allow you to ask questions, we'll give you this paper to have a look afterwards, but we've been doing a survey of town camps for the liquor restrictions and I asked them to put the preliminary results together for you guys, and that has been a very amazing process, we've trained 12 indigenous researchers in survey work who have gone out as language speakers into the town camps and undertaken a random sample on every town camp of 270 residents and their attitudes with restrictions and their responses to how they would like to see alcohol issues addressed in their community, recognising that as being a big issue for them in terms of substance misuse. We have only been able to enter the data of 95 people so far. Of those 95, and this is preliminary results only, 61% support the restrictions or would like to see them strengthened. Of the 18% that didn't support them, they had other issues and other suggestions. There wasn't any significant difference between the attitudes of men and women within that, and there were lots and lots and lots of suggestions about how to reduce alcohol problems, which is fantastic, it's a real voice of the residents within this town that a lot of people point the finger at. And they include further restrictions on alcohol, they include encouragement of drinking in special areas or licensed premises and discouragement of drinking in public places. They include enforcement of existing laws, health promotions, provisions of alternative activities, increased patrol activities, biggest biggest issue that they want addressed is visitor control and that's coming from them, employment and community decision making and strengthening the communities and treatment and support, and this is the true voice of the people, so we'll pass that to you.

Madam CHAIR: Look we've got a couple of minutes and I may just take a couple of questions. Len.

Mr KIELY: This question is probably directed at you Sharon, being a resident in the town camp there and going dry, what do you think would happen, and you're right about Trevor he did say that the effects of administering 2km law was forcing people to drink on the edge of the town camps. If town camps go dry, you've still got the enforcement procedures going on around here, the 2km law, where do you think the drinkers would end up then. So you know you've still got this body of people going around drinking, they can't camp down the riverbed now or are they being forced into the town camps to drink, so the town camps go dry you've still got this body of people, any thought about where they would disperse to?

Ms FORRESTER: Well the majority of our drinking problem actually comes from visitors. There is quite a few people who live on town camps that don't drink at all and a lot of the problems that we do have is from visitors drinking on our town camps, so it would push those problems back out to where those people come from.

Mr MCADAM: Can I just ask a similar question and the mobility survey that Jane refers to I think that that is very important. But just coming back to Sharon again, I mean the police did say that drinking in the river now has decreased, there's less and it has been pushed into the town camps, and the town camps aren't dry OK? Can I ask you are these family members, or is it just people who are coming in and if they're not family members, can there be some mechanism which it's locally like Larrapinta mob can make it a community ruling in terms of those people who are abusing Larrapinta.

Ms FORRESTER: Out at Larrapinta we're pretty strong on what happens out there and we're one of the stronger camps because the community actually gets involved and when we do have visitor problems the community actually comes together and to get rid of those visitor problems. On other camps it's just too many visitors and overruling people that live there, and we've got some people that live in fear of actually confronting those visitors.

Mr MCADAM: So would Wulparri Camp be one of those?

Ms FORRESTER: Yep.

Ms VADIVELOO: One of the things to remember is each town camp is independently incorporated, so we couldn't put in a blanket, you know it's not Tangentyere to decide and it would be like saying well the whole of Giles Street has to be grog free, you know it's up to each town camp, you can't remove people's rights also, and that is where it is difficult.

Mr MCADAM: I was thinking more in terms of the communities taking responsibility, and I recognise each community must make that decision, but I mean if you are getting a bunch of people coming in continually abusing, getting drunk and they're not from there, then I would have thought there would have been mechanisms, ie trespass notices.

Ms FORRESTER: We do have them but on quite a few of the camps people are reluctant to activate the trespass notices eviction notices and things like that because of repercussions from the groups of people.

Ms CARTER: I realise that things fluctuate depending on the time of year and what is happening and that but just as a guess, what percentage of people staying overnight or a few

days at a town camp would be visitors, just at a guess do you reckon. Is it 10% or 30 or 40, what do you reckon, just as a guess.

Ms VADIVELOO: As you say it does fluctuate depending on the time of year and things that are happening, we might have a better idea soon, because we have just been doing this audit, and one of the questions is, is somebody a permanent resident or a part time visitor, so we might be able to get a bit of gauge from that.

Mr WOOD: Jane and Sharon you probably raised enough questions to last this committee at least a week because I mean it is extremely complex and it is an issue that has been going on for years, but the one issue I have sort of always been concerned about and I would be interested to know how you think it affects say the camp or just Aboriginal people in town in general, is the non Aboriginal view to drinking, and I'm referring to advertising. I presume most people watch the footy on TV on Saturdays, and they'd see all the, if it's on Imparja they wouldn't have alcohol ads, but they would see alcohol ads and a lot of those alcohol ads are shown to be drinking a large amount of alcohol, or at least giving the impression that it's OK. You've also got, I suppose the cricket club or the footy club have a big celebration, you know when they won the premiership and people do get under the weather a fair bit and that, but that sort of culture, you might say Australian culture of drinking, non Aboriginal culture, how much does that influence the way Aboriginal people say well that's the way it is, that's the way we should drink as well. Do they see that subtle effects of modern advertising and the way a lot of other people have an attitude to drinking as to the way they should be as well. So why, does that affect Aboriginal peoples view on drinking, whether they copy it.

Ms VADIVELOO: I can't answer that because I'm not Indigenous.

Ms FORRESTER: I don't think so, I mean our alcohol problem is a lot more visible because the people's access to drinking places. People just don't feel comfortable drinking behind those closed doors.

Mr WOOD: I suppose what I'm meaning to say is the marketing of alcohol on television, the product, you know nice and bright, do you think that has an influence on people drinking.

Ms FORRESTER: No.

Mr MCADAM: Not many countrymen in the creek watch TV.

Ms VADIVELOO: I think the biggest thing that we are seeing as an impact is the price of liquor, and whilst Beth said that the number of outlets isn't, she doesn't think is an issue, we do think it is an issue, and I think it's been shown that the more number of outlets the higher issues of drinking, you know that's national studies I think.

Madam CHAIR: Can I ask a question. Some of the evidence of what was given to us by the representative from the Police Department this morning there was decreases in a number of areas. There was a huge increase, and I noticed you just touched on that issue of wines. There has been around 60 000 litres, an increase of 60 000 of fortified wine. Do you want to just go on a bit about that.

Ms VADIVELOO: Yeah I do, what I will is I'll read this out to you, which is - Bring 5 litre Coolibah back, and that's about takeaway tawny port. Stop selling tawny port, tawny port is too rich, people don't know how to drink it, it's making people sick, fighting for smaller quantity of drink, ban the port altogether, two litre monkey blood, heard lots of heart attacks, monkey blood's

a problem it's much more worse, take monkey blood away it's killing people it's more worse, drinking port they want more and more, take away the monkey blood and bring back coolibah, keep the 2 litre cask change it back to coolibah instead of port, people are getting more sick, take away the monkey blood and bring back the 5 litres.

People can't stand the port and the impact it's having on health and also aggression and the night patrols have said the same.

Mr McADAM: *And the bottles, it's bottled.*

Madam CHAIR: *Thank you and I hope*

Mr LIM: *Can I ask a question. Jane and Sharon, there was a comment made that the Tangentyere Council Housing Association would only concentrate their measures in town camps. Do you extend your resources to include people who are in town, and to what degree do you do that?*

Ms VADIVELOO: *A lot of our services are night patrol service, day patrol, wardens or town camp public space and related town. We have an IHANT training program in remote areas we have the YLUS program in remote areas, our jobshop, our bank, our one-stop shop at Tangentyere Council which is also addressing economic control, it's open to anybody, so it's a public service, so a lot of our services actually are there for more than just a town camp community, but our consumer base that we are accountable to are the town camps and they're our bosses, they're the Presidents are the executive at Tangentyere.*

Madam CHAIR: *Can I just ask one more, in terms of the liquor restrictions and something I am quite interested in, whether they work or they don't work, and something that I would like to have further discussions in our round table discussions to look at, if there areas that aren't working, what are the solutions, for people to sort of look at, OK what else needs to be built in there, because sometimes it easy to say it's not working so let's get rid of, but what needs to happen within this process, and have you included that in your report?*

Ms VADIVELOO: *Well there's certainly I guess the back part is what town camps would like see happen and some of them are easier than others to include and they do look at things like you know things like Thirsty Thursday initiative and things like that and restricting casks and how long takeaways are open. So it does offer other suggestions that they would like to see come in, both related directly to restrictions but also to other social programs. We haven't had a chance to even evaluate this properly, this is very very preliminary.*

Madam CHAIR: *You don't have any more questions. I have just received apologies. Have you finished Jane, thank you. We have received apologies from our ATSIC representatives who we did have scheduled to appear, so what I might do is just have a short lunch break and hope that John Stirk might be able to come back. Alison do you know if John was coming back?*

Ms LILLIS: *I haven't heard, I think he's got court, so it will depend on his commitment there.*

Ms CHAIR: *We might just take a quick break and then we'll come back.*

Madam CHAIR: *We might start. I wish to offer an apology for Dr Lim; he is just tied up with a few things at the moment. I welcome Alison Hunt and Mavis Mabunka from the Western Aranda Community. Alison, did you want to start?*

Ms HUNT: Yes. Chairperson, Mavis is not here, so sister Mildred Inkamala has come. I have just to thank the committee for giving us the opportunity to come and present our Western Aranda project and also to the other people who are here today. I will just briefly do an overview of what Relakha Committee - people of Western Aranda tribe. The first contract was signed August 2001 and that was, the pilot project was given to us by Senator Vanstone's department in Canberra. Out of that pilot project we moved forward, by setting up a committee, because we thought that we did not just want to go around and get information, details about Relakha without consulting Relakha on their issues. So a committee then was formed. So we have a committee that is very representative. When you look at Hermannsburg itself, it is made out of about over 40 clan groups. So it is a very unique and very complex situation when you have got to deal with family groups and family violence and substance abuse.

The program started in November 2001. The committee then came together and talked about how we would be dealing with the funding and consulting with people. The first committee was held February 2002, just under the tree at Tuanpur(?) Resource Centre and surrounded the Hermannsburg Women's Centre as well. Out of that committee, like I said, there was women formed committee. Then the women sat down and thought and talked, but because we are talking about violence against families we must involve all families, men and women, grandparents and children. I then went around and put a notice up at Tuanpur for a men's meeting. For Aboriginal women it was not appropriate for me to do that under our customary system, but because I was given a job to do, as the facilitator, to do that, I then took that on board and done it.

I put the notice up and also consulted with all the tribal men, senior elders, council members, traditional owners, custodians and community members. That alone took that long process. The money used for consultation, talking around individually, with groups and at meetings, so everybody can be aware what the money was got and what it was going to be used for, and the information that we used and talked was based on the people at Western Aranda, so everything was - and our meeting was always open meeting and it is still today. We do not have closed door meetings; we do not have formal meeting; we have traditional meeting. So I am sure our sister chairperson - she was out there at our meeting and committee members. So that is how we have our meeting. We all sit around. So we give everybody an opportunity to speak from their own heart and from their own experience, about family violence and substance abuse. Then it is just not me standing up there trying to preach to, you know, impress other people, outsiders, that we are doing a great job; it is coming actually from the people themselves.

Out of that we have now got 20 committee members. The reason we got 20 is because we then have a balance of men and women. So if those 20 members do not turn up to the meeting, the quorum is made out of that family committee member; automatically the family member from that group comes on to the meeting. So it just goes on. Then everybody is represented. The committee goes back and consultant tells the people what happens at the meeting. We also have police; we also have health sisters there.

Chairperson, I would like to hand this to the committee, to look at. We have to have a progress report for Canberra, which we will be doing very soon. That is just the report from the health and from the police of how the violence has reduced, since the committee has started. If you would like to get a copy of that and I appreciate that has to go to Canberra, to the minister's office.

That is, basically, where we are at. Sister might like to speak later, Mildred. (Aboriginal language spoken.) She has asked me to speak on her behalf.

Sister Mildred, she was in that cycle of substance abuse, always drinking and fighting, and now her life has turned around. She is one of the committee members now and working as a role model and also looking at herself, but we have got many others on the committee as well that sort of have been on that road. We do not try and say, 'Oh, he's no good' or 'She's no

good'. We invite everybody to be on the committee, so the youth can see that experience what their family has been through, they can also see, 'Oh, well, mum's turned around' or 'Dad's turned around', 'We can be the same'. So we use that talk for our youth. So, sister does a great job out there and also we are looking at youth. We will talk about that in a minute. Chairperson, can I just, for the others, just do a little presentation?

This is how Relakha was set up, and this is how we work. So you can see the two councils up there, Darri(?) Council, Chaumber(?) Council, and project officers. Well, at the moment we do not have a project officer. So not a real lot has happened there. So I did not do like facilitating and plus running around as a project officer, getting all the stuff done, although I am quite happy to do that, because I do not do it for myself; I do it for the people. So that is how it is all set up, as you can see there. We have three link-up programs: we have health, Western Aranda health, night patrol and the committee. So all these we are looking on next is, incorporating together. So at the moment we have Central Land Council doing our incorporate for Western Aranda, because we get our money through Injartnama funding body, but we need to go independent now, so we can lobby for other funds through our corporation. So that is how Relakha is set up and everybody gets together, health, police and everybody talks about the program and it is very successful in doing that.

On here. This is the vision. All this vision is like these - we call this 'white fella story', because - sorry, not being prejudice but, you know, we call it - white fella can understand more this one. Like, we have got traditional painting that goes with this. So the committee sat down and talked about visions, how we are going to make a better community, how we are going to get together and take a message out and stop violence. We are not going to stop drinking, because grog is here, grog is part of our life. So how can we work around - because grog comes in and then it starts all this violence, so how can we prevent that? So all these years committees sat down and talked about. Then the came up with all these things. You are welcome to have a look later on. How are we going to - like respecting elders, empowerment of Aboriginal people, funding, all that, because that is important. We only got a little bit of funding until next year and that runs out. So what is next? And what happens to all these informations and gathering and people getting together, coming from, you know, so many kilometres from homelands, senior elders, taking kids out, talking on cultural trips, what food to eat, what not to eat, all these cultural activities. So all these things, when our funding goes, will all go. So people are very concerned at Western Aranda. What happens next? So it is always the same, you know, Aboriginal people always getting a little bit of money, because we have got to keep reporting to Canberra what we are doing. So until such time as Aboriginal people properly is given an opportunity to do their strategies and goals for themselves and funding to go with it, then the Aboriginal people can be criticised, that we failed. There are Aboriginal people out there ready to do their own strategies and goals. So all this here that we talked about, that I still step out and talked about now, out there, in the communities.

I did not bring the other piece of paper with me. All this work is done by my daughter, Cathy. She's my private secretary. So this is her painting, based on traditional talking. So this is Anul(?), sitting in the middle, then you have got your two counsellors and - we tried to put everybody in that. And then you have got your link-up programs, like - that's one of our other - paper there. And we have got like tribal elders; we've got Family Court in there as well, because we thought it was important to have that, because courts deal with juveniles, and legal service. So we had everybody there. So how everybody gets around and talking together. We called that You know, you see it all, lads coming in and running in and out. That is how we talk and make sure that everybody is talking and everybody knows what is happening, and we always get the two councils to come to the meetings, the Ntaria Council and Council, so everybody is represented and that we are not leaving anybody out.

As you can see, the colours, that is all Relakha colours, represents land, people, the seasons and so on. So I can talk about that further Chairperson or during questions later on. And you can see the footprints coming backwards and forwards, and them footprints surely go up, back and forward to get some funding. So just on that I would like to thank everybody who gave us a

lot of support. We had a lot of written support from councillors, organisations and your chairperson mentioned that they supported it from the government side, so I thank you for all your support and now we have got funding to go through to 2004. Hopefully, it will be ongoing after that. You are welcome to have a look at this.

Now we are in the process of talking about youth. We talked about family violence a lot at that meeting, so we thought, 'Okay'. We did not want to leave the youth out, so we got - I have brought my little youth member there, my grandson. Because it is important for them to come and have a look, how we present it and who we talk to. So later on, you know, they can be the role model, you know, when we stop doing it - whatever we are doing - so they can then take over. So we come up with a plan for youth, the Western Aranda Relakha Youth Program. Relakha sitting in the middle there and all the programs around it. As you can see, you have got Epolera(?) and Injartnama there, that are two homelands. Epolera does a lot of youth programs. She does it without any cost; she does not get any money. I have been on their trip with the health - my niece sitting up the back, she is a health worker on Darri and she is also Rillika - and I went out on a trip with them to Tuepulnera(?) and when Mavis, sister Mavis, was going around showing them all the bush tucker, where to walk, where not to go, you know, where to go quietly if you see an animal, you know, for hunting, what food to eat and what seasons. So she talks about that at school and she takes the kids out and give them an educational, culturally talk about in the bush as well. So Injatnuma(?) and Aponera(?) - we are looking at them - we get some funding. We will be closely working together from the homelands site. So they will be taking youth to Epolera and vice versa to Jatnuma and working on horse through the Hermannsburg region So Western Aranda will be covered. Through town we have got a lot of families living in town. So up on town, right up to the Marini(?). border, like the Western Aranda region is right over to the Haart's Bluff area, where the Western Aranda region is. So it is a big area.

Then we cover all the land trust. We have land trust and traditional owners that sits on the committee and they offer their land to a youth, to take them out on hunting trips. So that is a little poster for youth. But we have not got any funding for youth at the moment, so we hope to lobby, to get some money for youth, because Hermannsburg is - youth has not got anything. There is no funding for youth. We have got no facilities for youth. We always see it like - I mean, it is good for - like town, there is always money putting - you know a big communities like towns. So I want to put money into - if you are really 'fair dinkum' and talking about taking people back home - well, that is what the committee said, 'Why don't they look at giving us support and giving us infrastructures and money and that, so we can take our people back out. We have got something to offer our youth'. So we can have youth night patrols; so we can have youth housed; so we can have a safe house for women to come.

At the moment we have women going into the police station and camping. The officer there, you know, he goes out of his way to give them a bed, and that is not good enough. That is not a safe house for these women. We should have a safe house for women, where they can go. There opportunities; there's many opportunities in big town but very very little goes out to the communities. I am sorry to say that, but as a matter of fact. So, in the near future we would like to see governments - I think I have done it I did a talkback show on ABC radio, after Sister Betty came on, I thought, 'Well, this is my opportunity to tell it, the story. Okay, if you want Aboriginal people to have self- determination, self-sufficiency, well, support us, and then you can criticise Aboriginal people for failing to deliver their own services. But we haven't been given that opportunity by non-aboriginal people. Nothing. So, until Aboriginal people are empowered, like our vision says, we will have hope of doing things for ourselves. We will make sure to take our people back home to their homelands, so they can grow up to have their own responsibilities for their customs, their culture and their normal recovery. Until we are given support, we cannot do it, because we haven't got the facilities that plug in to do that. We would like to do it. We go out of our own ways to take youth and families back home to their homelands, but what is there for them? What can we offer them? So what do they do? They are bored, there is nothing for them to do, so they come into town where it is more - a lot to do, you know, you've got the casino. Sorry, not the casino, but that is where the parents go. So the youth have - outside there too.

Then you have got swimming pools and all the facilities in town, cinemas and that, that youth come in because there is nothing out in the communities. So the committee has been talking to have creative - create something for them. Okay? Sports, music, whatever. And we are doing that at the Hermannsburg Sports Week and this weekend. We are going and creating stuff, like the committee and working with the night patrol, to try and prevent violence. Hermannsburg has got two night patrol workers and the committee meeting yesterday volunteered to work with the night patrols, which is to - everybody can have a good weekend and all go home safe and well. So the committee, I would like to congratulate them, because they do it for nothing and it is very very dangerous work and you do not know when you are going to get hit over the head; it is a matter of fact. So they do a great job.

That is, basically, what the committee does, and this one here, this is what we call it, Project with No Money. So we have got to be 'fair dinkum' about our youth, the future of our generation. Well, let us look at it and try and help them. So we are really working on - looking forward and working hard to (Aboriginal language spoken.) They are getting tired. They are getting tired. Where do they go? You go and see the goal; that is full. You go and see the hospital; that is full. Go and see the graveyard; welcome; it is full. So all that, you know - this committee is only new but in such a short time it has reduced, like in the letter from health and the police, that is since the committee has worked, there has been a reduction in violence in our community and we are very proud of that.

Thank you Chairperson.

Madam CHAIR: Thank you, Alison.

(Applause)

Madam CHAIR: Alison did speak to me prior and if I could just put to members, or visitors, to this meeting, Alison, unfortunately - they have got to go back out to Hermannsburg because of the Sports weekend, and if I would allow some committee members, if you wanted to ask some questions now, prior to their departure to go home. Alison, we will just have some questions now.

Mr WOOD: Alison, I presume you have people coming from Hermannsburg into Alice Springs...

Ms HUNT: Yes.

Mr WOOD: ...and we have been talking today about visitors causing problems, what sort of relationship do you have between your people and the traditional owners in Alice Springs, to try and sort through some of those issues?

Ms HUNT: Well, that will be the - the reason that we focused on Hermannsburg was because we wanted to talk to Western Aranda and Hermannsburg first, and then the next stage we are trying to co-ordinate meetings, some time in May with all agencies. At the meeting we would like to invite also traditional owners to our meeting, so we can have an understanding and how we can work with town and bush, because, again we do have - you know, like people come, Aranda people come to town and are not going back. The community is very concerned, clearly. The committee and people out at Hermannsburg want to see their family back. They do not want to see them in a coffin. They want to see them right and well back in their communities, and that is what they are working on, to bring them back.

Madam CHAIR: Look, I will thank Alison and the committee, certainly, on our first visit out to Hermannsburg, enjoyed the visit and there was some issues that you raised with the committee, that the committee immediately following that visit that we did to Hermannsburg we did write to

the Northern Territory Government, to express our concerns on a number of areas that you raised at that time - so I am glad you have had some little success, but the issue of ongoing, recurrent funding, that is something that we will certainly put as part of our deliberation. So thank you for coming.

Ms HUNT: Thank you.

(Applause)

Madam CHAIR: I now invite Jane Lloyd, Chair of the Domestic and Family Violence Advisory Council, and Maggie Kavanagh, Manager of the NPY Women's Council.

Ms LLOYD: Thank you. Thank you very much for this opportunity to talk to you. I am Jane Lloyd and I was recently appointed Chair of the Northern Territory Domestic and Aboriginal Family Violence Advisory Council. This is a newly established council that the Chief Minister has set up. It comprises 17 members from the community. We all represent various non-government sectors and it is a very diverse and representative group. Besides myself there are eight indigenous members of the council and eight non-indigenous members. We have only met once. We only had our first meeting about three weeks ago in Darwin. I have to say it was very pleasing, the meeting, in terms of the commitment of the different members and their willingness to tackle issues and try and make a difference.

The terms of reference of the council are that we have an overall responsibility of providing advice to the government through the Ministerial Standing Committee on Crime Prevention, which the Chief Minister chairs, and the inter-departmental committee on crime prevention as well. All the minutes from our meetings are posted on the web, and they also get presented to that inter-departmental committee. One of our roles or tasks is also to bring issues from the community to government, in addition to providing advice and overview on the Northern Territory Government's Domestic and Aboriginal Violence Strategy as well. So our role is to see whether that strategy is taking place, are the various government departments fulfilling the different actions which have been decided, and also to bring to other issues to the government's attention.

Already the council has asked that, for instance, correctional services comes to the next meeting, to give us a briefing about what offender programs are happening. We have asked for briefings from the Justice Department on some other issues. The Social Policy Unit is preparing an audit of all existing domestic and Aboriginal family violence programs in the Territory for us. So, from the beginning, we actually have in front of us what is going on, what programs exist, so that we are not trying to reinvent the wheel and we can comment on what is happening.

Some of the particular focuses or issues that we think are really important are about protecting children, in particular, throughout the communities in the Territory. As you can see from the title, the council has quite a focus on Aboriginal family violence and one of our roles is to monitor the progress of the stronger family program, which is just starting to kick off.

We are already providing a submission - currently there is a review - into police resources and the council has already made a commitment to making a submission to that. One of the reasons is, that police resources are very critical to any response to domestic and Aboriginal family violence. The council has already noted that many remote communities do not have adequate policing or there is non-existent policing in those communities or they have to rely on long distance police patrolling.

In relation to your committee, also remote policing is an issue, because there is an increasing trend of drugs coming into remote communities. In desert communities marijuana is of increasing concern. Many domestic violence cases or incidents, especially involving younger men and women, involve marijuana, and it is a growing factor.

We make comment on the role and availability of interpreters and that not all services, who are there to provide services for victims of domestic violence have actually got the funds to pay for interpreters, and also the availability of interpreters was also questioned. So that is another issue we have raised.

We have also asked that the government agencies provide the council with any existing protocols they may have that relate to domestic violence, family violence, child protection or sexual assault. So, for instance, if Family and Children Services have specific protocols in regional offices or in central office that relate to how they respond to those issues, how do they work with the non-government sector in responding to child protection?

Customary law. The customary law inquiry came up and the council felt that it is such a complex issue, it is so involved, that we did not have the scope at a meeting to discuss it fully and make a considered submission. So our position at the moment is to wait until the customary law inquiry committee has made its report and when we have received that report we will comment on that. I think some indigenous members of the council felt reluctant, individually, to make particular comment about the customary law inquiry without referring back to their communities' councils or their employees. So that is our position on that.

We also have membership on the Regional Crime Prevention Committee as well. So there is a Regional Crime Prevention Committee in Alice Springs, Darwin, Katherine, Tennant Creek, and members of the council will also take part in those.

That is, basically, an overview of who we are and what we do and what we are trying to do. I suppose I would be interested to know is how often you sit and how we can link in to this committee and how we can bring particular issues as they relate to substance abuse and family violence to your committee.

Madam CHAIR: Did you want to talk first, Maggie, or add to what Jane was saying?

Ms KAVANAGH: It will be separate from Jane.

Madam CHAIR: Okay. Well, we could take a couple of questions. I have got one, if that is all right. I've seen the make up of the committee, which is quite interesting, with both indigenous and non-indigenous, which I think has got quite a good mixture of the skills and expertise, but noting a lot of the stuff that you are putting a submission to, has the committee looked at - recently in parliament, the independent member, Loraine Braham, put in a piece of legislation in relation to that. Is the committee going to look at that?

Ms LLOYD: Yes, the committee will. I think that will come up at the next meeting. I think the committee was waiting to hear the results from the appeal in the Pascoe case. Are you talking about...

Madam CHAIR: Yes, the legislation.

Ms LLOYD: ...the Bill about sentencing and not taking into account customary law aspects when sentencing of offenders that relate to under age bill? I think that is...

Madam CHAIR: Yes, yes.

Ms LLOYD: Yes. Yes, I think the council's position is to wait until we hear what the results were in that appeal in the Pascoe case, but we will. The women's council, separately, has actually written a letter of support to Loraine Braham for that Bill, but maybe Maggie may wish to speak about that.

Mr McADAM: I just have one quick question, if I may, Madam Chair. Jane you said that you had asked the government departments in respect of protocols...

Ms LLOYD: Yes.

Mr McADAM: ...in terms of how they deal with domestic violence issues. What about the NGOs? I mean, have you approached them in terms of how...

Ms LLOYD: Yes. That is a good question. In fact, that is the responsibility of the members of this council, to also bring to the council any existing protocols that they know and we will look at those and then we will be turning around and requesting where we know or we think there are gaps, to be making requests. I am aware, in Alice Springs there has been the development of a protocol between the non-government agencies and Family and Children's Services in Alice Springs, in terms of how they respond to child protection issues. I think it is waiting to be signed off by the minister. So that would be one that we can. But, certainly, it is a two-way process. It is not just about what government is doing.

Ms CARTER: You have mentioned something called the strong family program.

Ms LLOYD: Yes.

Ms CARTER: What is that?

Ms LLOYD: Well, this is a program that was developed before or prior to the existence of this council and it is part of this strategy. It sits in the Chief Minister's Social Policy Unit. The plan, as I understand, it is run by Eileen Cummings, is that they have chosen four communities, I think - it is four communities in which to go in and, basically, pilot community development work, to work with the community, to help assist them as to how they can deal with the problems that they have identified.

Ms CARTER: So, when it says 'stronger family' the inference to develop stronger families?

Ms LLOYD: Well, I suppose to strengthen families' capacity to deal with the problems that face them. That program is being evaluated. They have got outside or external evaluators from the Australian National University, who are evaluating that. So that is one of the council's role, is to get regular updates on that program.

Madam CHAIR: I will just stop there for a minute, Jane, and I might get Maggie to put forward the views of NTY(?)

Ms KAVANAGH: Okay. First of all I would like to offer the apologies of our executive members, who were not able to attend, be keeping them from the bush at short notice, but we thought it was a good opportunity to address the committee face to face. I have worked for the council, the women's council, for 15 years. The women's council was formed in 1980, and I think it is important to bear in mind the nature of the council is an across the board organisation. It covers the bottom half of the Northern Territory, the Yankunytjara Pitjantatjara lands in the top of South Australia and the Ngaanyataarra communities in Western Australia. It covers 35 000 square kilometres, quite a big region it covers, but it has been in existence for a long time. That is where people's connection are, that the borders, if you like, do not really mean anything to people. So, in terms of the movement of people and their relationships and how services need to respond, even though people may be from South Australian communities, it is relevant to the community of Alice Springs, as you know, that people do utilise the whole range of services here. Just to bear that in mind, that even though we are an across border organisation, it is relevant to the proceedings of this committee.

Obviously, it is quite wide to the terms of reference. I think, just on the issue of alcohol, we wanted to bring to the attention of the committee the arrangement that the women's council have had with Curtin Springs Roadhouse. Some of you may know about it. There was a longstanding dispute about trying to restrict alcohol. At the moment we have a Special Measures Certificate

with the Women's Council and the manager of the roadhouse, to restrict alcohol sales to people from the member communities of our region. That has been in existence since 1997. Every year we renew that certificate in consultation with the roadhouse owner and with the Human Rights Commission, and he has been always happy to extend that. Also, in 1998 the Menzies School of Research did an independent evaluation of the impact of that agreement and it showed - and it is still the case to this day - that since this agreement has been in put in place there has not been one death or one road accident involving on that Lasseter Highway. So it has been a major contribution to that. We just want to make note of that, that that is a particular arrangement that Aboriginal communities wanted to enter into, were unable to strike an agreement with the Northern Territory Liquor Commission at the time. It is an awkward arrangement, in terms of using that special measures certificate, but it is something that is available to communities. I am aware of communities in the Pilbara also taking advantage of this.

Obviously, we say prohibition is not the answer, but it certainly has given communities a breather because of availability being the key issue. The roadhouse is far too close to communities - but also to be mindful that the licensee and the publication has been totally co-operative and he acknowledges that, in fact, it has been to his advantage, because his business has picked up with accommodation, food, which is what the women have always said, that they did not want him to alcohol to Aboriginal people. I think it is a success story, that we should reminded about that there is scope for these sort of measures to have a benefit to communities and it certainly is the case in our region. I just wanted to mention that.

Of course, the other major issue affecting the women's council member communities is petrol sniffing. You may or may not be aware of the coronial inquest that was held last may into the deaths of three young petrol sniffers from South Australian communities. Obviously, those people have families related to people in Northern Territory communities. The women's council instigated that coronial inquest. The women felt that - you know, they were very concerned at the number of deaths of petrol sniffers, let alone the impact, the social impact, and the level of disability and all those other issues, that this was a way to at least bring some public attention to what an awful situation it is. The coroner actually met at Umuwa near Urnabella(?) - the first time he actually had his court outside of Adelaide - and I think that it did get a lot of publicity. You probably have heard about it, but I think that it was good to get it out in the public domain. Like he said, the fact that this is happening in the 21st Century is a matter of national disgrace. I do not know if you have it, but we would like to table the summary of his finding and recommendations, because I think it is very relevant to this committee and, in fact, the whole report should be tabled with you.

Madam CHAIR: Thank you.

Ms KAVANAGH: I think that, because we do not have reinvent the wheel, one of the recommendations and findings are very very clear and I think it should be paid attention to, in terms of how to address petrol sniffing issues. One thing that we think has been positive out of this has been - and I do not know if the committee is aware of the across border reference group on volatile substance use; it is sort of the peak advisory body in Central Australia for the across border region about volatile substance misuse issues. There are a number of Commonwealth Government departments on it: there are service providers; there is the police in South Australia and the Northern Territory; the Northern Territory Aboriginal Health Forum is represented on it. We feel hopeful that this is actually a very positive initiative that aims at longer term and sort of strategic planning about how community and government can best respond to petrol sniffing in the across border region. One aspect that I wanted to bring to the committee's attention is, that the committee has just agreed on terms of reference, looking at a feasibility study into a rehab/detox facility for Central Australia, for the across border region.

We have instigated this again, because we think, in terms of long term planning, it is important to have all of these bodies, the South Australian, Western Australian and Northern Territory Government, as well as the Commonwealth involved, because whatever needs to

happen will cost a lot of money and will need a lot of co-operation between the four arms of government. So, we have suggested that the model, where it would be placed, the staffing of that. They are big questions to ask, so we do need to have the feasibility study first and everyone can participate in that. That is where it is at at the moment, and I would just like to encourage that we can get support from the Northern Territory Government, in terms of that process and also the dollars that would be needed to implement this facility.

It is the long term view. At the moment, the kids on the land who want to get off petrol, there is nowhere for them to go, there are no facilities, there is no detox, there is no rehab. The courts cannot send any children - you know, young people - to anywhere, so it is a pretty hopeless situation. I think that longer term view of what needs to happen in Central Australia, is a good initiative and we would like to see support for that.

I guess the more immediate and short term needs that are not being met are quite large and they are very clearly articulated in the coronial report, but the early intervention stuff is critical, because it is definitely shown that if you can intervene with young people, especially in the first year of petrol sniffing, that is the critical time of getting them off petrol. So we do need the youth workers in communities; we need housing for youth workers; we need recreational programs - a lot of the communities do not have after hours school programs, they do not have school holiday programs, all the things that I think are taken for granted in major towns are not happening on communities, and kids are sniffing for a whole lot of reasons, but a lot of it is to do with boredom as well, and it is just that these resources can support people, I think, it is going to make a major difference.

At the moment we have a good news story. We have got funding from Family and Community Services, through the Reconnect Program, which you may be aware of; it is targeting youth homelessness. We have a three-way agreement with the women's council Finke Community and Docker River Community, both in the Northern Territory, and it has employed two youth workers in each of those places and youth worker and ourselves, and it is just really targeting what - you know, focusing on youth in those communities. I think it has all the ingredients of good success, strong community support and support from the staff on the communities. There is housing for the staff; there is support for the staff as well; there is money to implement programs. It is very much from the ground up. That has just started in the last month. We have got two years' funding with reconnect. So we are feeling hopeful that it will demonstrate a good model role. This is what is needed to support young people, to target petrol sniffing.

I think they are the main - we could talk all day about this - but just to give you some indications of some of our issues.

Madam CHAIR: Yes. Gerry?

Mr WOOD: I suppose one of the things you...

Madam CHAIR: Five minutes.

Mr WOOD: One of the things that comes out of a lot of this discussions is that people are all talking about funding and generally they are talking about governments supplying the funds. What do you think of the possibility that we should be asking petrol companies to perhaps, as part of their good corporate image, to be contributing with things like the rehab and early intervention schemes?

Ms KAVANAGH: Look, I think it needs to happen because, obviously, there is finite money available from the government. We have looked at philanthropic trusts ourselves, to fund particular things. We have actually got funding from corporations as well. I think that is probably not a bad move, to ask those petrol companies. They have got a lot of money, haven't they?

Mr WOOD: They have, yes, thousands.

Madam CHAIR: If I could ask a question. Sorry...

Mr KIELY: No, no. Go ahead.

Madam CHAIR: Go on, Mr Kiely I will use my discretion as the chair.

Mr McADAM: I just wanted to ask one question to Maggie. Two youth workers at and Finke. The youth workers, are they with primary or secondary - there is no secondary school at Finke - but what I am saying is, where are they targeted, at the younger kids? School age...

Ms KAVANAGH: School age.

Mr McADAM: School age. And what about those people who are beyond the school age? They should not be beyond the school age. But what is provided in that sense? Zero?

Ms KAVANAGH: Nothing.

Mr KEILY: What age are the kids that are getting into the petrol?

Ms KAVANAGH: It is as young as eight on our member communities and that is a concern of ours, that kids are starting at a young age, sniffing, and that is the stuff that has to be addressed. That is a fact. Some people might say that there are not kids that young but we know that for a fact, that there are kids as young as eight sniffing on some communities.

Dr LIM: Maggie, in respect with the youth workers, are they directing their work after school, in the evenings?

Ms KAVANAGH: Yes.

Dr LIM: I mean, you find lots of people will work between 8 and 4.21...

Ms KAVANAGH: Exactly.

Dr LIM: ...and then they knock off and that is when the kids come out of school and maybe they are off work themselves. How are they rostering themselves?

Ms KAVANAGH: They are targeting after hours and weekend programs. We ourselves ran a youth program at for two years and that is primarily when the work did happen. It had to happen because that is when the kids were most at risk, as well as especially at night time, and needing to provide activities. That is certainly acknowledged by the youth workers. It is a lot of work too. We are very mindful about needing to support those youth workers, because this is where it has fallen down. The expectations on one person to be everything to everybody with young people it is quite difficult and also placing yourself at risk too. We have learned a lot of lessons from the work we did at which is why it has been a good process with reconnect, to have a third person who actually supports and can help get extra funding for other programs in those communities as well. We are hoping that it is a good model for how best to support everybody in very difficult circumstances.

Madam CHAIR: Can I just ask a question, if I may? In that region how effective is the - because I know that there was some legislation brought through.

Ms KAVANAGH: Is this in South Australia? Is this what - I notice this...

Madam CHAIR: Does that come up, parts of it? Or is it just in South Australia? Is that...

Ms KAVANAGH: Is this this comment that is in this - in your interim report or...

Madam CHAIR: No, no, this is - I mean, one of the things that the committee was looking at was, may look - I mean, the effectiveness of legislation, that...

Ms KAVANAGH: I saw this thing here and I wondered what you were referring to, because there is no legislation at...

Madam CHAIR: So nothing covers that - that Pit. lands it is more into South Australia, where that legislation is?

Dr LIM: Yes. The Pit. lands is really south of the border.

Madam CHAIR: Yes. No, that's all right. That's right. I know it, yes.

Ms KAVANAGH: Yes, unless you..... about Avgas at all, the use of...

Madam CHAIR: No. A lot of the communities have got away with leaded fuel and put in Avgas down here as well.

Ms KAVANAGH: That's right.

Madam CHAIR: And diesel.

Ms KAVANAGH: Yes, diesel. And at the moment there is actually - the Commonwealth actually is looking at an evaluation scheme of the Avgas scheme throughout Australia, because they need to renew that agreement with the petroleum companies, about getting the subsidy, so they pay the lesser rate. So that is happening at the moment. It might be good to have some input into that.

Mr McADAM: Shell should sponsor it: 'Go well, go Shell'.

Ms KAVANAGH: 'Go well, go Shell.'

Dr LIM: Some Northern Territory communities have asked that petrol abuse be legislated...

Madam CHAIR: Yes, and that is

Dr LIM: ...be made illegal. Has there been any request amongst your communities, 'Let's make an illegal activity'?

Ms KAVANAGH: Yes, it is. But the issue is implementing that, when you do not have policing on communities. That is the actual reality of it. We do not have any permanent policing on our member communities. It might be very well to have that as a legislation but it cannot be enforced.

Madam CHAIR: You have got to build a process in. I always feel that if you put something in place, build the process, so that when you do implement it, it is going to be effective and work for the purpose of the legislation being there.

Mr KEILY: Have you...

Madam CHAIR: One more and then I have got another presenter.

Mr KEILY: Has there been a tendency by some family members, where they have got a sniffer or two in the family, to provide them with the petrol, to stop them humbugging and doing all the raging and taking the cars and all this sort of thing?

Ms KAVANAGH: It is very complex and I think that that is a real struggle for a lot families, because, you know, to be honest, people can be quite threatened by the violent behaviour of petrol sniffers, so it is a strategy that some people might use sometimes to calm people down and at least they are with them and they can maybe take of them. I think people acknowledge it is not the best scenario but when people are so frustrated that they are still struggling with knowing how to deal with it, because it is...

Mr KIELY: But in lieu of any other sort of intervention and...

Ms KAVANAGH: I think it reflects people's level of frustration and...

Mr KIELY: Yes.

Madam CHAIR: Sue?

Ms CARTER: With regards to Curtin Springs, what is the nature of the restriction there and how do the men feel about it from the surrounding communities?

Ms KAVANAGH: The restriction is that no alcohol whatsoever, either drinking or takeaway, can be made available to the members of our communities.

Ms CARTER: So they are identifiable, are they?

Ms KAVANAGH: Yes.

Ms CARTER: So, if I went there, I could get some, could I?

Ms KAVANAGH: Yes, you could. Now, in the process of us getting this certificate and applying through the *Racial Discrimination Act* for it, we had to demonstrate the support of the communities. It took us a very long time. We spoke with every community, had quite lengthy consultations that involved all members of the community, and I have to say that of course there will be some people who probably are unhappy with it, but the majority of people - and certainly even the drinkers themselves acknowledge that this was to help them as well as the health of their community. So I think it has been a success because people have acknowledged that it is addressing the availability issue. Actually it has deterred people from - if you are going to have to drive that much further to actually purchase alcohol, it has deterred some people, probably not all people, but it has had an impact on, you know...

Ms CARTER: And how long has it been in for?

Ms KAVANAGH: Since 1997. We had a year - a trial of it for a year then and then it was evaluated by the Menzies School of Research, and now every year then we renegotiate the agreement with the roadhouse owner. It is a success story, I have to say.

Madam CHAIR: Thank you, Jane. There are certainly a lot of questions I have to ask and I hope you are going to join the round table discussion after this, because a lot of the questions, in terms of family violence, I think we could have some - it could be all day discussions on family violence. I hope both you and Maggie can join those discussions.

Ms KAVANAGH: What time is that?

Madam CHAIR: Following after we have had most of the presentations, about 3, 3.30.

Ms KAVANAGH: Sorry, I just - this is our youth newsletter. It is called 'The Never Give Up News', and I guess it is a sort of way of saying, despite all the bleakness and the hopelessness, that there is - there needs to be positive images of young people and that sharing of ideas and

information, because there is little meaningful activity - you know, printed material for people on communities and this is one strategy, to say, despite all the doom and gloom, there are some positive things happening and it should be shared, that information. I wanted to table these and you can have a look at them.

Ms CARTER: Thank you.

Ms KAVANAGH: Thank you very much.

Madam CHAIR: I would like to now invite Barbara Low, the manager of Holyoake in Alice Springs. Thank you, Barbara.

Ms LOW: Hello. I am Barbara Low. I am the Manager/Educator of Holyoake. I have actually supplied a handout that might make it easier to follow. I tried to actually address the terms of reference, as best it relates to our organisation.

Holyoake is a community based organisation working with individuals or families affected by alcohol or other drugs. That is either directly or indirectly. We are in our twelfth year of operation and are primarily funded by the Northern Territory Department of Health and Community Services. We offer counselling support and education to children as young as five, adolescents and adults. Programs are based on the family systems model, which states that:

New information or skills can enter the family unit by any of the members, being either a child, the user or the partner of the user.

There are a few features that are unique to Holyoake. Firstly, we offer structured programs to clients. The adult program runs over 12 weeks, where the client accesses our agency once a week for group sessions and some individual sessions. The adolescent program runs over a period of 10 weeks, while the children's groups range from five to seven sessions. In all programs a different topic is covered each week, offering skills to the client to cope with their own situation. Another unique feature is that we are the only agency in Alice Springs that offers specialist alcohol and other drugs support and programs specific to adolescents and also specific to children. All programs are in group sessions, with the exception of adolescents, and we work with them on a one to one basis; adolescents do not actually like working in small groups. We are also the only alcohol and other drug agency in Alice Springs who charge a fee for service. This assists in the running of our organisation - however, we never send anyone away - but it is certainly an affordable amount. We work closely with Central Australian Alcohol and Other Drug Agency by way of referral and case management.

Holyoake provides data to the Department of Health and Community Services, who provide us with six-monthly and yearly reports and the stats that I will use here are over a 12 month period. The figures for referrals are as follows: by far our major referral is self-referral and that is 40%; family and friends follow closely with 29%; and then employer and schools is 10%. Other agencies, which includes GPs, perhaps Families and Children's Services, the hospital, equates to 7%. Then the remaining percentage is made up of smaller referrals.

We have noticed an increase in community concern, especially from within the schools. We have two secondary schools that we work with collaboratively in regard to referring students to our agency. We have agreements with Anzac Hill High School and the Alice Springs High School, and we work with students with alcohol and other drug issues that the school actually cannot deal with. This agreement with the Alice Springs High School has been running since 2000. Another aspect in regard to the schools is drug education, which we have been running for seven years, but for the first four years it was complementary but during the past three years we actually were forced to charge a fee for service for this. Due to limited resources, we only work with two secondary schools, targeting the year 10s. The schools are Anzac Hill High and St Phillip's College, and the programs run from between six to 10 lessons per class.

At this point I would like to refer to - you may be familiar with the 2002 Chief Minister's Roundtable of Young Territorians report on marijuana use. On page 4 it actually states that there is no provision for drug education in government schools, which of course - this report is quite misleading, due to the information that I have just presented. All of Holyoake's data show an increase not only in clients but also in the number of sessions that the clients have. In 1997 we had one full time and part-time counsellor who worked directly with clients. Due to the increase in workload we now have the equivalent to three full time counsellors. We are currently undergoing an internal review, to look at ways to work more efficiently with the increase of clients and their contacts, using the limited resources we have, and we are pursuing other funding options. Looking at our current trends, the non-indigenous clients make up 85% of our clients. Indigenous clients currently make up 15% and it often varies from 10% to 15%. The programs offered at Holyoake are certainly appropriate for urban indigenous people.

The principal drugs of concern are as follows: alcohol rates at 71%; cannabis 19%; amphetamines 5%, heroine 2%; and other drugs around 3%. One thing that does not show in the reports that we get from the Northern Territory Department of Health and Community Services is that often with the principal drug of concern being alcohol, cannabis is also used, but it is not recorded because the client is not concerned with the use of it. So, in reality, the stats - they are not really true stats showing the number of people that use cannabis. Also, whilst working with schools there are anecdotal reports from the students, that there is an increase of cannabis use amongst youth. Of those people coming to Holyoake, the stats show that regarding drug use 24% come concerned with their own use and 86% come concerned with another person's use. Out of this 86% 64 of those are concerned with another family member's use. The increase in workload is not only directly related to the increase of clients but more so to the number of sessions that the clients now attend, and also the increase of adolescents who use our service. Looking at past statistics, yearly admissions - and this is from our reports - range from 210 to 250 admissions per year. We need to remember that we work with clients over a varied length of time. For example, the adults may be up to 16 sessions, which is over a period of three months.

The increase in the number of adolescents is very significant. From the Department of Health and Community Services report that we get, the age groups - it is actually divided into groups, the age group from 5 to 15, so it is actually hard to single out the adolescents, but we can look at the figures for 16 to 20 year group. In 1997-98, when we commenced working with this age group, on our stats we actually had one client which was an adolescent from 16 to 20. During the last financial year we have had 14 adolescents who we worked with over a period of 10 weeks for each client and, bearing in mind this is all done on one to one, so that certainly stretches our resources. The main social and economic consequences include the following: the amount of money spent on alcohol and other drugs; gambling may be secondary to alcohol and other drug abuse; the incidents of domestic violence, including social mental, emotional and physical and the breakdown of the family structure.

Looking at the services currently available, the amount of drug education in schools is not adequate and this was also identified in the Northern Territory Illicit Drug Taskforce. As stated earlier, we do a small amount in only two schools with only one year level. Holyoake supports the need for a residential rehab treatment service, similar to what Alison has proposed by Greengates. Holyoake would complement this service by working with the family members, offering support to them.

The breakdown of clients at Holyoake does not indicate a positive correlation with low social economic conditions and substance abuse but more so a positive correlation with mid to high socio-economic conditions. Seventy-five percent of clients of Holyoake are in full time or part-time employment with only 1% of clients on benefits. I need to state here that we are only one small agency whose client group consists mainly of non-indigenous people; as stated earlier, they are 85%. With a high proportion of non-indigenous people in Alice Springs more resources

need to be channelled towards not only the agencies working with indigenous people but also agencies working with non-indigenous people.

Looking at policies and services, the introduction of the Northern Territory Illicit Drug Precourt Diversionary Program is a positive initiative but since our training, which was done in December 2002, we have not had any clients diverted to our agency as yet under that program. Holyoake is registered under both the Juvenile Diversion Program and the Community Corrections Diversionary Program. Since the year 2000 we have had five clients diverted under the Juvenile Diversion Program - and we are working with one at the moment - and we are currently working with our first diversion client under the Community Corrections also at the moment.

Madam CHAIR: Thank you, Barbara. Sue, do you want to start first?

Ms CARTER: I have got a couple of questions. First of all, you say that you charge a fee. I am just interested in what sort of a fee gets charged.

Ms LOW: The initial interview, which is the first one, where we do all the paperwork and take most of the information, which can take up to two hours, is \$20; that is actually not negotiable. We have not had anyone who has rung to say - or then they cannot make their appointment, because we just suggest to them, 'Well, when do you get paid? We can make the appointment for that day'. Following that, it is negotiable. That is decided between the counsellor and when the client comes in. The last thing we need to do is also add another financial issue on to their already - I suppose the issues that brings them there. We have never sent anyone away. Sometimes adults may pay as little as \$5. The maximum they would pay is \$25 per session. Children is either \$5 or \$10.

Ms CARTER: Another question is, do the schools use Holyoake, given that they have the DARE Program running? Which then brings me to my next question. You say that there is inadequate drug education in the schools. What makes you say that?

Ms LOW: Did you say 'adequate' or 'inadequate'?

Ms CARTER: Inadequate.

Ms LOW: I believe it is inadequate.

Ms CARTER: Yes, you said that. And why is that?

Ms LOW: Okay. Perhaps as an example, at - if I may perhaps mention two schools, which are the only ones that I am really aware of. If we are looking at St Phillip's College, the only drug education that is offered there in a formal basis is when I come in and work with the students.

Ms CARTER: So they do not use the DARE Program there, the police?

Ms LOW: The DARE Program is only primary.

Ms CARTER: Only primary?

Ms LOW: Yes. They did pilot working with year sevens at Anzac Hill High School, and it was not piloted for a full year. I do not actually know whether the DARE Program is actually still run in schools.

Mr KIELY: The DARE is still running.

Ms LOW: But the Life Education is fairly limited too and that is also only to primary.

Ms CARTER: So in high schools it is up to the discretion of certain teachers, if they want to pick it up, or otherwise it is inadequate, as you were saying?

Ms LOW: I believe so, and I think that, basically, came out in the Illicit Drug Taskforce. Also looking at one of the other schools, which is Anzac, where I work with only the year 10s, this is the first year that they have actually also got a project worker to come in from DASA and work with some year 9s. So, prior to that, with me working in there, which has been seven years, there has only been that one time. They can actually choose to do it themselves or they can get in a specialist agency to do it. So it is really at the discretion of the school and where they want to put their funds and, as stated, we now charge for that, so that is entirely up to them. The nice part was, because I think we had done it for four years on a complementary basis, that they were quite willing, and they certainly value it. We evaluate it. They certainly get a run down of the whole program and then we evaluate it and that information and stats is then fed back to them. They make a decision on whether they want to go with it again the following year.

Ms CARTER: Is it a one-off session or a couple of sessions?

Ms LOW: No. As stated in here, from six to 10 lessons.

Ms CARTER: There are a couple more people down here after that.

Ms LOW: Yes, from six to 10 lessons with the same class. So, if we are talking about St Phillip's which have four year 10 classes, I run the same lesson for each of those four classes.

Madam CHAIR: Len? Elliot? Sorry.

Mr McADAM: I was just going to ask a question, if I may. You are funded by the NT Government?

Ms LOW: Yes, we are primarily funded. We do generate about \$30 000 a year from our fee for service stated and donations.

Mr McADAM: All right. And staffing numbers?

Ms LOW: At the moment, as I said, we have got equivalent to three full time counsellors and two admin. The equivalent of those three full time counsellors is two full time and two part-time. There is myself - have I thrown - no, no. I have done equivalent. I thought it was easier, but that has not made it easier. We have myself the manager, full time; part-time receptionist; two part-time counsellor group facilitators; and two full time counsellor group facilitators.

Madam CHAIR: Gerry?

Mr WOOD: You spoke about 14 adolescents. Are you able to tell whether an adolescent has got an alcohol problem or are some getting into the realms of being alcoholic? Can you - do you...

Ms LOW: Okay. Two things: (1), we do not use the word 'alcoholic', and that is because it is a little bit hard to judge what is an alcoholic; the other thing is, how we can look at - we only work with what the problem is presented to us. If an adolescent comes to us and says, 'Mum's really sick of me smoking cannabis and I've got to come and do this', then we work with what do they want to do, and that is what we work with. If the person has come to us as a referral from a school - and it might be because of their own use; it might be because of their parental use, which might be causing behaviour problems for them at school as it spins off - because children are affected by someone else's use of alcohol or other drugs, so if it is parental drinking the child might have anger issues, and might be just acting out at school, so we just work, based on, also we work with a lot of feelings, so it's actually how the kids are feeling, how to appropriate those feelings in a more appropriate manner.

Mr WOOD: So these 14 adolescents can be victims as well, not just users.

Ms LOW: No, yes. Exactly, they may be users or they may be in a family where there is alcohol and other drug misuse. And bearing in mind that is only in that range of that age because we couldn't break it down any less. That's only from 16 to 20, yeah. Did that answer that?

Mr WOOD: Well I probably didn't handle that question that well. Are any of those people, adolescents affected by alcohol or is it mainly other drugs?

Ms LOW: With the breakdown of that would probably say more cannabis than alcohol, polydrug use.

Madam CHAIR: Barbara if I could ask a question, Gerry are you finished now? You mention 85% of your numbers are non indigenous clients. How much in that percentage of 85, is youth, in terms of coming into, is it a huge proportion in that 85%?

Ms LOW: No the adults ...

Madam CHAIR: It's just mainly adults?

Ms LOW: ... probably from, well from nought to fifteen, we actually have a lot of children's groups and it is hard because that is how reporting time has been broken down. So probably if we are looking at say under twelves is probably almost equivalent to the adolescents. Our main area is adults. And the majority of that is adults affected by someone else's use. So it is often the partner of the user, whether it be husband or wife.

Dr LIM: Do you advertise to direct your services to Aboriginal people as well?

Ms LOW: Yes. It is certainly appropriate and we have, I mean there are certainly more appropriate agencies in Alice Springs that deal with Aboriginal people and as stated in the report, we certainly can work with urban Aboriginal people and we have but interesting you say, 'Do we direct it', we actually have not done any major advertising for about four years. It is just soft advertising, that is just done with brochures in GPs and schools. Yeah.

Madam CHAIR: Barbara if I can ask you another question. You say that since 2000, you have only had five clients diverted through the Juvenile Diversionary Program. Has Holyoake talked to the NT Correctional Services or other?

Ms LOW: Yeah, there are two separate ones, the one with the five is actually juvenile diversion, yeah, that's different to the Community Corrections. Community Corrections is they have already gone through court.

Madam CHAIR: So have you looked, I mean, has there been any sort of work done in terms of trying to ...

Ms LOW: No, don't promote that, that is the Juvenile Diversion Program Unit that is here and if those young people have committed an offence, I think this is how it works in theory: if young people have committed an offence under alcohol and other drugs under the influence of that, then they would direct them through to our service but there are certainly lots of agencies in Alice Springs that are registered for the Juvenile Diversionary Program.

Madam CHAIR: Thank you Barbara and I hope that you will stay for the round table discussions. I now call Susan O'Leary from the Alice Springs Youth Accommodation and Support Services. Is Susan here?

Unknown person: No.

Madam CHAIR: We'll have a break and then we can maybe wait to see if we can follow up with Susan O'Leary and see if she can come. Okay. We will just break for a couple of minutes.

Mr McADAM: Okay, welcome back every one. We'll make a start to the remaining part of the program and I'd like to welcome Sara from the Alice Springs Youth Accommodation and Support Services. Apparently Susan is unable to be here. What we have done so far Sara is that you've been allocated round about 20 minutes and feel free to just commence your deliberations and subject to the time left, we will be able to ask you questions and of course you are also invited to the round table discussion which is going to commence at 3.30 which will involve all members. So thank you very much for coming today.

SARA: All right, what I'll be doing is giving a bit of a background on the organisation so you have some understanding of the work situation that we are in and then talk a little bit about the client group that we service and then some of the issues around substance abuse as we observe them through our work experience. And then perhaps make a couple of suggestions on how these things might be addressed.

Alice Springs Youth Accommodation and Support Services, which is otherwise known as ASYASS, is a SAT (?) funded community based organisation. The service was established in 1990 at which time it provided crisis accommodation for young people between the ages of 15 to 18 years and a limited amount of support and advocacy to young people 15 to 24 years. Over the past 13 years the service has responded to identified needs of young people in the community and has expanded to incorporate a range of projects that have been developed to address observed gaps in service delivery to young people in Central Australia.

ASYASS currently provides a crisis refuge which provides supported crisis accommodation, housing up to seven young people between the ages of 15 and 18 years. Umbakooka Place which is a supported transitional housing unit that provides accommodation, support and education to young women who are pregnant or who have recently had their first child. We have a youth housing project which is a semi-supported housing project within the community. Young people accommodated within this project receive support from a designated housing worker and participate in an independent living skills program.

We have a counselling service which is a free confidential service providing therapeutic counselling to young people and their families. We have advocacy and support services which assist young people to negotiate their way to a variety of systems including legal, medical, Centrelink and housing. We provide case management services and they are comprehensive case management services including the co-ordination of service provision from other relevant agencies. We have a job placement employment and training service which is commonly known as JAPET and that assists young people to gain and maintain employment education and training. We have a new project called the Deadly Treadlies Project, which is a project that teaches young people how to build their own bicycles from a collection of donated frames and parts and they learn how to maintain and make repairs to bikes. And hopefully that project will lead into a small business project so they will actually be selling bikes to the community.

We have a youth friendly drop-in service, which is a supervised space for young people to meet and to participate in a variety of arts based activities. We also have an emergency relief program which provides periodic emergency relief to young people requiring assistance with food, returning to family, rental arrears, emergency accommodation and clothing.

ASYASS provides services and support to approximately 350 young people every year – 80% of our client group are indigenous young people. Many of these are from within the town camp community. Common backgrounds of young people accessing our service include: poverty; social disadvantage; direct or indirect substance abuse; extreme family breakdown;

homelessness; violence; and involvement with the criminal justice system. Suicide ideation and self harming behaviours are regularly observed within the client group.

Despite having to contend with such issues on a daily basis, the young people we work with are bright, caring and humorous individuals with a great capacity for life. Many young people that access ASYASS are currently or have been involved in substance misuse. Substances that are most commonly used include alcohol, inhalants and marijuana, although the incidence of injecting drug use is increasing. In my experience and working with the young people I have over the past five-and-a-half-years, most commonly, people using injecting drugs come from interstate and they come to Central Australia with some idea that this is a good place to get off those drugs and to dry out. But they soon find that that's not the case because we don't have support services here that provide support for them while they actually are attempting to do that. So they are sort of stuck in a real rut here and there's nowhere for them to go when they do that.

The reasons why young people use various substances have been well documented over the years for example experimentation, self medication, boredom – and while the reasons for drug use may not differ, I believe they are compounded in Central Australia by the historical context of dispossession, dislocation, racism and persecution that continues to impact on indigenous people today.

Substance misuse has a great impact on the ability of many young people in Central Australia to maintaining anything near approaching a reasonable standard of living. Direct or indirect substance abuse is usually a major influence on a young person's capacity to manage the various areas of their life that will determine their standard of living. Some of those areas affected include family relationships, families in which there is a drug using member or members often become dysfunctional. Family resources are often consumed by the drug using member for example money, safe living quarters, time and care – all those things seem to be directed into that one drug using member of the family. This results in many young people becoming disengaged from the family unit as they attempt to access these necessities in other places. Substance misuse plays a huge role in family violence. Young people are often required to leave the family unit in order to access safety as a result of violence directed against them from family or from partners.

Education. While many of our clients find it difficult to maintain mainstream education, the problem is compounded when a young person is directly or indirectly affected by substance misuse. Young people are often absent from school as a result of their own or family member's substance misuse and eventually just drift out of the system. Other young people may manage to get to school however having spent the previous night seeking safety or being unable to sleep due to the noise and fighting within the home environment, these young people are often tired and therefore inattentive and eventually they too drift out of the system.

Money spent on substances often mean that children have inadequate clothing for example shoes and if children don't have shoes they are not permitted to be at school, so lots of young people just don't go to school because the resources for them to do so aren't available.

There needs to be a focus on providing appropriate, flexible and holistic alternatives to mainstream education if we are indeed committed to providing education to all children in the Northern Territory. And we have a couple of innovative and flexible education programs in Alice Springs that consistently struggle for funding year after year. These programs such as Eicalanch (?) and the Larapinta Valley Community Learning Centre – they should be adequately funded and the importance should be recognised that those children deserve that type of flexible education.

The legal system - substance abuse also has a great impact on young people involved in with the criminal justice system. Young people often find themselves involved with the legal system as a result of a lack of resources again due to family money going to alcohol or other drugs. Offending also occurs as a means of financing a young person's own substance abuse and

marijuana use in particular is a really expensive habit to maintain and marijuana usage in Central Australia is quite high amongst our client group.]

Income. Young people are often unable to meet the requirements of Centrelink in relation to maintaining their income support as a result of substance misuse. With the new trend towards mutual obligation policies within Centrelink, young people are required to engage in what are called 'Activity Agreements' and there are certain requirements that they are obliged to uphold if they are not to have their income supplements breached. So what that means is that the first time they don't meet that requirement they are breached a certain percentage of their income. The second time it is a higher percentage and the third time they are completely cut off from income. So that is quite difficult for young people who are involved in substance misuse or have family members who are, it is very difficult for them to maintain Work for the Dole programs for example. So as a result of that their income is often altered which then leads again to them having to obtain their essential needs through other ways.

Health is another huge issue around substance abuse. I don't know the statistics and I can't give them to you offhand but speaking from experience in working in this field, I have never seen so many young people – and I was a nurse prior to doing this work – I've never seen so many young people with chronic liver disease as I have in the Northern Territory. We are having 22 year olds on life support as a result of their livers being so damaged from alcohol use. Memory loss and loss of cognitive functioning and central nervous system disorders are all results of inhalant abuse and that's rife again in Central Australia. Mental issues associated with marijuana usage and violence resulting in severe injuries that are sustained by many of our clients and the violence is often alcohol induced but particularly when alcohol and marijuana are combined it seems to be exacerbated and it gets worse.

These are just some of the issues around substance abuse in Central Australia, so I guess the question then is: how do we address the problem? I think there is a big lack of crisis accommodation for young people in Central Australia and there is currently, as we know, a lot of noise being made about young people on the streets at night in Alice Springs. These young people may be engaged in substance misuse or they may be on the streets as a result of family being engaged in substance abuse. The way this problem is currently being addressed is that they are being picked up by police, who assess the situation to the best of their ability and within a very short limited time frame because that is all they have available and then they make a decision about where they are going to take that young person. And this may be into protective custody, depending on whether or not the young person is intoxicated and to what extent they are intoxicated or they may be taken home to family. And while this is to some extent providing an avenue of safety for that young person, it doesn't result in professional intervention. If a young person were on the other hand able to access some form of crisis accommodation or support, after hours, an assessment process would be initiated and that would involve professional intervention and it would provide follow up and support for that young person and their family and that would hopefully prevent them from being back on the street the next night in the same situation with the same lack of support.

The other thing I think, is a lack of outreach workers in Central Australia, if we were actually to have workers after hours on the street, easily accessible by those young people, that would make a huge difference.

The other thing is – and it amazes me, and it still continues to amaze me – is that we have no drug treatment programs here apart from a counselling service for young people. You can't go to DASA if you are under 18, you can't access CAARPU if you are under 18, there is not drug treatment programs for injecting drug users, there is nothing available for young people here.

Mr McADAM: Thank you very much Sara, did you want to go on?

SARA: No, just to thank you for listening and to wind up really.

Mr McADAM: Thank you very much. Do we have any questions, members? Gerry.

Mr WOOD: I know in Palmerston they've got a program out, it had two young indigenous people on push bikes, they are actually funded through Mission Australia and they actually work I think in Palmerston, especially around the CBD, I think between about six o'clock to about ten or eleven. They just go around on push bikes and they just talk to young people who might be loitering or nothing to do and they sort of encourage them to - I suppose to be there as model people but to also reach out to those kids and get their confidence so they can start to talk to them and see what problems they've got and sometimes see, you know, of they are mixed up with gangs, try and get them to break away from that, do you see a role for say something like this? It is a very quiet passive patrol but it is a ...

SARA: I do, so long as there is other supports linked to that. Say for example, it's great to have young people out there talking to other young people providing that support but there needs to be a mechanism for them to access additional support so - quite often the problem here is transport for young people and they need to access safety and they actually need to do that quite quickly in some instances. So there needs to be a mechanism for those people to call somebody and have a vehicle get there and get those young people somewhere else. So providing they've got that additional support it sounds good.

Mr WOOD: They do work with the police and that's part of it, that they have contact, sometimes that can be part of the problem of course, the young people find out well, they are working with the police but that would be worth looking at.

Mr KIELY: You mentioned about the lack of crisis accommodation. From your observations, what would be the level of crisis accommodation you think would accommodate the problem with the current level?

SARA: Ok, what we provide in terms of crisis accommodation is a seven bed refuge and that has been consistently full. For all of this year we are having to try and access other safe places for young people to stay and that is okay if you are 15 to 18 but the huge gap in service delivery here is for young people under 15 and if you have been speaking to people about the kids on the streets, they are of that younger age group and there just is nowhere for those young people to go. Tangentyere Council I know has started an initiative and it is a very worthwhile initiative that has been pretty much canned by the Alice Springs community. They had funding and a commitment to start a Safe House for young people in that problem age group and the community has kicked up such a fuss about its location and not wanting to have problem children in that street that we are now having to look at other alternatives. So it is not useful when a community do not get behind and realise that these are young people who need care and protection and they are not criminals and they are not vandals and they are not scary, in fact it is scary putting those people into such an environment of hostilities, so we actually cannot have that location any more.

Mr KIELY: If a location could be found, is that ...?

Ms LOW: Yeah, if a location can be found - that is still viable.

Mr McADAM: Thanks. Sue? Richard?

Mr McADAM: Look, I just have maybe two questions and the first thing relates, I think you said 350 contacts, is that correct?

SARA: Mm hmmm.

Mr McADAM: And obviously a lot of these people come from dysfunctional families, you referred to like, poverty, violence and those sorts of things within the communities. Is there any mechanism in place that tries to resolve some of the issues in terms of what's going on in the

family home. I mean, is there any referral in terms of trying to resolve an issue at home, I mean you can't resolve poverty, that's what I'm talking about but if there are some other issues, is there an attempt to try and reconcile the ...

SARA: Absolutely and that's one, that's another new initiative that was linked to that Tangentyere initiative and that's a thing called Safe Families and that involves youth service providers, ASYASS, Tangentyere, Congress, Reconnect and Family and Children Services, all working together to identify young people who are consistently in need of support and it is very obvious things are breaking down in the family, to work with families and provide support to those families to be able to actually look after their children. If not with immediate family, then with extended family until the situation can be improved with immediate family. So those moves towards family reunification are seen as being really important and that is another thing that everybody is working together to try and address.

Mr McADAM: And just the other query that I have relates to, I think you said you had a JAYPET program.

SARA: Yes.

Mr McADAM: What success do you have in terms of getting some of these young people into either trainee-ships and to full time work or part time work? Is there ...?

SARA: We have had some success, again it is very much dependent on the home environment and quite often it can't be maintained in dysfunctional family settings. But what we do have attached to that program is accommodation which is semi-supported accommodation so that provides young people with a safe and stable place to live and once they have that, it seems that they are much better able to maintain that. So lots of young people have been enrolled and are now involved in education systems. We've had young people undertake trainee-ships and do landscaping courses and that's actually led to further employment within the community so we are actually having some success.

Mr McADAM: And one final question because you referred to Larapinta Valley and the program which we heard about this morning, so they would be kids predominantly from Larapinta? From that region?

SARA: Yes they are but they are also the community that were identified I guess as being most in need. They had a really high incidence of substance abuse, particularly inhalant abuse within that community. They also had a high level of involvement with the criminal justice system and we share clients and lots of those clients were ASYASS clients as well and they were also very vocal in saying, 'We are bored, what are we going to do, let's do something' and they were actually a driving force behind establishing that centre.

Mr McADAM: What about those young people who do not come from Larapinta Valley, what provision is there because you talked about ...?

SARA: There is not enough provision for them, you are right and there needs to be more. There's Yirrikalange but that caters mostly for eastern Arrernte families and that is great and it is good for those families but then there are Warlpiri people that need stuff and there is Pitjantjatjara, there is, you know, needs to be more.

Mr McADAM: All right, I have no other questions. Thank you very much for coming in, we do appreciate it and please feel free to wait around for next half hour or so and join in the round table discussion. You probably do not know about it. I do not know why I keep referring it to the 'round table' because it is a square table. [Laughter] But please feel free to join in.

Marion still has other commitments so I will have to continue for the time being. I would now like to welcome Mr Nick Gill. Hello Nick, how are you?

Mr GILL: I am well thank you.

Mr McADAM: That's good. Nick is the convenor of the Substance Abuse Misuse Action Group, otherwise known here as SMAG here in Alice Springs. The Alice in Ten, also the quality of life project which is the employment one?

Mr GILL: No.

Mr McADAM: No? I beg your pardon. And is also the manager of the Drug and Alcohol Services Association, DASA. So thank you very much for coming in Nick. What we've done so far is basically allow you to present your submission and if there is some time at the end then we will allow some questions but as I say, there will be an opportunity for everyone to join in at around about 3.30, we may bring that forward, subject to how long it takes, so thank you.

Mr GILL: I would like if I may to divide my discussion with you into two parts: the first of which is in my role as convenor of the Central Australian Regional Substance Abuse Action Group and then my second part will be in my role of manager of DASA.

So, starting off in relation to SMAG, the committee will be aware that last time you visited Alice Springs, there was a submission from the Substance Misuse Action Group, SMAG, and a separate submission from the Alice in Ten Quality of Life Alcohol and Substance Misuse Priority Area Working Group. I am very glad to be able to say that since that time, those two bodies have combined. With the agreement of their respective auspicing bodies and that is in the case of the Substance Misuse Action Group, CARIHPAC the Central Australian Regional Indigenous Health Planning Council which is the Central Australian arm of the Northern Territory Aboriginal Health Forum and the Alice in Ten Quality of Life Project. So, what we have now and what I am now the convenor of is something called the Regional Substance Misuse Action Group, which I actually report in two directions: in one direction up to Alice in Ten Quality of Life and in the other direction, up to the Central Australian Regional Indigenous Health Planning Committee. I have here for members of the committee, the terms of reference for the newly formed Substance Misuse Action Group.

I don't expect members of the committee to read this now for your information, I will however briefly summarise – the Substance Misuse Action Group in its previous incarnation, as I say was formed as an action group of CARIHPAC and its role was the implementation of the Central Australian Regional Indigenous Substance Misuse Strategy. The Quality of Life Alcohol and so on working group was formed as part of the Quality of Life Project to bring together all the agencies, both governmental and non-governmental with concerns around substance misuse in Central Australia and its intention was to develop an overall strategy for the region. It is clear that to have one strategy for indigenous people in the region and another strategy for everybody else is not going to work and therefore, as I say, I am very glad that the two bodies have united. The overall intention of the newly formed SMAG is to develop an overarching strategy comprising all substances of misuse and all population groups within the Central Australian region. Now this in itself raises some problems. The body of course reports to CARIHPAC and to Quality of Life and the partners in CARIHPAC as you are no doubt aware are the Territory Department of Health and Community Services, the Office of Aboriginal and Torres Strait Islander Health and the Commonwealth Department of Health and Ageing, ATSIC and AMSANT, the Aboriginal Medical Society Association of the Northern Territory and these four partners form the Aboriginal Health Forum nationally.

The strategy developed by CARIHPAC, the Regional Indigenous Substance Misuse Strategy has been signed off by all those four partners as being the strategy that they agree should apply. The role of SMAG, the new combined SMAG in developing an overall strategy for everybody in Central Australia, will presumably in the same way, receive the assent of the four CARIHPAC partners and through Quality of Life will be able to feed into the Northern Territory Government.

However, although SMAG was formed as an implementation group, to implement a strategy which has been agreed by those four which the committee will agree are the key players in this, there is no commitment by any of those four partners to fund any of the elements of the strategy which has been agreed. And this as I say remains the area in which there are going to be and are, difficulties.

SMAG has greeted with great pleasure, the review of the Department of Health and Community Services and the Northern Territory Government and recognises that the new structure for the department is designed to enable a greater level of community input into decision making and strategic planning and service delivery. However, it remains that case that SMAG is charged with developing a strategy but there is no way that anybody in government is saying, 'Yes, well once they've developed the strategy, we will adopt it'. So it places SMAG in a difficult position. We are asked on the one hand to develop a strategy but we know that that strategy may not be capable of implementation. Nonetheless, SMAG has seen itself as having a significant advisory role, and an initiatory role in developing the sorts of programs, services and changes which are included and have been agreed within the Regional Indigenous Substance Misuse Strategy. And to that end SMAG, under the leadership of its previous Chair, Dr Ian Trundle, who I would like to acknowledge, has produced its action plan for this year and once more, this is a weighty document. It derives from the Regional Indigenous Substance Misuse Strategy which is of course an even weightier and this, would you believe it, is a distillation. And you will see that the end section of the action plan is, that attachments are a series of letters to be written and meetings to be organised, in order to further the implementation of what are seen as SMAG's priority actions for this year.

I am not going to take up the committee's time by going through all these actions that are involved. I would however ask that if members of the committee who I realise have been given ridiculous amounts of reading to do, were able to familiarise themselves with this. If the committee could consider making recommendations to government that the strategies which have been agreed, have been signed off on by the four CARIHPAC partners, should actually be funded and implemented. We have identified in the work strategy for the work plan for 2003 the responsible agencies who will need to be involved in the implementation of each of these strategies and the responsible agencies both governmental and non-governmental. We have agreement from the non-governmental organisations who are named in this that they will undertake to implement the strategies that are mentioned here, subject of course to the availability of that terrible stuff which drives the world. And I don't mean alcohol.

So, with regards to the indigenous part of SMAGs work, this is our work plan for his year, I encourage the committee to familiarise itself with it and if you have questions around it, I am very happy to respond over the next few weeks and provide further information.

This as I say, represents the work of the implementation of the Indigenous Substance Misuse Strategy. The combined SMAG, which met for the first time on the 17th of this month, which is why I haven't a written submission for you at this stage, although I will be producing one, has the additional task of looking at the illicit substances, which are on the whole not dealt with within the Indigenous Substance Misuse Strategy and of looking at the commonality of strategies which can be applied within the non-indigenous population in Central Australia. And we are doing this in two ways: as you will see from the terms of reference, there are 16 organisations who are members of the new SMAG and they represent a wide spectrum of the relevant agencies within Alice Springs. Almost all of those agencies, in fact, have made submissions to you, last year and almost all of them, again, made submissions to the Illicit Drug Task Force of which I was a member. And what we are intending to do is to review those submissions and the final report of the Illicit Drug Task Force, with its 138 recommendations and we will distil from that those elements of those strategies which will apply to Alice Springs. So what I am saying is, we are not going to reinvent the wheel and do a whole lot of new work. The work actually has already been done and we hope within the next two or three months to have a complete strategy which will address the substances which are not addressed at the moment and the population groups which are not addressed at the moment.

Passing on from that the Alice in Ten Quality of Life Substance Misuse and Alcohol Priority Area Working Group in its previous incarnation, a subcommittee of that formed the Alcohol Measures Advisory Group, which advised, pulled together a bundle of complimentary measures which persuaded the Licensing Commissioner to institute the trial of restrictions of alcohol on Alice Springs. That Substance Misuse Working Group has been represented very ably by Vicki Taylor as its representative on the Evaluation Reference Group, looking at the work of the trial. At our first joint meeting last week, bearing in mind the wind up and evaluation of the trial that's taking place at the moment, we spent some time considering the trial of liquor restrictions.

We recognise, as I believe anybody must, that one of the aims of the trial of liquor restrictions was to reduce the per capita consumption of alcohol in Central Australia across the board. We recognise that the trial of liquor restrictions from the figures available to us has failed to do this. It is clear however, that in some of the other intended aims of the trial of liquor restrictions, there have been successes in some areas and no effect in other areas and failures in yet another group of areas. However, it is clear that the failure to reduce the per capita alcohol consumption can be linked strongly to the other areas in which the trial could be said to have failed. It is also very clear that the failure to reduce the overall alcohol consumption is the result of product substitution by people who have high levels of alcohol abuse – that is that the banning of the four and five litre casks of wine, which was done on the rationale that cost per standard drink of four and five litre casks of wine, was ridiculously low, it was in fact comparable to the cost of lemonade, that by seeking to ban four and five litre casks, we know from independent research that alcohol consumption patterns are price sensitive and therefore we hoped that by doing that it would happen. What in fact happened is that heavy discounting of two litre cask port took place and a very large volume of two litre casks of port were sold during the period of the trial of restrictions.

There has been a proposal put forward to the evaluation group, originating from the Central Australia Aboriginal Congress for a further period of trial of restrictions with an additional restriction based on the price per standard drink or the price per gram of alcohol in relevant alcohol beverages – calling on the Licensing Commissioner to impose a ban on certain alcohol beverages that fall below a certain price level. The Substance Misuse Action Group supports this call for a further trial of restrictions in order to achieve the reduction in per capita alcohol consumption. I am very happy at this point to answer any questions because that is sort of the end of my report from SMAG.

Mr KIELY: Nick why do you think port was sold cheaply, you know at those communities got this problem, so at community's behest you got a possible solution then we go and see product substitution and discounting of the product as we know is a fairly potent product. I mean is it consumer driven or ...

Mr GILL: It is always consumer driven because consumers always to get something cheaper. However I may say that local licensees, that is people who live in this town and own licenses of takeaway liquor premises, have shown on the whole a highly responsible attitude to the marketing of liquor. I would commend in particular Mr Paul Venturin and the Northside and Eastside Foodland Liquor Stores where Mr Venturin has shown a great deal of concern over the marketing of product. Similarly the – I am unable I'm afraid to remember the name of the store – there is another independent liquor store and supermarket which is again locally owned, it is in fact owned by a local consortium and they similarly have shown a great deal of responsibility in marketing. The high level of discounting has taken place by wholesalers who are not domiciled or located or have their business addresses within the Northern Territory. Now whether, in one case early in the trial I made some enquiries of a particular outlet and they reported to me that the discounting that was then taking place on two litre port casks was a decision made in South Australia and they had no control over it. I spoke to the South Australian wholesaler concerned and they said I'm sorry this is a marketing strategy mate. I believe that we are in this town at the mercy of people who do not have the interests of the Northern Territory at heart but who have at heart the interests of possibly their shareholders.

Ms CARTER: Thanks Marion. This is of to a totally different topic but just to what you were saying earlier, the review of the Department of Health and Community Services is going to see a change in the structure of the department which will have alcohol and other drugs located with mental health services, how do you feel about that change?

Mr GILL: I can't speak for SMAG here I can speak for me effectively. I welcome it. There is as no doubt the committee is aware, a high incidence, a very high incidence of what in my industry we call co-morbidity, that is persons it used to be known as dual diagnosis, persons who have psychiatric problems and substance misuse disorders. In fact some studies suggest that up to 85% of persons diagnosed and living in the community with psychiatric disorders have major substance misuse or substance dependency problems. We know that people who find it difficult to get on in society will tend to self medicate with substances bought not at their local pharmacist. It makes absolute sense for those two things to work together and already in Alice Springs we have a degree of synergy between mental health services and drug and alcohol services, not as much as synergy as either of us would like. It is still possible for clients with co-morbid disorders to fall in the gap between the two services. Mental health services is saying no you are a substance misuser and alcohol and other drug services saying no you're crazy, and obviously this is not helpful for the interests of the client. I believe that the joining the two together will have good outcomes.

Mr McADAM: Nick I have one question and it relates to as you say you're now amalgamated as a group and we've also heard evidence here today, quite extensive, that there are increasingly more and more people coming into town, and there are people that are going from the Todd River into the town camps, and there is resultant impact, and I think that is going to go on given the fact that there a very little services out there in the bush, and this is not a criticism by the way I mean it is just something that I picked up, and most of these organisations in Alice Springs and to a lesser extent Tennant Creek are very well resourced, compared to what occurs out in the bush, and yet we're dealing with a bush problem, we're blaming itinerants all the time, why is it that really there is no mention in terms of how the organisations, not only indigenous but others, how are they going to address some of the issues out there in the bush because it just seems to me that we say we're continually building up ourselves in the major regional centres at the expense of the smaller organisation or communities in the bush.

A member Siege, you call it siege mentality.

Mr McADAM: I don't know what you call it but I think it needs to be addressed.

Mr GILL: Elliot from looking at the make up of SMAG I can see how you might get that impression. I need to say that the Regional and Indigenous Substance Misuse Strategy was the result of three years consultation work not simply with Alice Springs organisations, but very strong consultation work with bush communities and that as you look through the action plan you will see that a lot of the actions are in fact bush directed. Both Central Land Council who are members of SMAG and ATSIC have clearly responsibilities and contacts and will represent the interests of remote communities.

Madam CHAIR: Nick if I can just go on further from my colleague here in terms of resources when we look at, in terms of decentralising, but through that consultation how much of those resources are actually community based versus in those of the region.

Mr GILL: There is an inevitable tension here isn't there. Economies of scale are really important when you are looking at a very very small health dollar. If you take for example the whole debate about renal services, it is clearly impractical to have a renal unit in every remote community. What you have to do is say OK how can we maximise access to services but keep the budget within a reasonable frame.

Madam CHAIR: How do you stop the, I mean we talk about education and prevention and I know renal is a huge issue and you're right not every community can have a renal dialysis unit out in their community. So just what proportion, I'm just interested in terms of trying to gauge what proportion of that resource is actually owned, I mean we look at education or early intervention or prevention.....

Mr GILL: In terms of early intervention you will know that one of the complementary measures was the training of primary health care staff, not just in Alice Springs but in every community clinic to carry out early interventions in relation to alcohol and other drugs and that is something that is in process, it's happening.

In terms of prevention and education I will provide the committee with some work that was completed earlier this year and there was a major prevention conference in Perth in February or March of this year. It is very clear that when we think of prevention most of us straight away think ah what we need to do is programs in schools that will inform young people and enable them to make informed choices about substance use and lifestyle and so on. Unfortunately internationally and locally in Australia all the evidence is that such programs, even well conducted ones do not actually work. That throwing money into school based alcohol and other drug education, while it is intuitively the right thing to do answer is not actually the answer at all.

Two years ago and I believe I tabled it last year with this committee, the Australian National Council on Drugs developed a paper called the Structural Determinant of Youth Drug Use and those structural determinants are about connectedness to community, involvement with family, involvement in the education system, prospect of employment in the future, meaningful recreational activity and so on. And when we are talking prevention of substance misuse, this is where dollars are best spent, not on glossy magazines, television advertisements or dare I say it school based drug education programs.

Madam CHAIR: I'll just take one more question and then we'll go into the round table discussion for more questions with the audience. Gerry.

Mr WOOD: I'd just be interested in your draft document, you mention that twice once under Action and once under Meetings you talk about the issue of buying back licenses and you also talk about the reduction in the number of outlets. Now we've heard from Beth from the Chamber of Commerce saying that won't work because you'll just have a smaller number of outlets, making bigger sales. What is your reasoning behind reducing the number of outlets.

Mr GILL: There is again and I will provide the committee with research papers from the National Drug Research Institute which demonstrate that there is a certain level of liquor outlets per capita which actually has a significant effect on the overall consumption of alcohol within a given community. And it is very clear that Alice Springs is well above that level. I would remind the committee that when the Living with Alcohol Program and the Living with Alcohol levy was first introduced the then government said that some of the proceeds of the Living with Alcohol levy would go towards buying back liquor licenses and that has never happened. I believe that the evidence is there to demonstrate that the number of outlets per capita of population has a significant effect and that is why that is part of the strategy.

Mr LIM: Nick are you making the qualification distinction between different types of outlets, when you said buy back licenses are you talking about off-premises consumption.....

Mr GILL: I'm talking about off-premises consumption as the main factor yes.

Mr LIM: I'm trying to look for Objectives 3 Supply reduction see page 22 strategic plan and I see no relationship

Mr GILL: You don't have the whole strategic plan here, this refers to the Regional and Indigenous Substance Committee a strategy which I submitted to the Select Committee last year.

Madam CHAIR: Thank you Nick.

Mr GILL: May I just make one further remark. As a member of the Illicit Drug Taskforce I am extremely disappointed, first of all that only three of the recommendations were chosen to be acted on and that of those three, one recommendation which was that there would be a comprehensive review of services, service delivery and need in substance misuse services throughout the Territory has as far as I can see not even commenced. And in - I was not able to give my submission to you from the point of view of DASA I will give you a written one, but it is very clear that the need for substance misuse services and some of them have been mentioned here earlier today, particularly in the youth area, in the illicit drug area, in the provision of supervised and safe detoxification services for both young people and adults, is inadequate in this town and until that review actually takes place I don't see that the department is going to be able to come up with a decent model.

Dr LIM: You are not here to respond on behalf of DASA I will not ask the question.

Madam CHAIR: We may move into now the round table discussions.

Commencement of Round Table

Madam CHAIR: Prior to starting, we have through most of our deliberations in the other centres after taking formal presentations had round table discussions to encourage a wider audience and view and to be had to have the conversations less formal than what we have through formal positions so that we get a wider snapshot. However, before we or any of the participants around the table commence I would like to offer Sue the floor because Sue has to catch a plane back to Darwin, so just there's a couple of questions that she's got and just allow her to go through.

Ms CARTER: Thanks Marion and they are all to Jay. Jay you said earlier this morning that it was hard to get people into Alice Springs hospital for detox, why is that?

Mr EASTERBY-WOOD: Before I qualify that I will say there has been a change over the last 12 to 18 months in relation to how patients are viewed in relation to detox. Prior to this I suppose we have suffered from some belief where you know people with alcohol misuse or substance misuse issues it's a self-inflicted injury so therefore given that there are limits to resources and what can be spent on people and so I would imagine as health professionals there was a bit of there was always of a bit of that you know should we help the person with the broken leg or the person that comes in every day with the same issues. So I think in the past there has been a lot of that, well it's a little bit self-inflicted we'd rather put the resources towards that. Originally there was a process whereby there were beds allocated for detox and then that sort of passed away with the fact that we just didn't have a lot of beds at the time etc etc. With the revamp of the hospital, with changes to the way that people are now being viewed in the process that's for the best in the long term there have been that but it is still trying to fight a lot of that fact that resources are quite scarce and limited at the hospital so therefore you know our clients are still seen more as self-inflicted therefore, you know there's DASA why can't they go there and all that. The understanding for them to show that one is a clinical detox and one isn't is hard to get that process through sometimes.

We have a fantastic physician that works her butt off to ensure that we get the clients in there when we can and how we can but at the end of the day, and especially now with the changes or the increase in dual diagnosis or patients that have both mental health and alcohol and other drugs, there's often that ping pong therapy of who really should be seeing them, should they be

detox first, should they be given medication that sort of helps that first and then move on to the detox process, all of those issues I think attribute to that fact that.

Ms CARTER: You also mentioned home detox, what does that entail?

Mr EASTERBY-WOOD: That's where mainly for our pharmaca-therapy sort of clients in relation to.....

Ms CARTER: What sort of drugs are they on?

Mr EASTERBY-WOOD: Treatment in relation to injecting drug use amphetamines, or those few that are heroin use all the way through to severe cannabis use so it's really not ascertained against the drug per se as those that need our clinical team to visit them on premis to issue medication on the basis that a lot of these clients you cannot leave a weeks medication with them so it's a case that we have to provide that process, counselling and sitting down with them, taking a phone call at 3 o'clock in the morning when they're going a particularly heavy period, so those sort of processes but as you can imagine given that we're not actually funded for a 24 hour service the fact that we provide that does limit our resource capability during normal business hours, etc.

Ms CARTER: And finally, the drug courts are soon to commence operating and I understand one of the options that will come through that is that you can choose either to go and serve time in jail or go and do a rehab program. My understanding is that rehab works best when the person deep inside really wants to give up the substance. How do you feel this is going to work?

Mr EASTERBY-WOOD: I suppose one of our thoughts is that if someone is actually at a place where they make that decision, if they are sober long enough to say hey is this the way I want my life to be, or they're not stoned long enough to realise this isn't where I anticipated my life being. It's actually that period or that kick in the bum where the court says this is your choice, you are going to gaol, you are going to rehab, that is a real motivator to say wow my life isn't exactly where I thought it would be at this stage and I don't my car, I don't have this, I'm 38 and I'm working at Hungry Jacks. Whatever the case may be, it really can be quite a motivator. And just the fact that it gives someone that process to breathe and also it still gives them responsibility back on them instead of it's always been so it leads back to that responsibility process as well it has to be engagement by the person involved, responsibility for their actions and part of that process is well yeah it's now my turn to make a difference, I can either do this rehab and make an effort but the reports and evidence shows that even though there may be that initial process that once they're engaged most people weigh the balance of where they are and where they want to be, find it lacking and actually are motivated to change.

Madam CHAIR: Can I just follow on from that quickly Sue if you don't mind, because this raises an issue of and there's been plenty of discussion and I have raised this in parliament in terms of mandatory rehabilitation and please don't feel obliged to answer it but whether this is something that comes from within the floor, that if you have a particular individual that's got to a point where they can't take that responsibility that you talk about that you look at the process of mandatory rehabilitation there has to be that link because they no longer have their ability to take responsibility. I know people continually say individuals have to take responsibility but we all know that people in the realms of alcoholism cannot take that responsibility so what's the view

A member We have a lot of people saying oh you know can't put clients in prison or something so.....

Mr GILL: I am really glad that this has come up. There is as everybody will be aware, in the United States mandatory rehabilitation has been the practice of the courts in the United States for many, many years, and there is considerable evidence that mandatory rehabilitation works for all the reasons Jay was talking about and here in Australia there used to be something called the

Inebriates Act, whereby individuals who were habitual drunkards were committed to mental institutions and frequently in those mental institutions came for the first time into contact with Alcoholics Anonymous. I am personally acquainted with a very large number of now elderly recovering alcoholics who have lived sober lives who are extremely grateful to the Inebriates Act for having placed them in custody at a time when they were not able to make decisions for themselves.

However it is also the case that willing co-operation with treatment is necessary in order for treatment to work. So there is absolutely no point in committing somebody to a treatment program and then keeping them there when they don't want to be there, because what they will do is disrupt the entire rest of the treatment program for everybody else in the program. So we need to, when we are considering mandatory rehabilitation, we need to be flexible and look at it case by case.

Madam CHAIR: I can see I have generated some interest with this. I'll just ask Betty to say something on this.

Ms PEARCE: I am looking at the people here that are only a couple of people know that, at this meeting here, that I was the Co-ordinator of the Congress Farm in the early 80s and we had what was called a court order system which I as the Co-ordinator had to be responsible for, with the courts. Now that didn't work all that well. The people had to stay there for the three months and when they had a court order put on them that they had to go to Congress Farm for three months, now if they absconded I had to go and report to the police that they had absconded then they would be picked up and plonked into goal, so it was a choice of you go to Congress Farm or you go to jail kind of thing to start with.

Now the thing is we had programs there, we had alternatives. We didn't have just the AA program, we had AA programs and other programs where people could look at them and use, but while they didn't have a real choice they felt that they had a choice. They still had to go through these programs that we had. Now there was not one successful person out of that and I can't remember exactly how many people there were that went through that, but we had it going for 18 months. But I must admit, one person eventually came back, but he came back of his accord and wanted to rehabilitate. And to use the word mandatory rehabilitation is absolutely crazy, you've got have a look at your dictionaries to find out what rehabilitation means before you start using that word. You need to find some other word.

Now going back to this fellow who ended up coming back of his own accord about 12 to 18 months later, he eventually was one of the co-founders of CAAAPU, but you know it's really difficult for people to know that they've got to come here and listen to all this crap, this is what used to be said to us, we've got to listen to all this crap here and otherwise we'll end up in goal and we don't want to go to gaol we want to be free, and they thought that they were free at Congress Farm but you know that is not good enough.

Madam CHAIR: Betty can I just say before I go to the next speaker, it has been issues and we have looked, I mean it is something that is being looked at and I thought I would just raise it because it has certainly generated a lot of interest.

Mrs PEDLER: I'm a visitor from Cober Pedy. I'm also so a mum who at the moment I have got my daughter who has got a very bad drug problem in a psychiatric hospital in Adelaide, just before I came up yesterday. We have tried every situation you could possibly think of to help her and in all honesty as a mum and as somebody, who, I class myself as a professional person, where a lot of the fall down comes, you can put people into rehabilitation, you can do everything right but it's when they come out there is nobody then to turn around and help them.

A memberspot on.....

Mrs PEDLER: I have a daughter who raped in hospital, I have a daughter who was injected in hospital, I had the head of mental health service say to me, "what the hell do you think I should do, stand at the door and hand out condoms?" I had to watch my daughter stay in hospital for 19 weeks, locked up in a padded cell for two and a half weeks because she did not know where she was and what she was doing. But the unfortunate part was when we got her through all that cycle, when she came out we were told through the mental health system, "I'm terribly sorry Robyn, all we can give her is 20 minutes once every 3 months". And it is thrown to the carers of the people to look after people with problems. And then there needs to be more follow up and additional resources.

Madam CHAIR: Cyril

Mr COABY: Over the years and I've heard what Betty is saying there. I am sitting down here today and it's as though I heard the same thing 40 years ago when I started the alcohol thing. We are just regurgitating old rubbish. There is not one alcohol program working, anywhere in the Territory or in Australia for Aboriginal people, if it's not being run by Aboriginal people. There's too many decisions being made by non-Aboriginal people, that's not going to work for Aboriginal problems. For the simple reason if you're talking about AA and you talk about the hidden power, the hidden power that a lot of our Aboriginal clients they don't have their land anymore so where's the hidden power to try and overcome alcohol. All that sort of stuff got to be taken into consideration.

It's not because it's run by non-Aboriginal people, the program is not suited for the Aboriginal people, that's why we set up the Aboriginal Sobriety Group in Adelaide. I don't knock the AA program, I've been over to the United States and I've been in Canada, I've worked with the AA programs, but you have to adapt it for Aboriginal people, unless you do so then all your programs you are talking about are not going to work. You can turn the parliament over and over and over. My friends are all dead. Over these years my sons are dead. But we're talking about the same thing and nothing has been happening. All this you beaut ideas about what gonna happen, that's

You've got to listen to Aboriginal people, where are the elders on your committee. Well we got a CAAAPU committee, who we got on that committee? People from the town, we need people from the communities, that's where the people come from. They all make decisions for those people out there, they want to know what's going on as well, and I am very hurt by Nick saying that education in the schools is not right. It is right because our Aboriginal kids, and I'm not talking about getting a thesis or getting a PhD, I'm talking about the basic things about what alcohol is and how it affects your system. They need that in the schools. They need to know about that. That's got to be included in the school curriculum I don't care what anybody says. I consider myself a professional too.

I've been around for 40 years, I'm an alcoholic and further as well I got sober because in the old days not only the mandatory thing, we were put in gaol because Aborigine drink alcohol. That's why I was put in gaol. I got 14 days, 28 days for being in gaol because I used to get a bottle of wine and if a policeman saw you with that bottle of wine unopened you would still get arrested for Aborigine in possession of alcohol, you'll get 14 days. I had to kick up about it but I remember the old Sargent saying to me, "Cyril I'm doing this for you because I think you're worthwhile saving". And I didn't realise it at the time that he was speaking the truth, and I was given that opportunity because there was no other programs around, so you don't have to go back to mandatory sentencing for people to get sober. If people want to get sober you show a bit of sensitivity. Not one of these programs, I've been in all these programs around Central Australia, there's no sensitivity to Aboriginal people and I say that I'm also a member of DASA board. It's no sensitivity to people who are sick people. They're not alcoholics as such that they are criminals, they are sick people. Do you put sick people in gaol? So why do you want to put sick people in gaol because they drink. They are sick people. I don't want to hear this mandatory stuff, rubbish.

Madam CHAIR: Des, I'll come to

Mr ROGERS: Thank you. I apologise to the Chair and I apologise to other people, we were supposed to be here at 11 o'clock this morning. My name is Des Rogers. I am Chair of the Alice Springs ATSI Regional Council, I'm Chair of Indigenous Housing Authority with the Northern Territory, I'm on other committees as well.

We provided a submission to the Select Committee but there's a few paragraphs that I would like to read. And I think it is particularly relevant following on from what the gentleman was saying.

fewer indigenous people who drink alcohol than non-indigenous Australians. However, for those indigenous people who do drink the proportion of hazardous consumption is much higher than the non-indigenous population. Mainstream services do not appeal to indigenous people. We see them as culturally inappropriate and primarily for non-indigenous Australians.

The Select Committee is encouraged to seek the guidance in the House of Representatives Standing Committee on Family and Community Affairs Inquiry into substance abuse in the Australian communities which commenced in 2000 and investigates the social and economic impact of drug abuse. The submission advocates empowering communities and emphasises that problems of alcohol abuse must be dealt with at an individual level. It argues that public health campaigns can combat smoking and other abuse, should be reviewed and trained counsellors made available. Greater economic independence holds the promise. In the longer term of an end to welfare dependency and a lessening of many social problems that lead young people without faith into the future to abuse drugs.

ATSI and Territory Health Services funded the study into itinerants in the Darwin region. The Select Committee may wish to examine the findings in the terms of dealing with some of the deep seated causal factors leading to dysfunction associated with substance abuse. The cultural appropriateness of night patrol services in the process is critical as a means of averting further trouble, and referral treatment. I'd also like to point out to everyone here that I believe that the itinerants, and particularly what the Larrakia Nations are doing in Darwin, is fantastic. The Alice Springs ATSI Regional Council are actually bringing down a couple of representatives from Larrakia to address the Alice Springs ATSI Regional Council, but most importantly to address the Louratippra people, the traditional owners for this country. I think that those people, we can build a capacity in those people because we have traditional owners on their own country that are dispossessed people.

ATSI NT supports Congress. Congress believes, that the problem of substance misuse can only be effectively addressed in the long term by the Aboriginal community taking responsibility for the issue and doing something about it. ATSI NT would also like to emphasise that Aboriginal controlled organisations are the product of Aboriginal community taking responsibility and should be, and must be supported in the field of combating of substance abuse.

Mr TURNER: Yes I'll speak up, I'm not going to stay long, what I have to say for people to know me here Kumatji family here. What has been said by the previous two speakers, what has been said by many people here. The problem lies from legislation, the government you know this education I have noticed there is somebody talking about Tangentyere gets one sixth. Now for goodness sake this is Aranda land, we have CAAAPU, why don't you mob all work out of one area, for white fella, yella fella, who ever. Fund the money in one area. You know this is where, this is all breaking down we have that many different organisations who are bidding for funding. Now where's that other mob come in, they don't get anything right.

One of the sicknesses of Alice Springs we a football carnival, we heard about itinerants, you know, it don't work, sending them back and they keep coming back to the town here. But

when the football was played in the communities we didn't have so much trouble. There's one solution to sort out. It's sad but if you want to play Yuendumu you go to Yuendumu, take the money there.

Another thing for government is these communities should be towns, like this town council, so they get funding. Some of these communities have 1 000, 500 people, you go around Australia, they call them towns of 20 people right. That way they have a proper infrastructure to set it up. Well the people about licensing, I wasn't here for all of it, I'm pretty sick at the moment, but I get sick because my grandfather's, my father passed away, my uncle I watched die in hospital. You have to stop debating, having round circles and doing nothing. You as politicians must be truthful, you must do where the budget goes, you people in organisations stop thinking of "Oh I want that share of the budget, that share of the budget", you must come together. Traditional way, long time ago, sat around talked it out. What are we doing here, we're divided as a community. You white fellas who were born this country, if you were sick our people will look after you. You are children to them. But you white fellas wanted too much muck around. You want to look at greed, greed's killing our people, right. I get sick of seeing funeral, I've stopped going to funerals because I got sick of going to them. That many dying. Young people. I've seen 11 year olds dying, getting alcohol poisoning, drinking alcohol, 11 year old. I've seen kids and people know about it here, and I'll speak up, who have been sold by some of their own family, into prostitution for that grog. You know we are a sick community and should you legislate and the big thing about education, still keep it. The one thing we want to do is legislate, be the first one to do it, you done it with tobacco you've cut out advertising. I've watched football players, professional, good upstanding football players, and I think some of them don't want to do it, but because your mighty dollar talks they get sucked into doing it. They get up there "Fourex. Yeah. How much". Then they're used to advertise grog is bad because if you don't sensibly right, you'll die. Now the poor buggers that are like families are playing, the young fellas are playing football. Some of them must be going geez one minute we're advertising grog, next we are saying drive sensibly.

You know you politicians you are the ones that can change it and in this town I notice we've had the grog law in but ever since it's been there's been more and more licensing coming in and it's not just the current government, it's previous government. Previous government had plenty of time to sort this problem out and one of the biggest things is giving the people a chance to identify that they have a society, men especially. I get sick of hearing woman being bashed up, kids being bashed up, kids left in the street, they're running past here. I want to see those kids like you Marion, like you Elliot, going on to better things, but they're running around here, what, we need to get education, it's a crucial thing in our people. But at the same time we have communities, we call them communities, I call them towns. They should be funded like a town, they should get renal dialysis. We're not here to help man's organs, it's too easy it's too much to fund here and there.

Let's get it all together and make it so that they can operate a town, they can have a doctor, they can have their own people as doctors, lawyers, whatever, have their own society set up in a way that they can trade as a town. There's many things we can do, but we can't sit round table all the time because it's going to keep on going. It's going to keep on going round tables, and until we all as politicians, you elected by the people. Forget your parties, your people are the one that put you there, your people doesn't matter white, yellow, pink, purple, black. You are put in by the people, not the rich and the greedy, the people put you in and until you start listening to the people, how the heck can you bloody sort these problems out when you sit there and listen to the greedy.

Your land degradation, there's many things, there's massive land degradation going on in this country and in the Territory and it made me sad to see our people that are defeated and alcoholics and he's talking the truth, there's no support services. I've got a picture here I am going to show you, and this is what it's all about, I got this from a granny, my sister's granny, it looks funny doesn't it, he's only two years old, but do you know what he's drawing there? Family. That's family, that's called love, caring. That's what our people were known for. But

we're losing it, we're following white man way because white man are trying to teach us their way. It's time white man turned around, no matter what you are doing, and learnt our ways.

The richest culture on earth, why don't you want to adopt it, why don't you want to be part of it. Our people accept you, you accept them, don't destroy it, because that's what a lot of people are doing, you're destroying it, you're making our people greedy. And that's all I have got to say, my spirit has been telling me for a long time and this was one forum I will speak up it, because substance abuse is killing too many of our people and the sad thing is that it is probably 10, 15 years, how many real traditional people will be left, we'll be mixed race, which is nothing wrong with that, but the true traditions may be gone and I hope that never happens in my time, but it could, for the young peoples and if that ever goes the saddest thing for our community, this Australia, this Territory is if we lose that culture as such, we may as well wash this country away. Because there won't be a country that people want to live in.

Unknown woman: you should stay now people might want to ask you questions.

Mr WOOD: There are two things that annoy me most, one is that when I sit on this side I all of a sudden become different from you people. I am just an ordinary bloke that's worked in the Territory for a long time. And the other thing is that I'm a white fella therefore I don't understand anything else. I am a human being first.

I lived at Daly River and I've told this story plenty of times. I had 30 kids in the dormitory in the days when the cattle stations were moving Aboriginal people off at Daly River, half those kids died under the age of 21. I'd say there is probably only one of those kids out of the 30 that's now alive still. I've got a lot of reason for being on this substance abuse committee. My two brothers-in-law, my wife is Wajetan, are both dead from diabetes brought on by alcohol and smoking and sedentary, just sitting down doing nothing. So I come here not as some new bloke, new boy on the block, I come here because I've got a concern. People say why don't you politicians do something – that's why I am on here.

The issue that Marion brought up about mandatory rehabilitation, call it what you like, is not being brought up because we would like people to be downtrodden. I'm quite happy to sit here today and someone tell me what do you do, not education programs, not holistic programs, we can look at that, by the time we look at all that there will be another 100 people buried.

What do we do with the people right this minute who are alcoholics who go round and round – I think your question was: 'How many people in CAARPU go in and out the door, the revolving door of detox? What do we do with those people? What practical approach can we have?

I don't want to sit on this committee and have a lovely report sit on a desk and do nothing. This, I believe, is what Marion is trying to do is say: 'We want to do something practical'. You might say it's wrong, if you think it's wrong then I would like to hear what is right, and you give me a practical way to help those people who cannot help themselves. I'm all ears but I want something that I can say later on: 'I did something when I was in parliament. I did something when I was on this committee. I listened but I also used my own brains'. I'm quite open to any suggestions, please.

Madam CHAIR: Can I just say something, or Elliot maybe could say something. Look, one of the things, and we all know about the past and the history. I think, like myself, like Elliot, like Glenn, and I think like Richard, like Sue, I would just like to support your words, what you said. We're all here and I know people out in the community are cynical about politicians.

We have tried to, with this committee, I think the makeup of this committee, the commitment from members of this committee is one that, and like Gerry said, not generate another report. We have seen numerous reports generated and no outcomes. We heard previously about the Illicit Drug Taskforce and recommendations. We don't want more reports being generated and

no recommendations, so we're trying to, and I'm not defending all politicians and I'm not defending because of my position, but I'm just supporting what Gerry was saying. Pam.

Ms SUMMERS: Kumatji Turner, I know where you're coming from and I appreciate what you're saying. However, alcohol does not discriminate, okay, and I'm coming from the other side of the fence now where I'm going to go against my people because the fact is it's well and good to blame the politician or the funding body about getting our people well. But I've been on organisations, I marched up the street years ago when Kumatji Perkins was around to try and get these organisations set up.

We cannot point the finger and blame white people or politicians or anything like that, a lot of the issues we can blame our bloody selves because the fact is you get people on our boards that don't have any training, don't even know what the word 'policy' means, they go into the organisation and they stuff up the organisation.

Now I was going to ask these people here, you know I've been hearing all day there's no facilities for children, you know what I mean? But hang on, I'm not going to ask them that because there was. There was Aranda House and Anneka. So we cannot blame these people. Blame our people, because you get this black power shit and they don't know what they're doing on these Aboriginal boards. Come on, let's call a spade a spade. They need, I reckon they NT government before they fund any organisation one of the conditions is to get on the board go and do some training, learn what policy is because you're messing around with peoples lives, not this backfiring with each other and playing black power game – that is crap. It is our people are doing it. I'm coming from both sides of the fence. But be honest about it.

Unknown participant: I agree.

Ms SUMMERS: You agree, Kumatji? You're right. Yeah.

Ms LILLIS: I'd just like to thank the committee for being here, I think we are doing something. You know, the main thing is that people suffering need is support, that's the basic thing that they need. The fact that we are here for people who are interested enough to spend time to try and find a solution. We are doing something. You know in Green Gates we had a house for six months, that's as long as we went before we were closed down, okay it was bad luck but in that time you didn't care what colour the people were, what age they were, what sex they were. When they knocked on the door they came in and we helped them. Some of them everyday, but the help was there. I think we have to do whatever we can. It may not always work.

Ms SUMMERS Don't discriminate, it doesn't discriminate.

Ms LOCKOWIAK: Mabel Lochowiak, Chairperson Umoona Community Council, Tjutagku Council. I am also councillor for family support with domestic violence. I don't agree with mandatory rehabilitation because that contributes to black deaths in custody, right? Now, I had a brother, I talk on a personal basis too, he was 19 years old, chronic alcoholic, the doctor told him that if he didn't give up drink then he wouldn't reach 21.

We didn't go to any organisations, the family got together and we sorted it. My brother celebrated his 49th birthday on Anzac Day, and that was from family support.

Mr EASTERBY-WOOD: There seems to be some confusion that's come in in relation to mandatory treatment, rehabilitation or whatever. I'm simply looking at in the case of if someone has committed a crime or has been arrested or is charged and then their choice would be some sort of treatment program versus time in gaol, not a choice of they'd just walk away, treatment or something. I'm just sort of getting that because it wasn't a black or white thing, my job is to, you know, decrease the amount of harm in society both to people themselves as individuals regardless of colour or anything else, and I know there's a lot of socio-economic stuff associated with that, but I'm concerned that somehow the race sort of note went in there in relation to it. You

mention yourself they would rather be there than in gaol and that was the two choices they had. I think a lot of people would prefer, and if we only had a small percentage that get through, that change their behaviours then I think that is a success, and I think that's better than spending that time in gaol.

Madam CHAIR: Yes, I think mandatory sentencing has left a bad ...

Members talking.

Madam CHAIR: ... I mean whether you say mandatory or whether you say something else then people have to go into that. I'm conscious that it's just generated and, Cyril, before I go back to you I'll just let other people who also haven't had a opportunity to speak.

SARA: I hear what you're saying and I agree it would be fantastic if we could have a quick fix solution and yes let's do something and let's do it now, but I don't think that quick fix solution exists.

Coming back to what Nick was saying during his presentation, and this is a holistic approach and we do want to hear about that, but I'm afraid that it's probably one of the only strategies that has any real, meaningful outcome. I think that we do have to improve peoples access to education and offer them appropriate and relevant education. I think we do have to improve health. I think we do have to emphasise peoples rights. I think we do have to attack that whole social disadvantage that is actually contributing to the alcohol.

Mr WOOD: I'm not against the holistic approach. I'm just explaining I wasn't against the holistic approach.

Madam CHAIR: Can I just say, when you talk if you can project your voices. I know I'm asking you to scream, but you need to for the recording. Not the ones sitting up close, because we don't want to be screamed at, but if you're standing further back if you could just project your voice a bit more loudly.

Ms PEDLER: Look, I work with Mental Health down in Adelaide a lot and I really don't know anything about the alcohol side of it, and I will be quite honest. But I think the whole problem comes back – my daughter has been detained for 21 days, another 21 days and another 21 days in a system we can't do anything about. But she was very lucky because she was nearly dead and she got a chance to come back and have a life, but the problem does come when there is not enough resources, I suppose.

I mean, to go to a mental health situation and you've got 5000 patients to a clinic and you've got three – I'm talking Adelaide – three psychiatrists who want to give time to everybody, you can't do it. They're stretched to the limit not only to supply a service and it then comes back to the family has got to then take responsibility for their own family member. And this literally is what happened to us.

Mr COABY: I want to just elaborate on the holistic approach. I'm 100 per cent for the holistic approach. Incidentally, I like what your presentation today made a lot of sense to me, I really appreciate because you're really doing something for young people.

But the holistic approach meaning that at the present time, I worked for CAARPU. I don't work there anymore, but the problem with that is that we get people into the program that when we get them sober, what happens, they just walk out the gate and that's the end of the story, that's it, they come back. We get what I call a swinging gate syndrome. What eventually ends up the one leg in the grave syndrome.

What we need to do is to treat the causes, not the symptoms. Most of these programs are treating the symptoms, they are not treating the causes. And a lot of the causes you will find

answers for if you look, and as I said before, you involve the community. Community being not in Alice Springs here but out in the community – Yuendumu, Papunya, all others. You involve them because it's their people in here. I'm sure that's what the Larrakia people are coming from. Incidentally, I was born in Darwin.

However, what I'd like to say as well is that a holistic approach is. When I worked in San Francisco in a program over there, incidentally I was the one that brought the Night Patrol first to Australia. I initiated it through the MAP Program, Mobile Assistance Patrol. I worked in that in San Francisco. I was most impressed there because the MAP, Mobile Assistance Patrol, and the police worked hand in hand and they had Aboriginal people, sorry, indigenous people, Mexican people all on that Night Patrol. From there they went straight to the sobering up shelter, if you like, which is an assessment centre, then they were sent out to either detox, to the hospital, if need be, and then to treatment, and then they came right down back into the community. But they didn't send them immediately back to the community. They looked at what was the problem – employment, education. The most basic thing of all – I get paid on Friday but I'm broke on Saturday because I don't know how to budget. We don't know how to budget. I sounds silly but it is the most important thing a lot of us can't do. But what do you think about our people who can't read and write trying to budget? It's difficult.

What I used to do as a health worker in Adelaide I used to go into the supermarkets and I'd tell some of the ladies there: 'Give me a look at your grocery lists and I'll have a look at them in the morning'. I would look at their grocery lists and if at the top they had a carton on cigarettes I'd put a stroke through that and I'd say: 'Okay, let's go to the supermarket'. We'd go in there with a trolley and I'd probably talk to some of the women in there and I'd say " 'Give us the milk carton there', or whatever it was, and an outdated one. They would say: 'Why do you want that? I would say 'Put it in there'. Some of the sprays and that are not working, I'd say: 'Put it in there'. When I got to the front I said to them: 'Hey, look here, this is outdated, take it back'. 'Oh no, shame job'. I'd say 'You take it back'. Basic things like that need to be taught to people. Not your high powered stuff.

When I talk about education I'm not talking about all this thesis and all philosophy and stuff like that. I'm talking about the basic things. Look, when I first went to Adelaide I couldn't cross the street when I saw traffic lights. I had to mess around with my shoelace so I could wait until other people crossed. I was too frightened to, because I came from the bush. That's the honest truth. And yet some of our people, not just Aboriginal people, others are the same way and we expect that they know it straight away. Come to an alcohol program, you know straight away what you've got to do. We talk about it and they've got to understand. We've got to bring it over and over to our people. That's the holistic approach.

As I said, I've talked to Nick once before that all the alcohol programs in Alice Springs here come under one body, not all go their separate ways. Thank you.

Mr GILL: I want to endorse what Cyril's just been saying and it's absolutely what I was trying to say when I was talking about the structural determinants of drug abuse, that all these matters of employment opportunity and connections with the community and the land are the critical issues in relation to prevention.

I just wanted to make it clear that when I was saying that school education is not effective, that doesn't mean that there should not be basic school education about the effects of alcohol and other drugs and, in fact, the Alice in Ten quality of life program last year endorsed one of the complementary measures which is that there should be comprehensive alcohol and other drug education at every year level and culturally appropriate in all schools in the central Australian region. This is something that has been assembled as part of the strategy. What I'm saying, however, is when you're looking at prevention it's all those things that Cyril's just been talking about that are the things that are actually going to work.

Ms PEARCE: First of all I think it's really great that you fellas have come here and it's given us all a chance to be able to talk. The other thing, couple of things, now that fella came back on his own accord, he didn't come back through the court order and I'd like to suggest maybe you can call it a court order rather than a mandatory whatever.

Madam CHAIR: Whether we look at.....because I know mandatory raises a whole lot of, like I said, mandatory sentencing, we had that regime.

Ms PEARCE: When is the cut off date for any submissions we might need to put in?

Madam CHAIR: Look, it's open ended. We have tabled an interim report and I don't know how many people picked up that interim report this morning, but the committee, there are a number of areas the committee has raised as what have already been highlighted as quite big issues of concern to the committee and areas that we want to look at and certainly wanting feedback from people in the community.

This is our second visit, by the way, to Alice Springs. I think parliament has generated a better interest in terms of speaking with the committee today, so that's been one of the successes of having parliament in Alice Springs.

Ms PEARCE: The other thing is thatnow are recognised body or a registered, constituted body which means that we can put in submissions whereas in the past we didn't want to without having a registered constitution.

Ms LOCHOWIAK: I would like to say something about - One of my brothers hung around with Cyril in Adelaide, but he's six foot under from alcohol related illness. Going back to what Kumatji said over there when his parents speak to him now and the brother who celebrated his 49th birthday on Anzac Day. When the police picked him up in Adelaide he said he could hear voices in his head and that was his thinking because if it's an Aboriginal person it was his spirits telling him what to do, but they took him to Hillcrest then to hospital and they gave him electric shock and for three months he never spoke and never talked and then I had to take the Nungarees down, two Nungarees in two Aboriginal doctors and we took him out of Hillcrest, but the doctors he was already being fed with intravenous, right, and they said if you take him out he's going to die overnight, that's how sick he was. When they fixed him up the people said the doctors out at Hillcrest said: 'Can you bring those Aboriginal doctors in, we want to meet them' because after three months my brother said his first word.

I reckon that non-Aboriginal psychiatrists and that should be working in conjunction with the Nungarees because we use them a lot in Coober Pedy. When we send them down for treatment to Adelaide they come back with a big bag of tablets, they take about 15 tablets but they walk around like zombies, so we stopped doing that, we send them to the Pitinjara lands or we bring the Nungarees down to see them. They're better now, they've got a family, they've got children and they live within a family relationship there.

Ms SUMMERS: With funding, most Aboriginal organisations that I've worked in feel they're always on a shoestring budget and they feel they have to compete when it's tendered in the paper and whatever and always on a year to year, financial year to financial year. Has the NT government ever looked at funding to Aboriginal organisations who deal with substance abuse on a block level? It would be a lot better instead of on a year. One block and then they can say: 'Here's the money, run with it and prove yourself' instead of this year on year funding. I think they should give Aboriginal people a go because it's been going like this for ages, year after year, funding every financial year. Try every five years or so and see what happens, one can come back with stats and things like that, but on a yearly basis it's a bit hard.

Also, I said I wasn't going to ask, but I do have a bit of concern about the children around town and I also was aware there was Aranda House, Akka, so forth, which was stuffed up by our people as far as management goes, which means they need training. I strongly recommend that

the NT government, if there's any organisation that's going to be reopened again, that one of the conditions of the grant or even of the grant that the people should have training to sit on these boards. You know they don't even know what policy is. They are making 'you beaut' decisions and before we know it the organisation is ...

Madam CHAIR: All to do with management.

Ms SUMMERS: Yes. And they have got to have management training. Before we know it the organisation has fallen down at our feet. What I really need to know is, is the NT Government going to take responsibility now as far - it was mentioned about accommodation for children with substance abuse. Are they going to replace Aranda House for children, regardless of what race? There are a lot of children here that need some form of accommodation to go to when they haven't - instead of walking the streets, smashing the windows or taking drugs. We heard today that there is no such rehabilitation here for children at all. Now I am asking, are you going to go back and discuss and looking into opening up something for the children regardless of what race in this town? Because it is not only Aboriginal people that has got all this problems. It is European people also. Like I said, it does not discriminate when it comes to alcohol or drugs.

Madam CHAIR: I cannot answer on behalf of the minister for Local Government and Housing but, certainly, we will be able to...

Ms SUMMERS: Mention.

Madam CHAIR: ...bring it up in terms of Aranda House. But I cannot give you a commitment.

Ms SUMMERS: Yes. But it would be nice if you could mention it, yes.

Mr ROGERS: Can I just say, through the Chair, the Regional Council has been trying for three years, and this is the last year now, but with the current Federal ministerseparation of powers, we do not know what is going to happen. Just to give you a brief insight into the Alice Springs Regional Council, this year we had \$12.5m's worth of submissions and they are only submissions from previously funded organisation, and we had \$700 000's to distribute. It does not take much to work out that you cannot do much with that. There are a lot of programs out there that, unfortunately, missed out, because we simply had not got the money to do those. I know, this morning - and Sue spoke about the youth crisis accommodation that program it is trying to start on subdivisions here in Alice Springs and, due to public comment, it is simply not going to happen, it is not going to happen in that location anyway. Aranda House, we all know the history of Aranda House, and I certainly agree with what Pam is saying about the history of mismanagement.

Ms SUMMERS: But that is not - they were not funded from ATSIC, because substance abuse is funded through Yes. So I am not saying ATSIC, I am sorry.

Mr ROGERS: No, I'm not saying...

Ms SUMMERS: Yes.

Mr ROGERS: No, no but Aranda House has that history. That is one of the reason. You know, we all know those histories and it essential that Sam and I believe that, you know, that correctional services will look into that and maybe reopening it ion the future maybe as a detention centre. But we need to look at what Pam is saying, you know, crisis accommodation for our young people because there is simply nothing there, and the community needs to take into account, you know, a bit of compassion about this, and it is not just about indigenous people; it is about non-indigenous people and kids as well.

Ms SUMMERS: Yes.

Madam CHAIR: Well, it is across all races.

Ms SUMMERS: Yes.

Mr ROGERS: Exactly right.

Ms LOCHOWIAK: Just going back to what Pam was saying about bodies, whoever has got the biggest amount of family members in the community win these elections, those people will get on, even though they have not got any skills or any knowledge. What they should be saying is, 'Okay, what have you got to offer if you did come on?'. We organised the meeting about the substance issue because we have them drifting down from the Pitlands side and they are either coming down to Coober Pedy or coming to Alice Springs and there was a situation about three weeks ago when we called the police in and the police sergeant had a meeting with the Umoona Community Council and they agreed to supply the transport and we supplied the fuel and the food, to take the people back to the Pitlands, and while the sergeant in Coober Pedy rang and said, 'Look, we're bringing these two back', and do you know what he said? 'No, don't bring them back here. They troublemakers. We banned them', so they are bringing their troubles down to either us in Coober Pedy or they are drifting up here to Alice Springs. I mean, if they have got problems in the community like that - and it is alcohol because there has been an increase in alcohol and substance misuse in Coober Pedy. We got an Aranda kid six years full, a six year old sniffing. He had a hose in a petrol tank the other day and it not only just had it sniffing, he was putting it in his mouth too. And he was in his grandparent's yard. They come down from the Pitlands, so this is what we are up here, on to organise a meeting now with - we have been to the lands and invited all the chairpersons right through the lands, so we are meeting with them, and the meeting is on 19th to 23rd at Settlers.

Mr TURNER: It is very interesting what you are saying, because Alison said the same thing with her community out there.

Madam CHAIR: Can you speak...

Mr TURNER: Yes. Oh, yes. It is interesting what you are saying because Alison at Hermannsburg said the same thing. We need to get out into the communities. I know she has been going around out there, checking them out, and they need to - you know, the government people in high places in - what do you call it the Health Department, when they go into a community they should not be sort of forcing what they need on there. They should be asking what they can do for the community, the people, you know. This is from the government down to public servants. When they go to communities they have got to say, 'What can we do to solve your alcohol problem? And you have got to try and help your own people'. That is what they have got to say.

Mr WOOD: I will just raise a question and maybe Les might also be interested - but it was about employment - and it has been before - about the relationship between employment and people getting on the grog. I have sort said, in some of the outlying communities, that I feel that CDEP should be scrapped and the Commonwealth should supply enough funding to have full employment, so no-one can say, 'I haven't got a job'. 'If you don't to work, well, you don't get paid, because there is work'. I do not know whether that could apply in a place like Alice Springs, but I notice there is a Footprints Program that was announced in parliament yesterday. I would just be interested to know what the people think we should do a lot more work in providing employment as much as possible - maybe it will not be all skilled because not a lot of people are that well educated and some of those things - but should we be putting more emphasis in putting money into employment schemes, more than is just done at the moment, so people cannot sit down, they are not bored?

Madam CHAIR: I will ask ATSIC because if we are talking specific CDEP maybe Des can respond.

Mr ROGERS: I have had a real major concern with CDEPs. This is my first time in ATSIC. I have been in private enterprise for almost a decade and decided that throwing stones from the outside was having little effect, so I thought, well, maybe to have an impact was to actually to get in the system. So I am here now. We will see what happens over the next three years.

If you look at the figures of CDEP and you look at the percentages and how much managers and assistant managers get paid - I am not talking about the participants, the CDEP participant - and you look at the service delivery and the suppliers down the bottom, there is a big difference there. So, we need to offer real employment and you will get real jobs. CDEP, they are getting \$180 a week for two days' work. It is not a positive outcome. We have had CDEP for 30 years. Let us move on. Let us move forward.

Madam CHAIR: I just need to allow some of the members of the committee - they have got a number of questions. Richard?

Dr LIM: I am going to go completely off what is being discussed at the moment and talk about Nimby, NI-M-B-Y. Alison spoke about it. You spoke about it through Bob Willoughby Street. Not in my backyard. Now I would like to hear some comments from you all. Who is prepared to put up something your backyard? I just want to hear your comments, because...

Madam CHAIR: Sorry, what was that?

Dr LIM: You all talk about - Alison had Green Gates in Goss Street. You wanted two homes for the youth accommodation, crisis accommodation, in Willoughby Street and the community says, 'No, you can't, because it's too close to where I live. Not in my own backyard', that is what I am saying but - sorry?

Mr GILL: Richard?

Dr LIM: Yes.

Mr GILL: May I just make a comment?

Dr LIM: Yes. I want to hear discussion in the group; that is all.

Mr GILL: This is not new, this Nimby syndrome. One of the ways that it has been around most recent, over the last 20 years or so, has been an association with needle and syringe programs. In fact, there has been some very good research on needle and syringe programs and also on things like alcohol and other drug rehabilitation units. The evidence shows that there is less drug related crime within 500 metres of a needle and syringe program than there is in the surrounding area.. The same is true of alcohol and drug rehabilitation units. There is less alcohol and drug related crime in their immediate vicinity than there is in the surrounding area. Because, and I hope that you will excuse me, people don't shit in their own nests. And that applies to alcoholics and addicts as much as it does to anybody else. The community ought to actually welcome such facilities within their area because it will actually decrease the problems.

SARA: Can I say Richard that it would be really helpful to have a local member that is backing us and getting out there and saying come on, you have asked for programs, here is one now and let's back it. Instead the only input we've had really is

A member: is all negative stuff

SARA: Yeah it's all negative, it's not really helpful at all, so if you're willing to do that, that'll be great.

Ms MILDRED: Can I just make sort of a half question, half comment Sara. The first I heard about this whole thing falling down was when it was falling down, so I agree with you it needs a champion and more than one champion and a very public champion. But it also needs, I just wondered how much consultation was there with the actual close community before you got to the point where we got to know about it.

SARA: There were letters sent out to all those households around there and as soon as we knew that site had been selected.

Ms MILDRED: Did you follow the letters up with face to face talking. I mean it's going to need more than just a letter.

SARA: We had a public meeting to which 70 people came. It was a very nasty.

Ms MILDRED: Negative yeah.

Mr McADAM: Well what you really need is almost a one-on-one so that all the fears are allayed.

SARA: And that was invited

Mr McADAM: And it is critical that local members show leadership in these areas.

Mr EASTERBY-WOOD: These people have been in the community for many years and mental health have had a home area where there was eight flats where people with mental health disorders were functioning in a transitional living environment, no-one cared because they weren't notified, and I'm not saying not notifying but instead of calling something a substance misuse area or that's the teenage troubled youths or this is for that, all of the specialist grant programs, call it whatever the hell you want but just stick it in there and people would.....

Mr COABY: Not in my backyard, I can't say that Richard because I live in flats and we don't have backyard. With the police. Superintendent I want to talk about the programs I see stopping the alcohol, drinking in the streets and all that. I don't know if you are aware my grandchildren go to Gillen School and when they come back they've got to cross the oval and there's fellas drinking all over the place there. I'm making you aware of that, that's out of one backyard into another backyard, that needs to be looked at. I only became aware of it because of my grandchildren and I was very afraid that she had to walk right around, not only her but her mates as well, non Aboriginal kids as well, all had to walk right round where people were drinking in that area.

Spt BELL: Yes we are aware of it it's mainly to do with the Keith Lawrie flats which unfortunately is a bit of a ghetto.

Unknown: Well they usually are, that's low socio-economic housing.

Mrs LILLIS: Ignorance can be very frightening too I think people are frightened of having something like that because they don't understand it. When we had Goss Street we didn't say anything to our neighbours for two months because we wanted a history and then I called a meeting of immediate neighbours and explained to them what we were doing and I said "please come to us if there is any problem". We had one time when somebody went in the wrong gate instead of coming home, but I think it can be frightening to people and a lot of people don't understand the problem of either alcohol or drugs, just exactly what it can be like, so it's something they don't understand, they've seen it on television it's awful for the people so they're immediately afraid of it.

Mr STIRK: I was just going to pick up what Alison said and what Richard said about Green Gates. I think leadership is a real issue amongst politicians because planning issues in this town you can do what we did at Green Gates and not tell anyone, but of course once the word gets out there then everyone goes barking to the Planning Authority and as Richard knows the way it is going to be zoned the only places are like Family and Children Services are houses stuck everywhere. Mental Health has house everywhere. Mostly have been there donkey years and therefore have got the zone but it always back 20 years probably 30 years in some cases, but to actually create something new is well nigh impossible because the planners and planning regime is such they just say it doesn't fit the current scheme. It is a chicken and egg and that's why I think in our case we said maybe you're better off looking at the rural areas because at least then there is some scope. But practically it is impossible to generate anything in the town area and overcome planning.

Madam CHAIR: There is a review of the planning work done....

Dr LIM: Can we educate...

Mr STIRK: Then you get up and legislate from above. You are never going to have consultation....

Mr COABY: We talk about educating kids, why can't we educate the public. For example with drugs and things, we get very excited about the person who gets overdosed on heroin or whether the needle drops, but a drunk I've seen people walk past them in the street and just ignore them. A person who is drunk due to alcohol is also overdosed on dangerous drug called alcohol. We need to educate the public better, don't walk away, don't ridicule them, they are sick people, they could die like that. My grandson died from an overdose of heroin and rightly so we can get that concern but let's not forget about the people who are drunk they are on the verge of dying, they can die in that state and when people laugh and joke about it walk past them.

Mr ROGERS: I hear what people are saying around here and we talked about after the meeting for the youth crisis accommodation we had a discussion the next morning particularly from the service providers, about the project and one of the points was that we have an opportunity to go out into the rural area at the other side of the Gap and I'm against that I think this society we should be mixing with the society, I don't think we should be pushed out of sight, out of mind, I think what's needed as I said before is compassion within the community and I can't provide what I'm doing as Chair of IHANT I come from a different angle and I'm looking at a proposal that could meet these needs and I take your point on what you were saying about Green Gates and you need to do things and don't need to advertise it, unfortunately that's the society we live in. As I say we'll get an outcome.

Madam CHAIR: I'll just get aunty Betty and then I come back

Ms PEARCE: First of all I haven't publicly spoken against it but I did speak against the emergency housing for youth in the area over there. I haven't been to any of the meetings and I did speak at the Alice Quality of Life meeting objecting to it, because this is an ideal, and I was talking from an Aboriginal perspective, I didn't even look at the non-Aboriginal side of it because of those kids I assisted with the youth night patrol mob that Eddie Taylor has been involved with and most of the kids we have dealt with are Aranda kids, one or two Walpirri kids, and the way I saw it was there should be something set up on the town camps. This is an ideal time or position for kids to start learning or continue learning about their Aboriginal cultural structure and their Aboriginality. The number of kids were mainly Aranda and Walpirri a couple of Pinjarra homelands mob, but to me this is absolutely ideal for them to be in their particular language speaking group on the town camp where they can interact with those people and maybe one or two of the people can teach, be paid, from those town camps, to teach these kids about the Aboriginal cultural structure and language and go back to picking up the best parts of Aboriginal way of culture and needs. There's a lot of stuff that I wouldn't touch if it were the Aboriginal culture and I grew up with it, because it's not acceptable in this day and age, but there is still a lot of caring, sharing and support that can put these kids and maybe if you've got a houseful of non-

Aboriginal kids somewhere, well that's okay, I can't say anything about that. But that is the reason I objected to it. Our kids have got to learn respect for each other and for their parents and for the community at large, including property, and no one is teaching those kids respect for anything and that is the reason I objected to it and I will continue to object to it being in a town area where there is no training or teaching. Now if there's any kind of training or teaching being provided, including family conferencing, there is no family conferencing anywhere, then I would support it.

Ms LOCHOWIAK: Just going on from what she was saying. Now we have got Aboriginal people who are qualified teachers who have got their Bachelor of Arts in Education, right. Now we also have a social worker in Walpiri and Coober Pedy. We had non-Aboriginal females refusing to meet with Aboriginal males who had come for an appointment because they said it was sexual harassment because they were touching them.

Now, it was about five years ago, because I am also a member of Aboriginal Legal Services Board, that's a state wide committee, there was a meeting in the Barossa Valley with the Legal Services, Native Title and Heritage and they brought a person in from Alice Springs too, from IAD to do cross cultural. Now, before that person came and spoke, all the Aboriginals sat on that side and all the non-Aboriginals sat on this side, then when the person came in to do cross cultural that night we had kareoke there, and do you know what happened? One of the, this was a bloke from Ceduna, David Ikie, said if I didn't do that cross cultural today I would have thought that woman coming over asking me to dance, she's getting (language).for me (language) she was just being friendly because what the person who did the cross cultural said Aboriginal people will touch to attract your attention, they hug you if there is a death in the family, that's not sexual harassment, that's not how they interpret it, but then when that was discussed there everybody the next day they all mixed together, they didn't segregate and that person who did the cross cultural lesson

Mr COABY: I think we should also ask the question that we have Batchelor College, we have IAD, we have the Territory colleges, you know the education facilities and yet, and I'm not discriminatory against nobody, I thought I would never say this – some of my best friends are whites. Years ago some of my best friends were Aborigines, but I'm not meaning it that way.

But what I'm talking about is that why is it that we've got all these facilities and we don't have Aboriginal people in top positions, no directors and that? Why?

Unknown participant: Because you've got dickheads on the committee. Sorry.

Mr COABY: That's a question you guys need to answer, to ask. With your facilities the level that we've got, how come you look around and there in Aboriginal organisations why aren't they Aboriginal people who are running these organisations?

Members talking.

Ms SUMMERS: Can I make a comment? I'm sorry, I'll only be short and sweet. About four years ago I had involvement with Tangentyere with domestic violence. Kylie Hewson and myself was in a project on domestic violence, we did a survey and we invited the town to come out to.....to discuss it all.

I always find it hard to penetrate some people and penetrate some organisations. I mentioned it four years ago would it be possible for Tangentyere to be more involved with the people. After all even though they had their own corporations on their camps for their housing decisions and that, but they're the ones that actually call the meetings and fund those camps. They do have signs up for alcohol restrictions and all that, but I've mentioned it to the committee on Tangentyere why don't you sit down with the people and have a safe house for the children? Don't talk to me about smashed up public phones out in the camps, get one up with bars around it and have one in a safe house and all that.

I think a lot of the responsibility should come, you know DAA went out the window years ago, we're still in the Band-Aid stage. We're doing too much blame. All these organisations need to work in together, you know, they need to work in together and work out a solution. We have problems in town, but a lot of these people in town are from the bush. They don't sleep in town when it's raining, they go out in the fringe camps and create problems there. So those fringe camps need to look at themselves too, and set up safe houses for children. You know, set up a phone that people can use. It's really hard.

Mr McADAM: I don't disagree with you at all and I guess that's one of the issues I raised with Nick Gill in regards to ...

Ms SUMMERS: GAS is just a motel, there's no program set up in there, they just go in there to have a shower, a fed and then out again by six o'clock in the morning. Come on.

Ms MOSEY: My comment is just away from the others a little bit. The committee is looking at illicit substances likeand things.

Madam CHAIR: Yes, the three issues we're looking at is alcohol, cannabis and petrol sniffing, not necessarily in that order, but those three.

Ms MOSEY: I just wanted to raise something that I think is a fairly hidden issue but it's something that certainly effects the level of funding that comes for programs to do with petrol sniffing and other inhalants, and that is the way that the mortality data, or the way that young people die, to be blunt about it, is reported or not reported in the statistics.

There have been very few deaths that have been directly attributed to petrol sniffing. As we all know, anyone who's been working in the area for two years knows that there's been many, many, many deaths that have come about through kids who have been sniffing and rolled over a car, there were four in Kintore; kids who have suicided because they've sniffing; kids who have been burnt because they were sniffing; kids who have respiratory failure and have pneumonia and none of those show up in the stats as being related to inhalant abuse.

my understanding of the stats at the moment, the statistical collection at the moment, is that there's a column for the primary cause of death, which might be respiratory failure, you would be able to correct me on this, Richard, then there's a secondary column which lists any secondary causes and that's the column in which any related issues like alcohol or petrol sniffing could be placed, but it seems as though that's very rarely done and there's no program at all which encourages, or no methodology which encourages that collection of stats.

So, as a result, the governments are able to point to stats saying there's only been 84 deaths related to inhalant abuse in the last 10 years. A friend and I counted up 12 in the last year which were directly attributable to their inhalant use.

So I guess I'm putting that towards the committee for the committee to look at this as an issue that could be developed further, and obviously it's something that takes quite a bit of time to change, but that needs to be an issue that needs to be looked at.

Dr LIM: It is about statistically accuracy. Obviously that right attributable cause is the actual incident that causes the death, whether it be a car rollover, be it pneumonia, whatever the reason and the secondary or attributing causes. By rights the medical practitioner should enter as much as he possible can into the death certificate. The fact that it's not done is in the hands of the person filling in the certificate, and that's your problem.

The statistician can only get information from a piece of paper and if it's not written in it there's nothing the statistician can do about it. But if you say that somebody who's died from a rollover because he's been sniffing petrol, you cannot put sniffing petrol as the primary cause of death, because it is not, of course, and statistically he cannot be accurate otherwise.

Ms MOSEY: I certainly realise that, but is there not legislation...

Dr LIM: There is.

Ms MOSEY: ...or is it the practice now for alcohol related deaths to be recorded?

Dr LIM: There is. But alcohol being a contributing cause.

Madam CHAIR: A contributing factor.

Ms MOSEY: Okay.

Dr LIM: I think that is because doctors are probably more conscious of it, so they put it in there with petrol sniffing. Probably they are not as conscious. And I think it is just a matter of consciousness; that is all.

Ms MOSEY: So it is a matter of...

Dr LIM: Teaching the doctors how to do their job properly.

Ms MOSEY: ...educating GPs?

Dr LIM: Their certificates, whether it be doctors, hospital or whatever.

Mr McADAM: The only other point I want to raise too is, quite apart from this committee taking it up, I think it is important for community organisations and individuals to write to the appropriate bodies and authorities, to alert people of some of these issues. So, whilst we can take it up - and I appreciate that you are conveying it to us - but I would also encourage people to write to the minister and say, 'This is an issue. Can you look at it?', because we agree with you but it helps us too.

Madam CHAIR: Or you could write to the committee or ask the committee to forward it to ministers. That is another avenue.

Ms MOSEY: I realise that is very off the track of where everybody else was going and I very much - I have been very interested in the direction of the comments.

Ms SUMMERS: I have to head off. It was nice meeting you face to face, even though the central office is up in Darwin. I do not think it is a waste of taxpayers' money, having these people down every now again. Regardless of what Colin says, I hope you do it again.

Madam CHAIR: Thank you.

Mr COABY: I reiterate that. Thank you very much for giving us the opportunity, because I used to feel very frustrated because I could not get to Darwin every day. You lads coming out here today, fantastic. Good on you. It is not a waste of taxpayers' money. You do not waste my money.

Madam CHAIR: Thank you all for attending. There was a number of people that came in and we could sit down and talk about this issue all day long, because it raises so many emotional issues. There are some things that we will follow up through what we have taken, in terms of evidence, and I do thank you for your patience, especially people that came for the morning and waited all day. Alison, thank you. I am looking at you too. But, certainly, we welcome your participation. Hopefully, we will be back again. We are hoping, when we do come back, that we do get the interest that, certainly, just because the parliamentary sittings we have had, the

interest, but even when there is not parliament sitting and when the committee comes down again, that we still get that interest, because I think it is an issue that we have to all confront.

Thank you.

TRANSCRIPT NO. 5

PUBLIC MEETING, NHULUNBUY

16 May 2003

PRESENT:

Committee: Ms Marion Scrymgour, MLA (Chair)
Ms Susan Carter, MLA
Mr Len Kiely, MLA
Dr Richard Lim, MLA
Mr Elliot McAdam, MLA
Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Appearing: WITNESSES AND ATTENDEES
Snr Sgt Wayne Jenkinson, Officer in Charge, Nhulunbuy Police Station, Northern Territory Police
Mr Michael Hindle, CEO, Nhulunbuy Corporation
Mr Eden Gray Spence, Regional Director for Community Development, Sport and Cultural Affairs and Infrastructure, Planning and Environment.
Mr Mark Watson, General Manager, East Arnhem District, Dept Health and Community Services
Mr John Hopkins, Alcohol and Other Drug Community Educator, support officer and counsellor, Dept Health and Community Services
Mr Alan Clough, Consultant, Northern Territory Licensing Commission and Senior Research Officer, Menzies School of Health and Research
Mr John Cook, Miwatj Health
Mr Peter Manning, citizen
Ms Shirly Stanaway, Crisis Accommodation
Ms Mosianna Johns, Health promotions, Dept Health and Community Services
Mr Steve Johns, Alcohol and Other Drugs Program, Dept Health and Community Services
Ms Cathy David, Miwatj Health
Ms Virginia Martin, Nursing Director, Gove District Hospital
Ms Jennifer Watson, Nhulunbuy Community Health

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Madam CHAIR: I declare open this public meeting of the Select Committee on Substance Abuse in the community and welcome all participants appearing before the Committee today to provide evidence in relation to the Committee's 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 it is being recorded. A transcript will be produced and maybe tabled in the Legislative

Assembly. Please advise if you want any part of your evidence to be *in camera*. The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to the committee is protected by parliamentary privilege and for the purposes of the *Hansard Record* I ask you to state your full name and the capacity in which you appear today the first time that you speak and thereafter, simply state your name to assist the reporting of the transcribing staff. As with other public meetings that were held in other centres, a number of persons and organisations will be making presentations to the committee. Witnesses are asked to remain if you would like, for the duration of the hearing, to participate in the round table discussions, which we will have at the completion of the official presentations. Please advise the secretary before your presentation if you will not be present for the round table discussion this afternoon, so that we may be able to come up with some other alternative arrangement. I remind you that all your comments will be directed through myself as the Chair. I am supposed to call on Mr Gatjil Djerrkura OAM, but he is not here, so I will call on Snr Sgt Wayne Jenkinson, Officer in Charge, Nhulunbuy Police Station.

Snr Sgt JENKINSON: Thank you. My full name is Wayne Colin Jenkinson and as you said, I am the Officer in Charge of the Nhulunbuy Police Station. Madam Chairperson, honourable members, invited guests, ladies and gentlemen. Nhulunbuy police are responsible for policing the following main communities as well as some 20 odd homeland outstations in Arnhem Land. The Nhulunbuy township with a population of 3800, Yirrkala with a population of 900, Elcho Island with the main town being Galiwinku, a population of 2000, Lake Evella, or Gapuwiyak with an estimated population of 1000. The Nhulunbuy district is policed by 14 police officers and three Aboriginal community police officers. We conduct patrols to Galawinku and Gapuwiyak on a regular basis, varying from day patrols, to three to four day patrols at twice per month.

Substance abuse is a major consumer of police resources within the Gove Peninsular, encompassing Nhulunbuy, Yirrkala and Ski Beach communities.

Legal substance abuse, alcohol. Alcohol is the most widely abused substance within the Nhulunbuy district. It is available legally only within the actual township of Nhulunbuy from the five licensed premises and six takeaway licenses. Takeaway liquor hours are from 2 o'clock in the afternoon until 8 at night, weekdays, and 10 o'clock in the morning until 8 o'clock at night, weekends and public holidays. There are no restrictions on the type of alcohol sold through these establishments. The itinerant problem within Nhulunbuy is directly related to the consumption and availability of this alcohol. The incidence of police apprehensions is subject to seasonal influences, with a core group of itinerants estimated to number some 70 in February, which we consider the height of the wet season. However, year round, a group of approximately 20 exists, that sleep on the town beach or other locations around the town that they consider being their home or residence. Additionally, people may come from such places as Groote Eylandt, Bickerton Island, Elcho Island, or any other of the remote communities where alcohol is not available, and remain for varying amounts of time, thus adding to the itinerant problem.

At this time, there is no dry out shelter available within Nhulunbuy and this limits police options to either police custody or return to their homes. As indicated previously, the second option does not exist on many occasions. Many itinerants therefore end up in police custody, utilising police resources; or, if not seriously affected by alcohol, moved on to the beach area or other bush camps around the township. Protective custody numbers vary from 217 in March of this year to a low of 26 in June of last year. That indicates the depth of variation due to the seasons. Development of a shelter is in committee stage and therefore its building and implementation is some time off. The abuse of alcohol is no new phenomenon and causes the same policing and community problems it causes in any other community you have or will visit. The consumption of and affects created by alcohol abuse is the most significant drain on police resources and is a problem that does not relent, apart from Christmas Day and Good Friday, for obvious reasons. Another community local to Nhulunbuy is Ski Beach community. There are no restrictions on alcohol there and as an example, police find that the continued unlawful entries into the Gove Yacht Club and golf club are usually related to persons residing in that community. In the last wet season, there were eight breakins at the yacht club and three at the golf club, all

alcohol related. There were also two suicides at Ski Beach where a major contributing factor was alcohol consumption. Yirrkala, Galiwinku, Gapuwiayak are all dry communities, however grog running occurs within these communities and it is difficult to police.

Cannabis and other illegal drugs. The incidence of seizures of illicit drugs has been infrequent at best, within the district. Cannabis seizures have been small, usually, and related to users. Information gained by police has usually been dated and of limited value. Cairns police intercepted 2kg of cannabis destined for Nhulunbuy in February which did affect dramatically supply for a period of time. The information is that cannabis dealers visit communities from Darwin and only remain long enough to sell their product before leaving again. Once again, information that we receive does tend to be dated when we receive it. Police remain committed to the interdiction of suppliers and will act on all relevant information received. We are also hopeful of becoming more proactive in the patrolling of the main supply routes into the district. It is acknowledged by myself that there is widespread recreational use of cannabis in the district. Harder drugs have come to notice within Nhulunbuy. A recent seizure of 12 g of speed and \$16 000 in cash may have dampened the availability and source of this substance in Nhulunbuy.

Kava. Kava is a restricted product unique to this part of the Territory. Its sale is controlled in the Northern Territory. However, outside the Northern Territory it is not an illegal substance. Yirrkala has a retail kava licence through its council which sells the product in competition with black market kava. Both products are sold by weight, with legal kava sold in 200 g packets and illegal kava in 40 gm packets. There is also an obvious resulting price difference. Black market kava is available throughout Arnhem Land with profits being considerable, taking the lowest cost price and cheapest sell price figures, such as \$30 per kg purchase, and the profits or sale price would be \$350 per kg. Legal kava is sold in 200 g packets costing \$28 and this is available from the council. In comparison, that works out, using the same cost price, of \$140 per kg. A concerted effort by police and licensing authorities to have communities take up legal licences is under way and seen as a way of reducing the illegal trade. During the last six months, over 1 tonne of kava has been seized which was destined for this district. Seizures continue, indicating the business still thrives. To my knowledge, limited medical studies have been conducted into the effects of kava and as such the long term effects are still not known. From a strictly policing perspective, kava by its nature has a calming effect on users and as such, its use has no direct impact on policing activities. However, the policing of illegal kava is time consuming and difficult, with black market suppliers utilising all possible forms of importation and operating at all hours of the day and night throughout the district.

Other substances, petrol, solvent abuse. Galiwinku and Gapuwiayak both suffer from the abuse of petrol, paint and other solvents by a hard core group of users. The management of these people is one more so for health rather than the police. However, these groups can be prolific breakers when in need of a substance to abuse. Galiwinku has in recent times removed major offenders to outstations or Darwin, which has shown a dramatic overnight decrease in offending. Police recently attended a meeting at Galiwinku where the establishment of a juvenile based program has been funded by the police juvenile diversion unit on the island, which will improve the options for juveniles that offend or are at risk of offending at that location. It is interesting to note that some 1200 people of the 2000 on Elcho Island are under the age of 20 years of age. Gapuwiayak is also employing the same principles by removing juveniles to outstations and therefore breaking up the groups that engage in this form of substance abuse.

Police within the district continually encourage communities to take control of these types of issues with local solutions being the most effective. Police spend a large percentage of their time and resources dealing with people who are intoxicated or are the subject of violence or actions that have alcohol consumption as a significant contributing factor. The majority of this work is related to people of Aboriginal descent within the local area. This in itself does not allow police to spend the time required to patrol and police other areas or the greater Nhulunbuy police district. In conclusion, alcohol abuse is the most significant factor for Nhulunbuy itself. However, it must be realised that it is a small group of people that offend in this area who can give a perception

that all or a majority of Aboriginals have a substance abuse problem, which is obviously not the case. Thank you.

Dr LIM: With kava, thinking about the figures, it seems that black market kava is more expensive than legal kava.

Snr Sgt JENKINSON: It is.

Dr LIM: Then why are people buying it in the black market when they can get it legally?

Snr Sgt JENKINSON: One, they can only buy it from the Yirrkala community council office between hours of operation, and they have extended those to go into the night time. The black market kava is sold \$10 for a 40 g pack, as the usual selling price here in town, which makes it a lot more accessible in the sense that you know, a smaller amount of money for the kava. I think that is one contributing factor. Also, the black marketeers have an established contact or group of users, and they tend to be accessible any time.

Mr KIELY: Kava once again, when you do find out the price difference, I mean, your resource is more directed to catching the person smuggling, who trades in it, rather than on anyone who has antisocial behaviours from it. You are working closely with Racing and Gaming or the Licensing Commission to get there. It seems to me that we've got a taxation issue here, with somehow we have to pick up the suppliers. Because you point out that people who are accessing the black market because of the trading hours, restrictions and sizes being a little more attractive and affordable now. But I just wondered whether policing and catching people who are smugglers would rather be putting some sort of Treasury people on to them to try to get the taxation dollar out of them might be more appropriate.

Snr Sgt JENKINSON: Certainly we have not looked at that. Under the Act, we can seize their vehicles, and obviously they forfeit the kava which they have paid \$30 or \$40 per kg for. It becomes quite substantial amounts of money including the vehicles they use to transport sometimes are a financial loss as well. I am not sure on that particular issue of taxation and that, but we would have to look into that.

Mr KIELY: I see similarities with the old days of sly grog and trading on Sundays.

Snr Sgt JENKINSON: We are trying. I think the only way we are going to combat it is in a sense of, and at Gapuwiayak we are really trying to push them towards obtaining their own licence, because we see that if we can get the retail licence in there then that may go a long way to knocking out the black market when they can see that they can buy it a lot cheaper. The other thing about kava is that it has a calming effect. Its historical nature is that it was used as a conciliation tool in the islands and in a sense, kava users do not cause as much grief at all, to simplify it.

Mr WOOD: Kava in Queensland is legal isn't it?

Snr Sgt JENKINSON: That is right.

Mr WOOD: So basically you can get it over the border.

Snr Sgt JENKINSON: Yes, it is not illegal to have kava in Queensland. They purchase it mainly from Melbourne and Sydney. This is the only place in Australia that it is an illegal substance, or a controlled substance, I suppose. It is still legal to use it but it is controlled in the way it is brought in and sold.

Mr WOOD: You can bring it into the Territory except in this area is that right?

Snr Sgt JENKINSON: No, I think it is controlled, it is an illegal substance in the Northern Territory. But this is the only place that uses it, Arnhem Land.

Mr WOOD: Just quickly, what is the number of licences in Nhulunbuy? I think you said five licences and six takeaways. Does that mean 11, or are they part of the five.

Snr Sgt JENKINSON: No, sorry, the sixth licence is Woolworths. The other five licences have a takeaway capacity.

Madam CHAIR: Away from kava and back to I suppose, one of the three evils in terms of alcohol. Can you give me a percentage, and I know that you service as you say, Galiwinku, what percentage of the police time in terms of violence is alcohol related.

Sgt JENKINSON: In recent stats, I think we were up at the 90% mark of alcohol related offences. I think we are the highest in the - although I must say my statistical gathering might be too good but 90%, I do not think there is this....

Madam CHAIR: Is that violence, I mean under the influence of alcohol but against women, is it...

Sgt JENKINSON: Certainly that would be a large majority of that type of violence, yes.

Mr McADAM: Wayne, I think you referred to the fact that the community was working on a drying out place or dry shelters, but that it was some time off. I do not know if you are in the position or perhaps someone else can answer this question today, but there is obviously a committee consisting of four major stakeholders in terms of this particular initiative and other responses in town.

Sgt JENKINSON: Yes, in actual fact we had a meeting yesterday that we were going to form into a regional community, crime prevention committee, taking on that role. Miwatj have a law sub-committee, a law and order committee which has taken on the function of driving the shelter, so they are at the moment trying to drive that. However, I think that the industrial disputes at Miwatj certainly are not helping that process and I think that the regional Crime Prevention Committee will have to look closely at that to make sure that it is moving forward because I see it as a very important step for Nhulunbuy in addressing the itinerant issue and the alcohol, especially abuse is the formation of getting a shelter up and running.

Mr McADAM: So the actual, the new regional Crime Prevention Council that is to be established fairly soon.

Sgt JENKINSON: In actual fact, I think from a Nhulunbuy perspective we did that yesterday.

Mr McADAM: Oh, okay. Now so, membership for representation on that is that from outlying communities as well ie Galiwinku and Gapuwiyak

Sgt JENKINSON: In actual fact I believe that they are an indigenous group of their own, so the decision of Mike Hindle and other people here who were at that meeting but the decision was made that we would focus on the Gove Peninsula and that meaning that we would include Yirrkala, Ski Beach and all the communities within this peninsula area and that would be the focus of the community group. However we will also take on that role if of the regional group so that we could offer assistance and be part of that as well.

Mr McADAM: So that would become a sub committee.

Sgt JENKINSON: Could be, yes.

Ms CARTER: Wayne, with regard to the mine for example, stereotypically it would have lots of male workers in it, this stereotypical mine. Does that influence your work here at all, do you have problems with that, with licensing and in particular the view that there could be say up to a thousand fly in, fly out type of people coming in for the construction phase of Alcan, is that an issue at all for you?

Sgt JENKINSON: I have thought about it a fair bit. We do not have a lot of trouble from the mining community. I think mining has grown up in a lot of senses of that old you know, mining town syndrome of wild nights and hard work during the day. I think the mine in itself is, they are all working long shifts, especially fly in and fly out, they do not have the opportunity and I believe that with the next stage there will be a drug and alcohol regime in place for the workers, which will obviously they will sign in as part of their contract and probably termination if they were abusers so, I do not see it having a huge effect on policing.

Mr McADAM: Wayne I have just got one other question. We heard some evidence this morning out at Yirrkala about people running drugs from Darwin and it would appear that some of those people are connected to local families, or have some connection to local families. You don't have to answer the question obviously, all I am saying is that, is there any strategy in place in terms of trying to put in place something which perhaps, number one: identifies who these people are and then some sort of again strategic response in terms of appropriate, a special focus i.e. people coming in. The reason I say this is because in Tennant Creek, we have problems and there are occasions when we seek assistance from the police in terms of a specific outcome, and normally that specific outcome is based on an intelligence gathering operation prior to the actual operation. You do not have to answer, but I am saying, it is very clear that there is a connection, it is not the first time we have heard it in the community, between indigenous local members and people from Darwin or people from somewhere else or Katherine or it might be anywhere. But is there any consideration to, I mean specific strategic response to gather the appropriate information and then target it?

Sgt JENKINSON: I suppose the difficulty with that is getting the intelligence. A lot of these people, it is certainly true with Kava and it probably reflects in other substances too that a lot of the people in power have vested interests in the trades and so I suppose it is difficult in the sense that trying to gather that intelligence. Certainly, if the intelligence becomes available, well then we will act on it but the difficulty in all of these things and it is not just here it is everywhere, I think, is getting timely intelligence. We certainly get a lot of intelligence, that they were here last week but of course that does not do much good for us. That is always forthcoming, it is getting the information that they are coming and trying to run something and you know, we do have the difficulty of the day to day matters, it does not take much to upset the apple cart and as far as resources go to the best intentioned plans fall apart when something else happens that police officers have to respond to. I do not know if that answers your question but...

Mr McADAM: Well it does I think. I did not expect you to answer this and you need not have answered, but I thank you.

Mr KIELY: In Alice, there was evidence given that the police were cleaning up the river bed, the drinkers and that they were being pretty active on the 'tip out rule', in fact what was happening to people was that they were drinking back in town camps and it was a lot of unreported crime, family violence sort of crime going on. How many town camps have you got around here and do you see that as a possible situation to face in the future with your crime prevention committee?

Sgt JENKINSON: In a sense we really do not have town camps, we will have the semi-permanent I suppose sleepers that sleep for instance on the town beach and there is a few camps up in the bush around the place. Most people go back to one of the communities that are outlying to the centre of town. It is just this core group I suppose that do not want to be for whatever reason do not want to go back to their communities that we have staying around the township of Nhulunbuy because there is really no town camps in the sense as in Alice Springs or

Tennant Creek or other places, really Ski Beachor they have given up that and they are basically sleeping rough around the town or actually in the town, depending on the weather because they will camp wherever they can I suppose around town. Does that answer?

Ms KIELY: Yes, I didn't know if it was an issue here. Forcing those people from one spot and sending them back to their community and then them carrying on drinking there with the lack of police presence having violence going on

Sgt JENKINSON: It is certainly an issue that if you remove the people from say for instance here, or they bring them back from Darwin for instance, where do those people go, are they also going to be stop their behaviours or are those behaviours going to be transported from whatever location to another location and I would be the first to admit that there is a lot of unreported crime to police and I think that that might have a lot to do with Aboriginal community structure and family groupings that it does not get reported for whatever reason. Yes it is certainly quite possible.

Dr LIM: My question was quite similar to what Len has asked you. You said that that 90% of police activity is due to alcohol related incidents. In Alice Springs it is less in the CBD and more outside the CBD involving the activity of the police. Can you judge within Nhulunbuy itself, if things have got worse or the same

Sgt JENKINSON: Bearing in mind I have only been here for seven months there is certainly a core issue with the itinerants, that the local community feels is detracting from the quality of life. A lot of times people will assume I suppose that Aboriginal people may be drunk and they may not necessarily be. A person may have a bad interaction with someone affected by alcohol and that may reflect on everything they see or perceive. People can be noisy, yell out, just by pure nature rather than the effects of alcohol and people may make assumptions right or wrong. However, we do, in response to the community's concerns, we do try and actively patrol the CBD as much as possible. However we can not be there all the time. Certainly drunks do get through the net in a sense and have that effect but like Alice Springs they push the problem probably out of the CBD. We do not tolerate drinking but we push them out I suppose to the drinking areas on the beach and that and of course they are not very far away. Does that answer?

Dr LIM: Certainly. Have you noticed an increase in problems?

Sgt JENKINSON: I have been actively pursuing apprehensions if they fit the criteria. The stats reveal that we have locked up or apprehended more people for intoxication over the last three or four months. But you are not solving any problems in a sense, all you are doing is really giving them somewhere safe to sleep and stopping them from committing further offences or anti-social behaviour so, it is not an answer, it is a fix.

Mr WOOD: Just on that point of locking up the people for intoxication, do you keep a record of those people in the sense that you can say there are certain people going through the revolving door?

Sgt JENKINSON: I have not done the study to say how many times Fred, Bill or whoever turns up but talking to the other police there is certainly a group of people that are well known to us and regularly visit us for a sleep. So when I am talking about core groups, my information is that, to say February there was a core group of 70 that were basically itinerants hanging around Nhulunbuy every night basically. Come the dry season, that seems to decrease and that core group may get down to 20 odd people but of course you have got the effects of who is coming into Nhulunbuy for whatever reason. There is something like 60 or 70 air movements a day, Mike Hindle will be able to say to you more about the airport and a lot of that is light aircraft traffic and that is all directly related to people coming and going from communities to Nhulunbuy or the other way so, there is a lot of people do come through Nhulunbuy and some of those will come here for a drink basically.

Madam CHAIR: What percentage does - you look at a lot of the drinkers that you have got in Nhulunbuy or the problems that you have – male versus female – how many of those actually that come from the community with their children, and what happens to those kids once they are here?

Sgt JENKINSON: From my experience they probably end up, the few homeless women we get, the Crisis Accommodation Centre here in town tends to look after a lot of them.

Madam CHAIR: So you have a crisis centre?

Sgt JENKINSON: Yes, we have a Crisis Accommodation Centre.

Madam CHAIR: For women specifically?

Sgt JENKINSON: For women, yes it is only for women and their children and the hostel also, but they have got to pay at the hostel so there is an Aboriginal hostel in town as well.

Madam CHAIR: That crisis accommodation, is it, I know that there was an accommodation place in town but refused to take young males at a certain age. Do they accept young males?

Sgt JENKINSON: Only women and their, oh, children, are you talking, like if they had adult boys or older boys.

Madam CHAIR: I have a son at 11 years old and I would still call him a child, you could call him a child at 25 [Laughter] that's a male child I might add. But I mean, at 11 they would still be classified as a child but I know of a crisis accommodation in the Territory that said no, we will take the woman and if she has got a daughter and we will take her but if it is a male, we do not.

Sgt JENKINSON: I am on the committee for the crisis accommodation, that has not come up, as far as I know they take children of either sex, that is all I can probably say.

Ms KIELY: Wayne, you said that 90% of your arrests are alcohol related, what about those arrests and offences that people have done, I mean, do you find it a lot of multiple offences. You will arrest someone and they may well have, you talk about statistics and they might have a break and enter here, car damage and break and enter there or something, do you find that you tend to have more than one offence.

Snr Sgt JENKINSON: Certainly with unlawful entries and that type of thing, there will usually be multiple offences by their nature. Assaults are different, but certainly we clear up, for instance we clear up one unlawful entry we may end up clearing up half a dozen unlawful entries. By their nature, we seem to get a core group of breakers that will come to attention once we basically get them locked up or dealt with in a sense which ever way it goes, then that seems to stop until someone else takes up their cause and starts offending again.

Mr KIELY: Are your breaks, are they part of that catchbag of alcohol related offences generally speaking?

Snr Sgt JENKINSON: Yes, yes.

Mr KIELY: What manner of crimes are we looking at or offences in general say have an alcohol related

Snr Sgt JENKINSON: The main unlawful entries here are business related, or licence premises related. In the actual town of Nhulunbuy we probably have quite a low rate, I do not have the figures in front of me, low rate of unlawful entries on houses. They are more so licensed premises and business premises and the other major contributor would be offences against the person, assault related domestic violence related issues.

Mr MCADAM: And there is no night patrol?

Snr Sgt JENKINSON: There is a night patrol out at Yirrkala. There is no Nhulunbuy night patrol as such, and Ski Beach does not have a night patrol. I think part of the plan for the dry shelter is to maybe try and run some centralised night patrol out of that facility.

Madam CHAIR: Thank you. We hope that you will be able to join the round table.

Snr Sgt JENKINSON: Certainly I will stay.

Madam CHAIR: Mr Michael Hindle CEO from the Nhulunbuy Corporation.

Mr HINDLE: Thank you Madam Chairperson, honourable members. With your forbearance I would like to read my submission, and I will start by having a drink of water if I may. I do not have an intimate professional knowledge in relation to substance abuse in Nhulunbuy, however I do regularly see the effects as the Chief Executive Officer of the Corporation and I am involved in having to deal with some of the aftermath of the problem.

I would like to start with the problem of takeaway alcohol in the community which in the Corporation terms provides the most difficult issue.

Ms CARTER: Excuse me Michael, is the Nhulunbuy Corporation like a town council.

Mr HINDLE: Nhulunbuy Corporation is a private company and the town is a mining town but it carries out exactly the same functions as a local authority would do in Nhulunbuy, and whether any member wishes to disagree with that I can give absolute proof that what I am saying is true.

Nhulunbuy is the only takeaway outlet on the mainland for much of Arnhem Land, the nearest alternative being at least 600 kilometres away, and whilst we have a small number, probably around 40 Aboriginal drinkers who drink and camp around the town, we regularly have influxes of Aborigines from outlying areas. These often number in the order of 100 persons and at specific times can be 200 to 300 people. The negative effects of these drinkers on the Nhulunbuy community revolve around the litter problems they cause and the antisocial behaviour such as humbugging shoppers, defecating and urinating in public places, vandalism etc. There are however other effects that are extremely serious. The groups are often prone to violence amongst themselves. Their health is obviously suffering as is the health of their children. The problems of antisocial behaviour of this drinking group are fairly well known and the Corporation and Alcan Gove Pty Ltd recently chaired an antisocial solutions meeting. Many organisations were invited to attend the only purpose being to look at what solutions could be used to address the issue. Many good ideas were brought forward and a sub committee was formed under the chairmanship of Mr Eden Gray Spence, the regional manager for DIPE and local government housing etc. He is also the Chief Ministers Department representative in the region. The sub-committee met only yesterday in an attempt to work through an implementation stage with all solutions believed to give a quickly returnable nature. I have no doubt Eden will probably expand on that in his turn.

While staying on the subject of alcohol abuse and particularly the itinerant and Indigenous drinking problem I must say that I believe more needs to be done by government departments to address the issues, certainly in this region. Other regions may have good diversionary programmes but I am personally unaware of any here in Nhulunbuy. Funds at one time were made available from the wine cask levy, a number of years ago probably seven or eight years ago, and an active 'living with alcohol' programme existed. This all appears to have disappeared. Other than emergency care, I am unaware of any programmes addressing the health, education and legal aspects associated with this segment of the community in Nhulunbuy itself.

Unfortunately, from my observation it is also clear that younger Aborigines are now coming to town and staying. Alcohol abuse in the town as a whole may also be significant, however the majority of residents drinking tend to do so at home, and therefore the resulting problems are not so obvious to the general public. Departmental professionals would be more able to comment on this issue by virtue of the levels of family violence in the town.

A major factor to reduce the litter problem in Nhulunbuy and in fact the remainder of the Territory is the possibility of container deposit legislation, and it is my opinion that the vast majority of residents would be in favour of such a move and I personally do not believe that outside major commercial interests should outweigh the desires of the people.

I am told that virtually any other drug is available in the community and have personally witnessed dealing in marijuana on the street between youths of the two cultures. Again I do not have any knowledge of the comparison of drug availability and use in Nhulunbuy when compared to other centres. Whilst kava is not a problem in Nhulunbuy itself it is believed to be a regional problem especially with regards to the black market which appears not to have abated. My understanding is basically as Wayne has said that the licensed retailer can only sell a small quantity at a time, but I also believe that whilst the black marketeer can sell a smaller amount he can also sell larger amounts and therefore users can actually get bigger amounts if they want them to last them longer. Again the apparent problems associated with family breakdowns, malnutrition etc is caused by large use and hence the purchase cost associated with the users.

Ms CARTER: Michael you mentioned that you would like to see more diversionary programmes here in Nhulunbuy. Do any spring to mind that would be the sort of things that might work well here.

Mr HINDLE: If I go back to when the wine cask levy was available, funding was applied by the Corporation at that time, not to run the programme because we do not have experience in that field, but we contracted Miwatj who provided certain diversionary tactics. A lot of the time it gets down individuals who are employed by organisations as to how successful those tactics are. But certainly they run a health education clinic at the pub of all places, but when you think about the group that you are targeting, that is where they are, so you go to where they are, and that was very successful.

Ms CARTER: Was that targeting purely Aboriginal people or across the community?

Mr HINDLE: That was targeting purely the Aboriginal community. The money was made available to address the litter of town in effect, but we expanded it with Miwatj to try and create some more diversionary items such as the education, passing on the legal implications as to where people could drink and where they could not drink, and that actually extended and one time they had an Aboriginal lady who was doing the supervisors role who started to actually go out hunting with some of the group, hunting and fishing, and there is no doubt it actually took the drinkers away from the grog for four or five hours at a time, it was definitely worthwhile. But as funding dried up then the tactics dried up as well.

Dr LIM: Have you ever had comments about teaching the drinkers where they are, which is normally in the pubs. The Gap Hotel has been taken over by new management and they have replaced the function of the Club that was established as an Aboriginal drinking area just south of the gap, they are now coming into the pub itself and the new manager has enforced strict guidelines on dress codes, behaviour within the pub, and really within less than six months they have done what theClub have been trying to do for the last five to ten years. So it is something that can be done

Mr HINDLE: I just want to say the ability to go to the clubs or the pubs and drink, to drink in a controlled environment and therefore the quantity is limited. I think the majority antisocial problems come after that when they go out and buy takeaway alcohol and therefore go beyond that control limit and that is when the problems really start.

Mr WOOD: Have you got any thoughts on the number of takeaways, and would it make any difference if there was less?

Mr HINDLE: I do not believe it would Gerry. I think if you have one takeaway that one is going to have a monopoly to sell. I mean if you have five takeaways, and we have six, I did not realise that all licensed outlets could takeaway, but certainly there is a number of those outlets like the Surf Club and the Golf Club that would do absolute minimal takeaways. The three major takeaways in town are the pubs, the Arnhem Club and Woolworths. I just think if you reduce the number you would effectively be just giving the market to the other two.

Mr WOOD: I agree with the CDL.

Mr HINDLE: I was not going to mention it, because I believe quite honestly, that from the problem of Gove it would be a huge advantage from Gove perspective.

Mr KIELY: Michael, given the Corporation is replacing the role of the local government and Wayne's comment that the Galiwinku has a high proportion of youth, and they are going to get older and we are seeing the makings of a migration from the communities into the larger urban centres, so my expectation would be that over the years you will see a migration from communities into Nhulunbuy and Jabiru and those sorts of places, Tennant Creek. Are you are working with government now, or what is the Corporation doing to take this into account. You know you are going to have these youth coming on so you are going to have, you know, I am not talking about hordes coming in here but you can certainly expect an increase in community people. community youth, coming into a centre like this because of a lack of opportunity or a perceived greater opportunity here. I mean given the structures that you have infrastructure the way you manage your housing and all this sort of thing what plan do you have for that over the next five to ten years or are you working on a plan?

Mr HINDLE: I think this solutions committee, sub-committee that we set up was to generally look at the sorts of problems, and I mean some of the ideas that were put forward, one of the ideas for example was to make Nhulunbuy a dry community in the same way as Yirrkala is a dry community, where residents will be exempt by having a permit and people from outside would not be able to buy alcohol. I do not think it is a case of saying that people are going to come in if the town were a dry community and people from outside could not buy alcohol here I have a great doubt that we would have that much of an influence.

Mr KIELY: But you have an issue where you can get marijuana, you can get other illicit substances. I feel that you are going to get more youth coming in so the Corporation working with government and looking ahead five or ten years being a major magnet in this part of the world. The population will grow from outside the work force.

Mr HINDLE: I hear what you are saying. First of all I think, other drugs are available in those communities already, so if you look at alcohol, that is probably the major attraction for bringing people in. If you are talking about is the Corporation working with government to do something, it is probably pretty hard to say that, because I would not say that the government has really acknowledged the Corporation as having a role in that area to be quite honest. From a Corporation point of view, our tenet is to effectively maintain the town, run the administration of the town, and certainly when it starts to be an influence from outside, it becomes more difficult as to what role we will be able to play; and where our line divides as to where the government line divides.

Dr LIM: Does the Corporation you pay a contract to the Department of NT Police, Fire and Emergency Services for a police presence in Nhulunbuy?

Mr HINDLE: No, the police presence was a condition of the original infrastructure, the infrastructure agreement basically for the construction of the town, laid down requirements for,

and of course it was Commonwealth government then. In 1978 the Territory government took over not only the assets but the responsibilities, and the policing was the Territory government's responsibility then. Fire service was another matter and I think that has been sorted out in the last couple of years, to be quite honest. But certainly, responsibilities were set out in that infrastructure of Nhulunbuy.

Mr McADAM: I just have a couple of questions Michael. How many people are employed by Alcan? Are you in a position to answer that?

Mr HINDLE: I can give you an idea but I am not employed by Alcan. The corporation is a completely separate company, as much as government bureaucrats may not believe. Direct employment is in the order of 700. Their contracted employees would be probably at times, depending on what is actually happening with breakdowns, probably another 300 contract employees. So somewhere between 700 and 1000 at any given time.

Mr McADAM: Quite apart from you saying that the relationship with government etcetera. What other economic opportunities might arise in the future in terms of tourism or ...

Mr HINDLE: The immediate problem for Nhulunbuy as a community is the lack of power and hopefully, the phase three extension will address that, and will allow some further development to occur in town. Alcan, to my knowledge, have recently employed a lady from AusInvest and they are actually actively looking at what opportunities there are in and around the community or in and around the region, for other investments and possible employment opportunities.

Mr McADAM: Is that Aussie Invest?

Mr HINDLE: I think it is AusInvest, I am pretty sure of it. It is a federally government funded organisation.

Madam CHAIR: Thanks Michael, and I invite you to join the round table.

Mr HINDLE: I will certainly do that.

Madam CHAIR: I call Eden Gray Spence.

Mr GRAY SPENCE: Good afternoon. Mine is going to be pretty brief. I am the Regional Director for Community Development, Sport and Cultural Affairs, and Infrastructure Planning and Environment. I have been given the challenge to chair the committee that Mike and Wayne were talking about, which came as a consequence of a larger group early last month, that met to look at what was perceived to be a rising number of incidence of anti-social behaviour, and link was to alcohol. However, that group did some quite intensive brain storming, came up with a very wide range of strategies, and it was obvious that the breadth went beyond straight alcohol, and started looking at some of those underlying issues. It was obvious that a group that was just under 40, I think about 38 people, it was not going to work that way. They had very good intentions, so one of the outcomes was to establish a smaller committee with a wide spread of stakeholders and vested interests, and I was given the honour to be the Chair, and we had our first meeting yesterday. The principles, high on the agenda yesterday, were to actually set up the terms of reference and the scope of that committee. The outcome was a bit of a twofold role, that we might have to look at some of the specific issues facing the Gove Peninsular, but also become the regional crime prevention council which would look at a broader role. And also be a clearing house, an information exchange and a focus for the region in respect to issues involving things like the itinerants strategy, the drug and alcohol programs, and the alcohol restrictions, because they are all sort of inter-related. So that is where we are at, very early days, but it was a very positive meeting and I was quite encouraged by the response.

Mr McADAM: Is it possible for this Committee and again it is very much subject to your committee, a copy of the Terms of Reference?

Mr GRAY SPENCE: Yes, as soon as they are written. Because we discussed them yesterday and the Minutes are only just being written as we speak. Those terms of reference will just need to go back out to the committee members and make sure I am accurately reflecting what people's views were. But sure, more than happy to make them available.

Mr McADAM: Sorry, you referred to a number of points being raised and agreed upon. Some of the issues?

Mr GRAY SPENCE: Yes, there were about 50 that just came out of that brainstorming issue.

Mr McADAM: Can we get a copy of that?

Mr GRAY SPENCE: Yes. The issues kind of fall into a number of groups, I guess. One would be enforcement, and that is enforcement across the board, raise things about night patrols, it is also about policing *per se*, whether the legislative coverage is adequate and meeting the needs. Issues of dry areas. I mean, it was pretty broad, and in the time available and with the numbers, of course, it was more or less going around the 38 people saying, what do you think may be able to progress the issue. Other areas were trading restrictions, access to alcohol, whether the things could be done in that regard. At our next meeting we had an offer from Licensing and Gaming to provide an officer to go through what the legal framework is as far as access to alcohol, whether there are other things that can be put into place. There was a lot of discussion about actual community responsibilities, education programs, opportunities to tap into other programs that are under developed at the present moment. So what we ended up with was about 50 dot point items, which we have aggregated, we discussed that briefly yesterday as to whether some of those issues could be taken on by the committee, or whether they were outside its capacity. One of the suggestions was actually trying to control Centrelink payments. Well, we came to the conclusion that that was really outside of our capacity.

Mr McADAM: Was the number of police one of the 50 points ?

Mr GRAY SPENCE: Policing generally, about presence of police on paydays, whether there should be more police presence. But we really have not had the opportunity at this stage, to develop it further, they were just ideas being thrown forward from this broad based community group.

Dr LIM: Did somebody throw up the suggestion that the Nhulunbuy Corporation have ? Sheriff System?

Mr GRAY SPENCE: No, that one wasn't thrown up. I thought we already had one.

Mr McADAM: Any of the Pubs, Clubs or Take Aways rock up?

Mr GRAY SPENCE: Yes, Woolworths were there. Mike, do you recall at the group of 38...

Mr HINDLE: The original meeting, all the licenced, all the three major takeaway outlets were invited. Woolworths did turn up, the other two gave their apologies.

Mr GRAY SPENCE: On the committee that was established yesterday, we have representation from ATSIC regional council, Miwatj Health Board, Northern Land Council, Yirrkala Dhanbul, Marn Garr, Alcan, Chamber of Commerce, Nhulunbuy Corporation, so it is quite a wide, broad, community based group.

Mr KIELY: Will you be linking up with other groups to learn from them? Like when you talk about prevention strategies, in terms of substitution. For example we have heard that five litre casks of wine have been stopped at some locations only to be replaced by 750 ml bottles of port,

and I mean, that really is not an improved situation because now you have broken glass as well as people drunk around the place. They are things you can learn from other communities.

Mr GRAY SPENCE: Absolutely. I mean, one of the issues that came through fairly strongly at the original meeting was not to try and reinvent the wheel but to look at other strategies that have been tried elsewhere, and build on their success and learn from their failures. To that end, we have already had some discussions with people like Leon Morris with the itinerant program, which is as you know, a very broad ranging multifunctional approach. Before I came to Nhulunbuy, I have only been here for eight weeks, I was Regional Director in Katherine and also responsible for the Katherine Regional Development Plan, and this particular issue would have been top of the hit parade for both Indigenous and non-indigenous communities across the whole region. So we have, as a consequence of that fact, under that umbrella, we set up a similar quality of life committee in Katherine.

Mr McADAM: I have just got one question. Quite apart from your responsibilities in setting up the Regional Crime Council, what about some of the broader economic initiatives. Because part of the reason is - I mean, there aren't the jobs around. Somehow we have to find a way forward, in terms of trying to engage more and more people in some form of gainful employment. Obviously through the private sector, something like that, or through the development of new industries. So do you have a role in that area?

Mr GRAY SPENCE: For my sins, I have also been given the task to chair a steering committee for the development of an East Arnhem regional social and economic development strategy which ties in with the announcement by minister Ah Kit for regional development boards, and my guess is I will end up being the executive officer of that regional development board as well. And that certainly is both social and economic development across the region, and that was a task I had in Katherine, so I will be doing it.

Mr McADAM: But it hasn't been set up yet?

Mr GRAY SPENCE: There has been a draft discussion paper developed. It has not had broad across-the-region input, which is something that I will be pursuing over the next two months. I have had some preliminary discussions where I was fortunate... Just after I arrived, we had a local government workshop in town, where we had representation from all the community government councils across the region. So I took the opportunity while they were all under one roof to bounce off the idea, what their input was to get ideas, to get best input, into this regional development plan, from a community level across the region. So that will be underway very shortly.

Mr McADAM: I do have one other question, but I think Michael raised it, I am not too sure if I am purporting correctly, Michael, but you seemed to have some concern in respect to the provision of services from other government departments. Is that right? Is that something that you would also take up, on behalf of the Nhulunbuy Corporation, but this regional crime council. Because it just seems to me, and I might be wrong here, but it just seems to me that probably the Nhulunbuy Corporation is not much different to a lot of other small regional towns, in terms of the provision of service, and I think that is what you are alluding to. So what I am saying is, you as a senior public servant, you would obviously be addressing that sort of things to try and get the message back to government. You know, these service have to be delivered in a manner that.....

Mr GRAY SPENCE: I think it really comes up across a range of areas. One of the things I will also be doing over here is as Chief Minister's department representative, and it is mainly the office of Territory Development

Mr McADAM: Just trying to get you some more work...

Mr GRAY SPENCE: Yes, thank you, I appreciate that. And that is to do with the Alcan Gove expansion, and part of the discussions on the Gove expansion, it has been on the books, it is looking at sort of normalising relationships and provision of services within the town. So I mean, that is why I will be working very closely with Mike and also Klaus Helms from Alcan, that it is part of the negotiations and it will be ongoing.

Mr MCADAM: So that addresses your concerns....

Mr HINDLE: I think there is still immediately for some of these 'living with alcohol' programmes to be brought to town. I believe that officers here that are working within the communities but not inside Nhulunbuy .

Mr GRAY SPENCE: Well this will certainly provide the forum, the committee was just established for that particular issue.

Madam CHAIR: Thank you, please join it the round table discussion.

Mr GRAY SPENCE: Thank you.

Madam CHAIR: It appears we have Mark Watson, General Manager, East Arnhem District, Department of Health and Community Services, Miss Julie Roffmann and Mr John Hopkins.

Mr WATSON: Thank you Madam Chair. We have obviously come without Julie Roffmann or one of us has a hormone problem. I am Mark Edward Watson, I am the General Manager for East Arnhem District, Department of Health and Community Services.

Mr HOPKINS: I am John Hopkins, the Alcohol and Other Drug Community Educator support officer and counsellor.

Mr WATSON: Madam Chair, most of my talk I have put on hard copy. Are you happy for me to table that? Pass that across. I also do have four copies for the audience that is present to follow my speech, on the condition that the individuals who take them will turn them into me at the end. Does anybody want one? Our presentation this afternoon is in two parts. Mine is essentially the managers perspective on the problems of delivering a service in the face of the difficulties created by substance abuse, and John's is the harder task in terms of how we as an organisation are attempting to respond and improve the situation.

From our experience the primary effect of substance abuse, and this is confined to East Arnhem, is on the provision of services is an aggression towards to staff at the Health Services, and to Health Services property. The main effects are injury to staff, increased staff turnover, property damage, adverse public image and the related care and opportunity costs of not being able to deliver services at varying times. And certainly, of government services out here health does seem to experience this at a substantially higher level than other government services..

The case for linking aggression and substance abuse. Fortunately, Gove District Hospital has recently had a blitz on security for staff and patients. As a part of this effort the hospital attempted to report every incident of concern since late February 2003. Alcohol abuse was an obvious but unquantified problem, so belief of its influence was recorded for each incident. Of the 44 cases between April 2 and the beginning of February, 42 cases or a staggering 95% were believed to have some alcohol involvement. Now clearly we can not run a breathalyser bag that someone presenting in A & E, you are in a controlled air-conditioned environment, the assessment of alcohol on the breath from nursing staff is probably reasonably reliable. There are some circumstances where it has been outside on the grounds, okay the assessment there may be less reliable, but nonetheless, it is obviously highly significant.

Mr KIELY: When you say reason of concern, are you talking about the reason for someone presenting for treatment or the interaction between a staff member and somebody like that or someone

Mr WATSON: We are obviously having a security problem at the hospital as with the rest of the town with undesirable behaviour, so if it was an incident which distressed the staff, because of the behaviour of an individual whether they were patient, visitor , camper – we have people camping in the hospital rooms.

Mr KIELY: So it did not necessarily involve someone under treatment, but could have been a visitor.

Mr WATSON: It was reported by staff if they had something which created concern to them in terms of security we asked them to note it down. So, it is quite comprehensive. Some of the incidents are minor, some of them are quite significant. But, it was to get a base line figure on what was going on. So I actually have a copy of the tick sheets and the incidents if you want to have a look and see what they have reported.

Mr KIELY: I just want to check and see if I can ask questions as we go along or should I wait to the end

Madam CHAIR: If we could wait until the close of the presentation that would be really good thankyou.

Mr WATSON: Okay, we both stand corrected thank you. In addition to running the hospital I am also responsible for some 10 community clinics at which we have either or nurses, health workers or doctors scattered throughout Eastern Amhem Land, and my boundaries are somewhat different to the police boundaries, so we include communities on Groote Eylandt, Numbulwar and obviously a much wider boundary than Mike Hindle's concerns. So, my stats do cover a larger area.

Right, for the communities there is no equivalent study when I look at the data. From examination of existing records, primarily incident reports, but we do have a number of other sources, substance abuse status can not be confirmed in 84% of the cases, so we are working most of our stats off the balance. Of the remaining reports substance abuse is six times more frequent than reports where substance abuse can be excluded. So again, it is obviously a significant influence and to try and benchmark that against the hospital where we have good stats, I did a study of the equivalent group of reports, just referring to incident reports, not our study. Again I got a six to one ratio, remarkably similar, and there was a lesser incidence of unnamed cases so obviously nurses in the hospital do note substance abuse more often. So from my point of view it is reasonable to assume similarity of the problem both in the communities and in town where it is exposed at the hospital. That also matches my anecdotal impressions. Reports from the communities also include references to substances other than alcohol, with ganja being the predominant substance. There are also mentions of speed, petrol, kava and some pharmaceutical abuse as well as some indications of poly-substance abuse where the person presenting is believed to have abused more than one substance. Of some interest is the total absence of any opiate in any of our references.

Conclusions on the situation in the community. I believe there is a significant problem with aggression towards health staff in communities. It is highly probable that most of the aggression directed towards staff in communities is substance related but I do not have as good as stats as for the hospital. Alcohol is certainly the predominant substance abused with the most significant other substances being ganja and petrol and even though kava was a point of some interest earlier it is not on our radar as a problem in terms of aggression. The choice of substance abused in communities is obviously more complex than in Nhulunbuy where it is predominantly alcohol and not much else.

Now to try and give some examples of the seriousness of the problem and the size of the problem we are facing, I have some items here. Serious assaults – these have been lifted from incident reports and other sources. So if we can just go through the top item. A nurse attends a knock at her door at 3:00 am, teachers for example do not face that problem, but our staff are on call 24 hours a day, on this occasion, half asleep so she obviously has not secured the door well, she was rushed by a male who attempted to stab her. Fortunately she managed to fight off the offender. The nurse sustained a small stab wound and bruising. The nurse is then flown to Darwin for treatment and counselling, and despite this, this individual resigns shortly thereafter and left the Territory. I have two more cases on there that you can certainly take in for yourself.

Next page, one of the more serious assaults and the lady in question was happy to give us the photos. It is a rare item that we get evidence after something has happened like this. Clinic staff are attempting to assess the mental condition of a patient. They were away from the clinic at the time. The patient picked up a piece of broken glass, it was a reasonably substantial size. He threw it at the doctor and the nurse causing significant lacerations to the head and or face of both. Being the only health workers in town they actually took turns stitching each other up whilst attending to this guy to get him air-medded out. A particularly diligent effort. The offender had a 'no mental illness'. He had undergone a traditional ceremony that day, the full consequences of which were unknown to us and we also believe he had been abusing ganja heavily prior to this, so a multi-factorial problem but nonetheless a significant substance abuse involvement. The accompanying shots are of the nurse. The doctor involved received the more significant of injuries. The nurse remains working for us in East Arnhem but no longer works in the community and she had been the manager at that particular clinic for some years so to that community a considerable loss of expertise. The doctor stayed until the end of her contract but was distinctly unwilling to remain in the Territory and has moved on.

The minor items on the next page, threats. If you get onto my reports later on they are classified in this item because no-one was actually injured is a threat. Late at night a person armed with a machete attacked the clinic ambulance. We have a picture of that with the rear windows knocked out and then repeatedly attacked the nurses house. If you look at the picture of the house behind the ambulance you will find a number of machete marks highlighted and there is also one reasonable shot of where they were persistent at one point on the wall. The nurse who was home alone contacted the police who were over an hour away, so she knew she had no where to go. She remained inside the locked house, moved her furniture and to quote her, armed herself with a nine iron ready for the guy to get in. Fortunately he appears to have got bored before he has done anything substantial to the doors and went away. The nurse did stay in the community but left after several more episodes of aggression. And again, a few more cases on the next page of classic threats, to try and again give a picture of what we are facing.

Impacts of the problem on health services as I highlighted, injury to staff, increased staff turnover, property damage, adverse public image, and related care and opportunity costs. To try and give some proportion to these on the next page, injury to staff. I have two, admittedly our most serious cases, but nonetheless it is indicative. And this is just from one clinic. So one clinic has two cases where staff have been off in excess of 12 months with post traumatic stress problems. One of the nurses has returned to her home state and is unlikely to ever return to full time employment. The cost for this financial year to 20 April of this particular nurse has been \$59 497. The case commenced when the incident occurred in September 1999 and I expect she has a 20 year working life ahead of her. You can do the maths. The second case. This nurse has only last month been able to return to full time work in East Arnhem, not in the community. She will not be returning to the community. Cost for this financial year, again to April 30 when I got the figures, \$67 304. The case has been active since March 2002 and is obviously ongoing. And if you are wondering what tipped this nurse over the edge we have a picture of the ambulance she was driving at the time, and there in front of her face, she is a very short nurse, is the machete mark in the windscreen, so she was moving slowly around town, had not even seen this guy, all of a sudden she has a machete in her face in the windscreen. Reasonably traumatic.

Increased staff turnover: it is difficult to quantify the number of people who are leaving solely because of aggression and others substance abuse problems, however to my recollection there are about a dozen who have cited this to me as the joint manager, at exit interviews or as a specific comment where they wouldn't have been the person conducting an exit interview with me, they have done me the courtesy of giving a call or because I have been on the case anyway when it has been an aggression problem. From conversation with others, these problems have been significant considerations for many others who have left.

Recruitment costs to locations such as East Arnhem are exorbitant. To bring a family to Nhulunbuy on a two year contract and then repatriate them to a mainland capital, will cost about \$40 000 before they do a days work. Obviously anything that increases turnover rapidly increases our costs in and compromises care.

We then move on to property damage. On the next page there are a number of shots of troop carriers, which I am rapidly developing an opinion are nothing short of armoured personnel carriers, the amount of beating they take. The knife in that photo is in a plastic bag to protect finger prints and was used to gain entry, not against a staff member, hence it is under property.

On the next page: as these pictures indicate, the single most damaged item is vehicles with the vehicle glass especially targetted. Attachment two contains, which is a complete but not comprehensive listing of incidents, mostly during my time in East Arnhem, has 27 incidents that mention vehicle damage or attempted vehicle damage. Again, this is not complete. One community alone averaged more than one vehicle attack, or attempted vehicle attack per month for 18 months. Interestingly, this morning I had reported to me that that community again had the two rear windows in a troupe carrier smashed yesterday evening. One recently retired vehicle from the East Arnhem fleet is estimated to have had six sets of glass in its three year life with us. The costs are obviously considerable. Clinic buildings frequently have lighting and windows damaged, staff housing is frequently broken into with the accompanying expense in the form of building and furnishing damage. Unfortunately the cost from this area are impossible to estimate, as in our accounts they are buried under such items as the maintenance and repairs. So, I cannot give you any reliably indicative figures.

Public image: the issue has been raised through a variety of media. It has been a frequent news item in the *NT News* and *Arafura Times*. Attachment three has a small collage of such items, it has been on radio and TV from time to time with one major item on *Stateline* in January 2002. Word of the problems has also spread through a variety of formal, informal and professional networks. Of particular note are the threats by the NT ANF at one stage to advertise against working in East Arnhem.

Related care and opportunity costs: to evacuate a patient from an East Arnhem community, cost between \$5000 and \$9000, depending on the community and the type of resources required. So anytime I have staff member who needs to be evacuated because of a patients drug and alcohol problems, or we have victims of the problem, this is what we are looking at up front regardless of any other care. Some time ago, I did an estimation of the aggression costs for one of the communities and for the 12 month period commencing December 2002, simply because at that point it was of interest and I had good data for that clinic. It is by no means probably the most expensive, it is probably a reliable mid-range indication. I calculated that at \$59 600 for the year.

Distribution of incidents. This is where it starts to get a little bit more analytical, rather than just factual. The top graph shows the raw distribution of incidents by type. You will note that I have removed the communities because I really do not want to target individual communities, I do not think that would be productive however, if someone wants to see me privately, I will happily indicate to the panel which communities are which. Interestingly, obvious disparity in incidents between particular communities is not explained by population size. The larger communities have the lowest number of incidents, we then go into minor typo, there is always one or two, no matter how well you proofread. If you turn to the next page, I have that top graph

with a community by population imposed on the top, so it is the line graph. I have also dropped off the Gove District Hospital statistics, so it will look slightly different. Is everyone with me at that point or have we lost some?

Going back to page 17 which had just the distribution of incidents, the bottom graph is the distribution of incidents by seriousness: category one is threats; category two was assault; category three, incidents involving weapons; and category four, aggravated assault. One of the communities which is lowest on most forms of assaults, shows up I think as the second highest on aggravated assault and when I look at that I can put it down to nothing other than bad luck. When they have had something go wrong, it tends to have been worse but other communities could equally have had the equivalent problems if luck had not been with them. I do not believe there is anything more in that, other than that. By and large, other than that, yes, if you are high on one, you are high on the next one.

Back to the population against distribution graph. The community (a) has a relatively low incidence of problem yet on the population graph it is quite high up, as is community (i) at the far end which is easy to pick out again, again high population but low incidence of problem. In looking for possible causes, one of the items I believe to be of significance was likely police response time. Now, my response time is based solely on my experience and is not a number sourced with police – they may have entirely different views of their possible response time. However, it is extremely obvious that those two communities have an exceptionally low police response time, one of them in fact has resident police, the other one has police quite close by and the community with my largest number of incidents is the one which has the most challenging police response time.

Which leads me on the next page to my conclusion: given that most communities are already dry, the most useful item that can be suggested by me to mitigate problems that are faced by health services and presumably the community residents, is an enhanced law enforcement presence. That does not necessarily mean police officers, it may mean Aboriginal community police officers but we need the cavalry. Certainly my major concern is for communities but without change there are some good and often impressive people under difficult circumstances but in these circumstances they just haven't got a chance.

We then go onto my attachments which are a quick listing of the items at Gove District Hospital that were included in our study on the first three pages and then a comprehensive listing of incidents throughout East Arnhem for roughly the last three years. It is not light reading but it does give some idea of the scale of the problem. And finally some of the items that have appeared in the newspaper over that period.

Ms CARTER: Mark, I would like to congratulate you on quality of your submission.

Mr WATSON: It has taken some compilation, thank you.

Ms CARTER: I can see that. I have got a couple of questions. Why do you think health staff are targeted and I may be making an assumption there?

Mr WATSON: It is an obviously an item I have given some thought to and health has its own separate programs in place to try and manage this but, the first thing as I have alluded to, is that we are accessible 24 hours a day. Certainly the practice in East Arnhem communities, is you can pick the person who is at home and on call because that is where they park the ambulance, in addition to a note on the clinic door usually, a simple walk around town will tell you this person is on call and at home. So they are sitting there as a target. Clearly people reporting to clinics already have a problem, you can read through the comprehensive list, you will find many of the cases are cases where we are attending to a spouse in a domestic violence episode, they have reported to the clinic as a refuge point and we have shut the doors against the perpetrator on the outside. So, again another thing that makes us an obvious target and yes, frequently substance abusers themselves report because they are feeling unwell as a result of the substance abuse,

all of this conspires to make us an obvious target. While I am talking about that long list, I have done my best to remove things which will identify communities and individuals, if I have missed anything, please do not use it. And you will see occasional references to a person and have identified that the person is Aboriginal, particularly in the communities, well, they are the people living there so in most cases it will be Aboriginals but there are one or two references to Balanda which is the local Aboriginal name for a white person and I actually had to drop one out because there was no way I could sanitise it and not indicate an individual, so it is not only Aboriginals with drinking problems out there, a lot of people go out there and certainly seem to get isolated. Doubtless John will get onto that and in town 75% of our custom at the hospital is Aboriginal, so again the problem that hits us in the face is predominantly Aboriginal but again, if you look through, there are references to Balanda in there, so it is not exclusively and Aboriginal problem here.

Madam CHAIR: Can we just get onto John and I think you have got a short presentation that you wish to go through.

Mr HOPKINS: As an educator, counsellor and community support person, I tend to focus more on the client or the user and sort of try and see how behaviours within that person can be modified by reducing or addressing the drug and alcohol use. Now for a start I think it is sort of, everything over here that is happening I think could be pointed out, how come this bloke's not doing his job? Why is all this happening and as educator and as counsellor and as a community support person my time was very limited because at present I think for the first year, in fact the first 18 months of my appointment I was the only person to cover Anurugu, Umbakumba, Gapuwek, Galiwinku, Ramingining, Milingimbi, Yirrkala, Marangaroo, Lanhupuy Homelands and of course Nhulunbuy and if that is not impossible then nothing is. But all the same, we trudge along and for the past three months we have had a second person to assist me. He is like an angel on the floor now and so I am hoping that things will start picking up. But, as we go along, you will see that there is a chronic, very chronic staff shortage.

Now, to me, alcohol and drugs, I mean, we have all been concentrating over here, this afternoon on more the administration of alcohol, the sales of alcohol and stuff like that but basically speaking, from a business point of view, common sense business is that if we were to cut down the market, then the supply would automatically cut down. I mean, one of the questions was if we had one outlet or five outlets it would not make a difference. I think if we had more education out there and if people did not use it, then if we had five we would soon only have one, because the others would just walk away. I think most of the suppliers, be they legal or illegal, if we were to take away the market, they would go. We would not need police policing it. The dealers would just go. Why? They are only there for the money, they are not there for anything else.

Another point that came up of course was kava being a safe drug. No drug is safe. It has its points, I mean, there is a lot of research still being done with kava and I would say the safe drinking of kava, rather than kava use, is what we should be discussing. There are ways of drinking kava where it is not going to affect you, and unfortunately, kava has come into the area here without the education that should have come with it, and I think that is very, very important. At present, what I am very interested in is kava when it is used alongside marijuana and alcohol, and from what I am seeing, I think in a lot of the areas where kava is used, the level of violence has gone up. And I am not saying kava is the cause of that, but I am saying kava plus alcohol, kava plus marijuana, is bringing it on. That could well be, since there has not been research done in this area, it could well be that kava when used with other substances, is bringing on psychotic type symptoms.

Now, we know for a fact that marijuana brings on very strong psychotic type symptoms. Most of the behaviours we are talking about here, that Mark mentioned, if we were to look very closely into it and actually go and screen the people who did it, you will find that they did it while they were under the influence of some form of psychosis, a drug induced psychosis. So from that point of view, I strongly recommend that we do something about education, rather than

something about getting more police and something about cutting down sales and so on. That will automatically reduce the minute people are educated. And to think that people know everything is an absolute fallacy, it is false completely. The communities that I have been to, when I have spoken, just how alcohol or ganja or any of the substances used actually affect them and it starts from the brain and goes right down, you would be surprised at how many people say, oh, I didn't know that. As a matter of fact, one of the persons that I did speak to had a good laugh, and he said, I thought you were an educated person. I drink, it goes in there, (the stomach) and you tell me it affects my brain. Now, that is just giving you an idea of just how much knowledge there is out there. I think we really need to step on that and see how we can educate people.

When we talk about how the client or person is affected, I am looking at how it affects the person within the family and how it affects the person within the community. We find that within a lot of communities, and unfortunately of course, most of the communities I have been visiting are Aboriginal, I find there is gross family dysfunction. This family dysfunction in turn is leading to frustration, it is leading to all sorts of behaviours that are encouraging violence and other sorts of behavioural problems. School attendance and learning performance is very low, there again, because of consumption, nutrition, domestic violence, street violence, vandalism, property damage, which has all been mentioned; chronic disease, which a lot of the people are suffering from. And it is sad when we see someone who has not even reached 50 years of age being carried away in a body bag because he has been using substances and using substances without having any knowledge as to what it was doing to him. There is of course, brain damage, which results in chronic care needs that hospitals and homes have to put up with. Cultural neglect is a major issue, especially in East Arnhem because the people in East Arnhem and probably West Arnhem as well, I can not talk for that because I have not been there, but their values and their culture are really very high. As a matter of fact, I am sort of almost prepared to say almost higher than any other Aboriginal community in Australia. Maybe parts of central Australia may be very high, but their cultural value and the way they live by their culture is still very, very strong and that is being damaged by the younger people that are drinking. There is family and community disharmony, of course, that follows, as well.

Ultimate gloom eh. Where are we now. Rather than sort of use myself very thinly in all the areas, I have tended to concentrate on two communities, and they are Angurugu in Groote Eylandt, and Gapuwiyak over here on the mainland. And their problem, at that time, although they have got all the other problems, but they said no, let's concentrate on petrol sniffing because it is the petrol sniffers that are causing all the damage in the communities. So we did that, and there are some communities generating initiatives to solve the problems their way with assistance from AOD workers. So rather than go there and do something, I am going there and identifying strong people within the community, educating them, and hoping that capacity building will help to spread the word and also assist me in my job. Family coping workshops which we have had in two areas so far, in Anurugu and Yirrkala, are really proving very well and at these workshops we usually supply the families with coping strategies, how to deal with people that drink within the family and so on. And from that area, we are trying to address the family dysfunction problems. Petrol sniffing is on the decrease. I mean, in places like Gapuwiyak, and I have mentioned, and have been mentioning, their names and they are quite happy with that; we have dropped from 45 to 5; I think it was six yesterday, or the day before, and one has just gone to Darwin, to Cowdy Ward for further treatment and assessment.

So I think it could happen and I do not think it is all gloom. But there again, I would say we need to start concentrating on education, because why has this really succeeded? Because I have actually sat around campfires with the petrol sniffers, a very dangerous thing because most of them are smelling of petrol at that time, I have actually sat around the campfires with the mothers, the fathers, the teachers, in these communities, and we have discussed. And they have asked why, why do you petrol sniffers get violent? And when they actually go through the fact of how the brain is actually affected and that in turn produces behaviours which they are not really responsible for, they really can't believe it. I mean, they are literally sitting down now with their kids, and saying, sit down, this is what petrol is doing to you. Now, I think this is what we

have to start doing. I am not saying we need more educators here. What I am saying is we need more people to go out into the communities, to teach the people there how to manage their affairs, rather than make people like myself have to go out all the time.

Communities are enthusiastic to address their own problems in their communities of course. A lot of them are very jealous of their communities, in the sense they do not want any misdemeanours to get out, they want it to stay there and they want to deal with it there, rather than get a bad name with the other communities. The real problems arising from drug use, of course, is there are only two workers that I just mentioned in East Arnhem. The second, that we have no indigenous staff. I did work at one time in Central Australia, and there was just myself, but we had four, what we call cultural brokers, four Aboriginal people working with me. And we were able to cover a very vast area, from Katherine right down to Uluru in dealing with petrol sniffing. And this is going back nearly 12 years ago. And that was pretty successful really, I do not know whether the program is still carrying on or not, but that is what we need here, we need more Aboriginal people working with us as cultural brokers, that could really come out with us. Just to give you an idea, I mean, I can sit in front of an Aboriginal community and talk for ages, I will get one of the elders or some person known in that community and he would come and he would say what I had said in a few words, and they have understood it much better, they have taken it much better and they have accepted it much better. So we definitely need that put into the job.

There is a lack of real job training and shortage of youth activities in all of the communities. There is lack of employment. All these points have been brought up. Minimal counselling services and minimal police intervention, no fault of the police, I suppose they have staffing problems as well. Points that have already come across, already mentioned, are health, where you get plenty of liver, heart and kidney disease, there is brain damage, there is chronic lung disease, there are infections due to personal hygiene. From the community administration point of view, quite often community councils can not function because of violence, that is really brought about them, and when we talk about cultural stuff, I talk about the spiritual stuff as well. Things like – which I brought up at the conference I was at not too long ago, that could not be answered, was things like black magic, things like cursing, those are very real things within communities. I mean, somebody gets drunk and that somebody could be somebody of some importance, and if he stands up and curses, that place closes. He will just go there and say the council is cursed and the office has to close, the business closes. And the same thing happens with the shop, same thing happens with the clinic. Now, these are real sort of management problems that we have got to really start working up against, as it were.

Employment training, there is a lot of disinterest, you might say, and also being unfit, and that is a reason why people do not work. Alcohol and drug withdrawals, they are all to afraid to go and work when they have got a job because they know fully well that after an hour or so, if they haven't had a drink, they are going to go into withdrawal, and because of that they will either not go into training, or they will just absent themselves if they are in there. Some of these alcohol and drug withdrawals are pretty severe, and I think we really need to bear in mind that the worst drug withdrawal that anybody can suffer is the alcohol withdrawal. People always think in terms of the higher, more sophisticated drugs, but people, if they die, they do not die from withdrawal of those drugs, they usually die of overuse of them or abuse. But alcohol withdrawal is the highest in the world for deaths that might come from that. So we really need to concentrate and think of people when they say they can not come because they are going to start shaking, it is a little more than a shake and a sweat. I think we have got to start thinking in terms of their lives as well. Community and family disharmony. All points mentioned have led to frustration that have contributed to apathy and disinterest, they are disinterested in the community. That is about what I have got to say.

Dr LIM: I want to ask you why you think health staff are a target for violence in the extreme. You know, about staff intervention between the attacker and the victim. Could it also be a reason why they attack staff, to get access to the vehicles. Would that assumption be right?

Mr WATSON: I think there are three references to the vehicles actually being stolen. No, it seems to be that they are outside, they are an easy target. Certainly the community is aware the vehicle was attacked for that long run. I went down and had a discussion, you know, was there something cultural in it we were missing, because all of these communities are individual here. You know, you go from north to south, there is a striking difference. And so my conversation centred around, are we in fact parked in the wrong spot, has someone built the clinic somewhere totally inappropriate, 20 years when they put it there and you are still aggro at it. Is there something even offensive about the colours, should we be changing it, and camouflaging it, you know, was red and white the wrong colour, really clutching for the incredibly daft that we may have missed or the incredibly obvious that we may have missed. And the guys went no, it just stands out.

Dr LIM: Where you have the keys hanging on the door...

Mr WATSON: That is what I was saying, most of the time they are not knocked off and it does not appear to be the intention. There are a number of cases where they are, but it is simply, the window glass in particular, it is good fun to smash, and the vehicles, because we can not secure them during the day, as ambulances we want to be able to get in and drive them, so they are sitting out, they are obvious. It seems to be nothing more than that.

Mr McADAM: I was going to ask Mark, sorry.

Mr WATSON: Yes it is Mark.

Mr McADAM: It is an excellent report, so congratulations on that. Given the significant number of incidents, right, and a lot of it has been going on for a long period of time, and it must be very distressing at a community level and from a management perspective. What action are you taking in terms of trying to liaise, talk to community members, or vice versa. I mean obviously, there must be some mechanism which allows Territory Health to go in and identify a community and say, we've got an issue here, we've got a problem, and then maybe take up John's point with regard to cultural brokerage. I mean I am not condoning the actions of this - not for one moment, but there must be a mechanism which allows Territory Health to respond to some of these concerns. Not necessarily you, but someone out there who can come in and say listen what is happening is not acceptable here. Now there has to be something in place where we are going to have to come to some sort of agreement. Does that happen?

Mr WATSON: There is a departmental aggression policy which I have with me.....

Mr MCADAM: No, no, no. You can have all the policies you want in the world, what I am saying is, is there actual practical demonstrations in a practical way. Policies mean nothing.

Mr WATSON: Okay, yes, and there are a series of responses used and they are situation specific. Certainly the tendency at the moment is to when property is damaged for example always press charges, so it is an automatic deterrent, that is not a position I started off in when I came here three years ago, but it is the local East Arnhem position, and that seems to have had a significant deterrent effect. In fact, community members will now cite it in some communities when someone misbehaves, "you will get charged, you should have behaved yourself". That does seem to have had some impact. Clearly there is removal of services, be it closing the clinic for a day, closing it for a couple of days, removing the staff from town, but that comes at a cost and it leaves the balance of the people in the community at risk who were not participants in the problem. That was my comment earlier that there is a bunch of good people out there who are in difficult circumstances and I am looking for support and resources to let me service them.

Mr MCADAM: That is why I am asking you. Sorry mate I just to want to continue this point for a little bit. Okay, so you have taken those sorts of responses, but I mean like calling the police that is great, closing the Clinic that is great but are we dealing with some of the issues in the community from Territory Health, Education too, I mean I am not just picking on Territory

Health. Is there a concerted effort not necessarily on your part but on the part of Territory Health to come in and deal with these sorts of issues. John might have hit on the head to a certain extent with regard to the education side of things. He talks about cultural brokers but I use that in a very loose sense. What I am saying is, we are talking about very serious issues here. I am asking you if you are employed by Territory Health, are you?

Mr WATSON: Yes.

Mr MCADAM: Okay, well let us cut short. Are they doing enough in terms of dealing with some of these issues out in the community? Not through this policy of aggression thing. I am talking about at a practical level to try and address some of these issues in the community.

Mr WATSON: Ah, well.

Madam CHAIR: Can I remind you that you are protected by parliamentary privilege.

Mr WATSON: I may be yes. I have to say it is trying hard with the responses probably inadequate, we would not have a list like this, so we are desperately trying but the response is inadequate, and one of the reasons I am here is I am searching for the good response.

Mr HOPKINS: If I can add to that just briefly. In Anuguru for example where I go, we go there and do what is called anger management programmes. Now we sort of are literally targeting petrol sniffers and the youth over there that are causing the problem and it has sort of changed. It has sort of just changed the whole community now and the anger has definitely reduced you know I think what we must remember it is sort of not a negative sort of remark but I think most of the Aboriginal people are very, very sort of quick tempered. I mean with a flick of a finger lose their temper and I think that is why I am thinking in terms of anger management where they have to look at other areas, or other ways of addressing their anger rather than just getting violent straight away.

Mr MCADAM: That is only with the drunks isn't it half the time it is anger.....

Mr KIELY: Mark, look I have gone through the stats, I am a bit inclined to feel like Elliot, I think a bit more can be done at a departmental level, but if you just go to your stats here for the period to February 2003, where you did the research on security for staff, but when I look at some of the incidents, I will just tick over a couple, you have relevant cases listed but it really comes down to aggression towards the staff members, you know, you have a drunk on the premises, is whether the incident was an aggressive incident or on one of them, the 23rd February, "became verbally abusive when found on premises drunk" I thought yes, that is an aggressive tendency and I would stat that one up, but, "very drunk male holding child, very unstable on feet, police escorted out of the building". You know I just, you have caught all the incidences of people in the hospital precinct that may have been under the influence of some sort of substance but as far as security issues, I do not think you have mentioned that their actions were direct threats at staff.

Mr WATSON: I made the point that the hospital one was an attempt to catch everything and where the staff member has been concerned enough to write it down. Now it maybe simply that to them confronting a drunk was concerning them because they were uncertain of their behaviour. We have made no attempt to screen them out in that one. We admit that. We are trying to get a footprint on the size of the problem because the problem is we tend to get under reporting. So we sat on the staff and made a series of tick sheets up, so the responses are extremely basic in that as well. It is not a full incident report and try and get a good grip

Mr KIELY: Well did the staff fill out incident reports?

Mr WATSON: We do yes.

Mr KIELY: I think that would be a good indicator.

Mr WATSON: They are.

Mr KIELY: Now when we go to Attachment 2, it seems well, these go back to data from February 1999, basically back to 2000 when you start. On this particular set of data has there been any thorough analysis about it. You have the communities identified as A, B, C like that, have you had a look across individual communities on one hand seeing that there might be a higher incidence of aggression? These are pretty serious incidents by the way.

Mr WATSON: Yeah, it contains the full range from minor to serious.

Mr KIELY: Yeah, I am talking about analysis of these and the cooperation between you and the police service as far as saying well look, we can see here that there seems to be incidents here, this is where a bit more cooperation from the service over there, or for that matter directing and forwarding the department for more resources if say Community B is showing a tendency to be fraught with more or a higher level of aggression. But what I would like to say about this, and I was happy to hear you say it, and for the past three odd years now you have put in a zero tolerance policy towards violence. I think historically that has been missing out of the Nurses are very much in the front line on communities, and I should show my colours, I have worked in the area and I think that we have conversations before, and I believe that the agency should be more aware of it because when a nurse is called in to patch someone up or someone is on the door step presenting due to alcohol related or family violence, well you can bet there is going to be some aggressive tendencies closely associated with that contact. But now it is up to the department to get these procedures in place to really hammer it home. Zero tolerance is the best way straight up and get any perpetrator, and I think closer links with the police service is highly commendable but I really think the department needs to get strong linkages back with council in getting those procedures strong again and you have the aggression policy there. You know, enact it, you have your family violence officers getting out and about, and you know if you get local procedures in place regarding violence. Look I can tell you now that at Maningrida on barge day and barge night, anyone who presented who was all cut up, and they were cut up because they were sorry, well they did not get patched up that night you know, and that was a local agreement and it saved the nurses from getting into the firing line.

Mr WATSON: Certainly alluded to. We realise policies and there has been two in that period and it is an issue that the department is developing its procedures on, working on. What we do not have is the magic bullet that solves it, but yes there has been serious efforts talking with the police. There have been meetings with the police and community councils and there are a variety of systems in place. But ultimately, at least the East Arnhem experience is, each community is different and each episode is different. It is like looking for the cure for cancer. We are not going to solve it with one pill or one formula, it is in fact you need to consider each individual problem separately and in one community there is a response, maybe you would pull people out, in another community you may leave people there for extremely similar circumstances. Interestingly the council that has had a couple of the serious assaults, I commented on they were non-representative, but that is probably my most supportive council, yet it shows up with the most serious, relatively high number of serious assaults. I talk to local government, they are not particularly impressed with that group as a council functioning, but I am sorry, generally in terms of the health clinic, if I need something I know I can get on the phone to that council and something will happen. There are other councils where you have low stats, but they are indifferent to the clinic, and it is, maybe they are doing a better job on the community, but it is individual.

Mr KIELY: How does your data compare to the communities which don't have a - do you get access to data in communities if they are not government clinics such as

Mr WATSON: Galiwinku is a non-government clinic.

Mr KIELY: Do you have any data on them?

Mr WATSON: I have no firm data. I have had a couple of conversations and I get one report from one area and a different report from another but I have nothing I can work on.

Ms CARTER: Just a few questions about the tables and graphs. With regard to the graph that talks about assaults and aggravated assaults, what is the difference in your definition between assault and aggravated assault?

Mr WATSON: An assault did not require treatment, aggravated assault required treatment.

Ms CARTER: So for example, an assault could be a bruise, but an aggravated is a laceration.

Mr WATSON: That is basically it yes.

Ms CARTER: And another question, on the graph that talks about the response from police coming to incidents there is one of the graph indicators is possibly the time line, is that in minutes?

Mr WATSON: It is one of the typos. I have actually left the time line off that. I can give you the actual figures for that .

CHATTER

Mr WATSON: Yes I actually scaled it up to make it fit on the graph because the two were not related but I can give you the estimated response times if you, they are written. Response time in hours for Community A was 0.2, Community B was 0.5 so half an hour, Community C was three hours, Community D three hours, Community E four hours, Community F was

Madam CHAIR: Communities outside of Nhulunbuy

Mr WATSON: Yes

Madam CHAIR: This is where they do not have resident police?

Mr WATSON: Do not have resident police.

Snr Sgt JENKINSON: I can say probably all the bad ones aren't mine.

Mr WATSON: You are correct in that assumption.

CHATTER

Mr WATSON: No, so some of it is done from Groote Eylandt, that is Alyangula police and they do not have a plane on standby. So whilst they might be quite close to Numbulwar, by the time you report it in, they locate a plane and get to Numbulwar, in most circumstances you are expecting about five hours if you are going to actually get them there.

Ms CARTER: Thanks Mark, Richard has shown me what that means and the final question I have is in the back part of the written details where it says for example Community F, as in the column there is that the same?

Mr WATSON: It matches, yes.

MS CARTER: Thank you very much.

Mr WOOD: Mine is partly comment and partly question I suppose. I notice that the Health Departmentsthat haven't worked on communities for about 14 years and being in local government I know certain members of local government who are under a lot of pressureone areacertainly an excellent in comparison with what is happening, there are certainly other areas.....

Mr WATSON: Certainly my attempt has been to paint a picture. I do not claim to be a statistician, I am ultimately a nurse, I have got some other management qualifications but I am going, I keep trying to explain this picture to people outside and they cannot believe me so the overwhelming attempt there is not necessarily for accuracy everywhere and I have just lifted summaries only to paint the picture in terms of what the staff are facing.

Mr WOOD: Is there any breakdown of whether the person is affected by alcohol, ganja or petrol?

Mr WATSON: For the communities, as I said, it required an incidental mention in an incident report. If the nurse had not mentioned it, so where ganja was mentioned, yes and that is why it is listed but it is definitely a poor second cousin to alcohol in terms of mention and petrol, again, a poor second cousin to alcohol in terms of mentions but it is the one spot from which I got the poly-substance abuse being reported. No-one at the hospital even looking through hospital incident reports reported poly-substance in terms of someone presenting at the door.

Mr WOOD: My daughter actually works for the Commonwealth Government in Kununurra, visited the community out there where the clinic is actually totally enclosed in arc mesh and her vehicle had to park outside and petrol sniffers smashed the back window of this brand new vehicle so there is , you know a whole, you know, this substance abuse creates a whole range of problems and that is why was going to say to John, I do not really accept that anger management will do any good for a person under the influence because once they are under the influence, their brain is ticking over and saying 'I went to anger management course and I know what to do now'. I reckon that the problem that they have got is mainly alcohol and I am not saying other problems and I know we are looking at police, having more police but I wonder if we are catching things at the wrong end and part of our job is to see whether we can reduce the amount of alcohol abuse and substance abuse instead of trying to catch up from the rear end.

Mr WATSON: Certainly we divided the job into two here. I am talking about fighting the crocodiles and John's job is to drain the swamp. My argument is we probably can do both at the same time but we need the resources to do that and certainly we probably need to separate these two jobs, much as we do not, because clearly, if I go out as the person fighting crocodiles, they are not going to want to listen to me, when they talk about draining swamps, which is why we divided in half. As much as we sound like, you know, I am going, 'give me police' and he is going, 'give me training', we are in agreeance, we need both. The problem will not be solved by one alone.

Mr LIM: I do like your approach Mark, but the question I have got is for you John. Talking about the work you do with petrol sniffers, you say you spend time sitting around the campfire talking to the users as well as the family and other support people including Aboriginal brokers. What you are telling us is that you need community development officers. That is what you are talking about, in the old days of the, you know, the field officers that are ...

Mr HOPKINS: Exactly.

Mr LIM:and providing, you know, capacity building within that community.

Mr HOPKINS: Exactly, what is lacking, in the communities is that there is no capacity and I think you are right, I think we have got to build that capacity there with the resources , education and anger management, it does work but

Mr WATSON: There is a place for it, yes.

Mr LIM: My second question is: Have you looked at the – here we come from Central Australia again. Have you looked at the Law and Justice Strategy that has been used in say Ali Curung and all those places where it seems to have worked and somehow looked at how you do your own medical model as well?

Mr HOPKINS: Well, I think, yeah, I am quite in agreeance it does work there and from there I moved to Queensland really and over there established diversionary centres for Queensland spending eight years working out there and sort of, just to argue my point, I mean we had some Indigenous people, which we started with and in four or five years time, we had the diversionary centre almost run by those people. So I think that is what education does. They have not stopped drinking, they still drink but it will be during weekends, during days off, we have taught them, you might say, how they could drink, and actually socialise and no more. So, yeah, and that is capacity building there because they are the ones that are going out and they are the ones that actually talk to the people, they would listen to them before they would listen to this bloke you know.

Mr McADAM: John, I have just got one question. Richard has asked my other. What about in schools, classroom, what sort of focus is there in terms of alcohol and other drugs education type programs? Is there a set thing, interaction between Education and .Territory Health?

Mr HOPKINS: Well there is very rare interaction. Unfortunately, I think the Education Department have their own protocol in the sense of what could be delivered to kids and there, I think, most of them seem to feel that they have got their own educators within the schools. But having said that, in terms of the communities around here, I have gone to the schools in Milingimbi for example and that is doing very well and we go there and leave it literally to the kids to say, 'what they are going to talk about today' and we take it up from there without necessarily going through any protocols set by the education department but that protocol is definitely stopping us in places like Nhulunbuy, the school has got their own educator here.

Mr McADAM: They have got their own here?

Mr HOPKINS: Yes.

Mr KIELY: Mark going back to looking after nurses, John sorry, if the police apprehend someone and they get hurt do they claim victims of crime compensation? Correctional Services people I think manage it. But, I do not believe that nurses have this culture of putting in claims when they are attacked by patients. They are victims of crime. I mean.....

Mr WATSON: When you raise that, I think I could think of one case where that may have occurred out of my entire time here. The difficulty in fact is in getting the nurses to even put the case up. My understanding of the legal situation is at the moment is, where property crime occurs, I can press charges on behalf of the department and where the individual is assaulted, it is up to them personally to press charges. We can support them in it, but we cannot press the charge.

Mr KIELY: Well the charge doesn't - you don't even have to have a perpetrator. I mean I think it is something we should look at as far as ...

Mr WATSON: It is an interesting avenue, I would be happy to.....

Mr KIELY: I think it is something you should explore.

Mr WATSON: Thank you. Wayne Jenkinson is obviously would be the one to talk upon the legal situation.

Madam CHAIR: Can I just ask you one question?

Mr WATSON: Certainly.

Madam CHAIR: In terms of your clinic and I suppose some of it was coming from what Elliot was saying, in terms of the department's role and the process that it takes because we all know that a lot of communities where these health centres are have historically been separate within the community and we need to look at how partnerships and stuff is happening within the community and dealing with the issue of violence. I know such a region where that development did happen and they managed to eliminate the violence quite dramatically. I mean the violence decreased. My question is, how many inmates, how many Aboriginal health workers are employed in those clinics, with the nursing staff.

Mr WATSON: It varies from clinic to clinic obviously. In most cases there would be a rough parity, so they've got one nurse, there is normally one health worker. So we have clinics that do have one nurse and one health worker and I think our largest clinic has four nurses and five health workers. But I need to check on those numbers – with ten clinics the numbers get a bit blurred and that was not one I refreshed myself on before coming down here. So, it is usually around about even. Obviously it depends upon recruitment opportunities at the time, so you can for example find, for a period of time, you will have no health workers at a particular clinic. Then sometimes you can have three or four health workers off for cultural reasons and then they will all return at once.

Madam CHAIR: If there are Aboriginal health workers and nurses in those communities, who is the first on call, how is that arrangement, is it the Aboriginal health worker or the nurse that is usually on call?

Mr WATSON: Again that is a procedure that would vary with the clinics. The natural preference is to try and use the health workers as first on call because they are normally resident in the community long term, and it is usually their homeland out here, so, the trouble is that is extremely wearing for them, being constantly on call and of course their housing usually is not as secure, they are often not in government housing, so they are much easier to be humbugged. So, to do that continuously is in fact an unfair burden and in some cases it makes it the job from hell frankly. Aboriginal health workers continually impress me in terms of what they put up with.

Madam CHAIR: Has there been much recording of violence against Aboriginal health workers?

Mr WATSON: If you go through there, you will see a number of mentions. They certainly do get some violence against them, I think it is often under-reported to me because it is their community and it is challenging for them to report. There are certainly occasions where we have evacuated staff, I think I have only pulled health workers out on three occasions. Normally they either choose to remain in the community or will go out to a homeland and get out of the way rather than come out. The offer is always there and as I have said, on occasions they have come. And that is a very good indicator of the seriousness of the problem.

Madam CHAIR: So the under-reporting is this the pressure from within the family.

Mr WATSON: It is their own community and I am very reluctant, you know, my staff, nurses, they are there for two or three years and they can move on but this is where these people have got to live long term. So, I admit it is there but I have to defer to their judgement in terms of what they want to report.

Madam CHAIR: I am very conscious of time and we need to get to round table discussion but certainly there are still plenty of questions. But I might just call a halt there. Thank you Mark and John, are you staying?

Mr WATSON: Yes, we will and thank you for the chance to present.

Break.

Madam CHAIR: I am very conscious of time...

Mr CLOUGH: Thanks Madam Chair. I have given the members of the committee a copy of the letter and just to read out the first paragraph of the letter. I am submitting some material to you, and just pointing out that while most of the material I am submitting is based on published papers that are actually out in the peer reviewed journals. The evidence I am going to give here today does not necessarily represent the views of my colleagues on those papers nor just it necessarily represent the views of the Menzies School of Health Research. So while I am here as a Menzies School of Health Research worker, my views are my own to this committee.

What I have given you there, Madam Chair, and I am going to speed this up if I can, I have given you some published material. Item No. A and No. B relate to issues surrounding kava. I have been doing research on kava in this region since 1998 and I am just now completing that kava research project. Those two pages I have given you are some of the work that has been published from that study. Items C and D relate to material that you may already have seen in the form of a submission via Scotty Mitchell from NT Police, last year. At that stage, this material, which I had shown to Scotty was not published but he was keen to be able to talk with you about it so I was happy to let him do that. The material is now published so Items C and D are included for you there, and I am happy for the committee to use it in the way they see fit. I have circulated to all members of the committee, items E and F, especially, they are the ones I am going to try and focus on today and I will try and do so very briefly.

Item E is the powerpoint slides of a presentation that I gave at the Australian Professional Society of Alcohol and Drugs in Adelaide in November last year. That society hosted the national meeting of the illicit drug strategy research projects that had been funded through the National Health and Medical Research Council, of which I am the chief investigator on one of those projects. The project is called *Cannabis Use in Two Remote Indigenous Communities*, as you can see from that first slide there. The very last slide actually acknowledges the funding sources, which are the NHMRC and the National Illicit Drug Strategy, and there is also a contribution from the population health division of the Commonwealth Department of Health and Aged Care, and that grant is managed through the Menzies School of Health Research. So I was summarising some of the results of the study so far, and the second slide there which is to the right, the slides go from the left to the right and then down the page. On the first page of Item E lists some of the co-investigators on the project and you can see Dr Chris Burns' name at the bottom of the list. When we developed this project, Chris was not the member of the current government. He now is, and he has now resigned from being a co-investigator on that project.

The locality map, the third slide, does not disclose the location of the study but for the committee's information, those two communities; I have called them community A, which is essentially the Groote Eylandt indigenous communities surrounding the community of Alyungula on that diagram; and community B is in fact the Yirrkala, Lanhupuy Homelands precinct in the vicinity of Nhulunbuy. To try to get right to the point, the fourth slide there summarises the information that we were able to collect about cannabis use, current cannabis use amongst indigenous males and females aged between 13 and 36. When I say current cannabis use, they have certainly used it within the past year, and based on the interviews that we also conducted as part of that information collection, it seemed that most of the current cannabis users had used it within the previous week.

Dr LIM: I am trying to read the small print, the white is not currently using, is that what it says?

Mr CLOUGH: That is right. The dark areas at the top of each bar represent the current cannabis users in each of those age groups, through the 13 to 36 range, and they are three year bands. I am sorry for the small print, it reduced right down. They are three year bands and the top diagram is for the males, the bottom diagram for the females. The broad summary of that is at the moment, here in this region as represented in those community areas, about seven out of every 10 males in those age groups and about two out of every 10 females in those age groups are using cannabis on a regular basis. This information at the moment is unique as far as I can tell, around the country. It seems that anecdote and community surveillance give us the impression that we have had a rising cannabis use rapidly, especially over the last five years, in many of the remote communities. And it seems from the intelligence I have been able to gather elsewhere, that same rise is taking place in Central Australia and even in Cape York, and even in the Kimberleys at about, it seems, the same time, give or take a few years. And that is something of a phenomenon, and this information here has documented that trend, I think, for the first time, and I have also referred to it in those papers that I have submitted to you.

In terms of comparisons with other jurisdictions and published information that we have available, the 5th slide on the bottom left here tries to look at those issues. If we just work down the males column there, community A is the community in this study, with the age groups 13 to 36, and this information was collected and compiled in September last year, so it is as current as it can be. In community A it is slightly higher than the regional average, so about three quarters of the males in those age groups in the Groote Eylandt precinct are currently using cannabis, and in the Yirrkala precinct, about six out of 10 of the males in this study. The females, a little bit lower. The Groote Eylandt ladies seem to be a little bit further down the track than the local ladies around here, but at the time this information was collected, it is quite possible that what we were looking at was a developing pattern of use rather than something that had stabilised. So when we follow this information up we might be able to improve upon the precision of these figures.

Ms CARTER: And that is within the past year.

Mr CLOUGH: That is certainly within the past year, but through interviews, we learned that most of the cannabis users were current users within the past week, so they are regular users. The other information further down that table, comparing it for the whole of the East Arnhem region; which again, is unique information, actually contained in one of the documents I have submitted to you. For the whole East Arnhem region back a couple of years ago, in 1999, about half of the males, and about one out of 10 of the females. And in one community, in fact that community was Lake Avela down the road here, when we surveyed and interviewed people back in 2000, the story was about half of the men and about half of the ladies in those age groups were using cannabis at that time. Now, comparing those two published statistics for the whole of the Northern Territory, which is the next line down in that table, in similar age groups, this is the whole of the Northern Territory; it is the total NT population in those age groups including the Aboriginal population. You can see that that figure for the NT is a bit lower, and if you look at the Australia figure, similar published data from the same national survey, the NT is ahead of the rest of Australia already, and community A is right at the top of the list for both males and females. Now, the differences might not look so stark there but in fact, when you look at the published statistics for the whole of Australia, they define current use as having used it at any stage within the past 12 months. So it is not necessarily paying any attention to the people who might have used it recently, which would bring the proportions down considerably. So we have a situation here which is pretty new and which is quite dramatic and seems to be widespread, based on the anecdote.

Dr LIM: Having not used it myself, what is the attraction? Is somebody really pushing it very hard or is it something that you have a great attraction to because of its recreational use.

Mr CLOUGH: I really do not know, Richard. I really do not know what would have caused this sudden interest to take place

Dr LIM: Yeah... whether users are actually pushing it very hard in a concerted program to increase the use of it.

Mr CLOUGH: Wayne might have some comments on that, it is more his area than mine. But it seems like a market was pretty readily and rapidly established, pretty much at the same time right across certainly the top end.

Mr KIELY: Given the going rate for a bag, given that chances are that these kids that were getting no money except for the dole money which, I do not think it suddenly breaks on communities where they have a for money. I mean, how is such a high proportion of users able to be economically sustained?

Mr CLOUGH: The short answer to that, I believe, like with other substances in the illegal trades, is that they charge what the market will bear. The available cash is disposed of in order to acquire what is needed.

Mr KIELY: So you are not sort of looking at one.... Like one day it might be a couple of hundred bucks and then becomes one hundred and fifty.

Mr CLOUGH: It can vary enormously, but the information I have, it is not actually summarised but it is alluded to at the bottom of page 2.

Madam CHAIR: Do you know what they are doing in some communities? I mean, there is a real credit book up system.

Mr CLOUGH: A book up system, is there? I am not surprised.

Madam CHAIR: Which is causing us a huge problem, I mean we have problems with book up in stores, which we are trying to eradicate. Yet this book up of credit in terms of ganja is becoming quite an issue.

Mr CLOUGH: Not surprised. Just to summarise the intelligence we have about the economic impact, it seems like a bag of material that you can purchase a moderate quality for maybe \$300, you used to be able to do it at Foils and Moil but you can't do that any more. You used to be able to purchase it for \$300 there, you could turn that into \$1500 back in the communities. If it was better quality material, that you might pay \$400 or \$500 for, you can sometimes turn that into \$4000 or \$5000 out in the communities.

Mr KEILY: By breaking them down into those little bags.

Mr CLOUGH: Yes, and they contain no more than a gram, certainly a lot less than a gram, postage stamp sized plastic bags. Incidentally, I bought some of these locally here in the newsagent, just to try to simulate the size of the bags, and the lady behind the counter correctly looked me up and down. So we have a concerned group of retailers in this community.

Mr KIELY: You may be entered on the police data base.

Mr CLOUGH: So the economic impacts could be quite considerable and I am actually trying to work up those figures to quantify it at the gross community level at the moment. If I could just take you back to the slide at the top right hand side of that same page 2, it did not come out too well in black and white and it is a small scale, but basically what that is trying to say is that current cannabis use patterns have compounded existing patterns of substance use. Those overlapping circles there are trying to represent the fact that cannabis users do not just use cannabis, they are poly drug users and that black dot right in the centre there which is actually inside the cannabis using dot is the first firm evidence we have of amphetamine abuse in this vicinity. And that actually represents an admission to hospital, Mark's hospital, for a some sort of

acute neurological event that the clinician diagnosed as being a response to amphetamine abuse.

There is no evidence for any illicit injecting drug use, in the region that I have been able to find, although there is enough conversation about it in interviews to alert me to the fact that people are aware of the practice. That is about all I can say about injecting drug use at the moment.

Essentially what that diagram is saying is that most of the cannabis users also use tobacco. They also tend to be either former petrol sniffers or be currently sniffing petrol. They also tend to use alcohol, but they tend not to be kava users. The two are not associated. It seems like kava use is an older persons occupation. It is the activities of younger people we are talking about here and they are just not associated. It seems overall kava use might be growing out of the population, that is my feeling.

Mr HOPKINS: What age group did you say

Mr CLOUGH: Well this information is for 13 – 36 year olds, but it is certainly the older people who more frequently are kava users than the younger ones who are not included in this survey. How am I going for time?

Madam CHAIR: About another 5 minutes.

Mr CLOUGH: Five minutes. I will try to wrap it up. The essential point of what we were trying to come to in this particular piece of research and which is reported in the Medical Journal of Australia letter is that current cannabis use that overlaps a background of petrol sniffing is probably an unusual clinical situation that might have not only clinical consequences but perhaps psycho-social consequences and I heard enough of Mark's presentation to think that we might have something in common to talk about here

If I can move quickly to the prospects for interventions. I am now on page 5. Top left hand slide on page 5 summarises the suicide events that have taken place in Community B, the communities nearby here since the first recorded successful suicide in 1992, and unfortunately I have to report as you are probably aware that we have to update this list as of last week, and more recently.

Mr MCADAM: Was that a shooting or a hanging?

Mr CLOUGH: Both of the recent ones were hangings. In terms of cannabis use in particular and its association with these serious events my sense is that the best we can say at the moment is that within that poly-drug use kind of situation that we are talking about we are looking at at least an acute disinhibiting effect of intoxication from cannabis and alcohol compounding existing psycho-social factors, and those psycho-social factors may well be chronic ones that relate to long term histories of disruption, dispossession and there may also be an acute one that perhaps relate to family disruptions, marriage issues, and those sorts of cross cultural types of issues that are peculiar to young people in love and star-crossed lovers, which seems to be a frequent type of syndrome here. Probably enough said there at the moment. I have no answers to that but it is certainly a difficult situation.

Dr LIM: In some communities they have suggested that heavy use of cannabis trips a psychosis irrespective of whether there were any other factors involved in the tripping of this psychosis by usingHave you got any comments on that?

Mr CLOUGH: Well that makes most sense to me. A direct causal connection is very difficult to make in any population and we just do not have the information in this population to be able to do so, but I think it is most sensible to assume that that is going to be a risk in this environment.

Just a comment briefly on the prospects for interventions. I have stripped this presentation of some of the photographs of individuals I had here. There are no dramatic photographs I am just deidentifying things for everybody. In some places the education interventions that have been available have been based on certainly good intentions, but unfortunately they have come equipped with the moral messages that the missions tend to be burdened with, and abstinence has been the gold standard. And quite clearly, we need to move to some more creative harm minimisation strategy, particularly with reference to this group and we need to certainly take into account the possibility of an existing burden of neurological disruption that may be related to the burden of petrol sniffing, perhaps overlaid with the current patterns of cannabis use.

Now we just return to Richard's comment, he has prompted me to think of the psychosis issue. We were not in our analysis here, and perhaps I can come back to it later on Richard, in our analysis we were not able to correlate the amount of cannabis that was being used by individuals with the indicators of psychosis we were able to define. However, that stands pretty starkly against the clinical experience where on many occasions you have acutely intoxicated individuals who are incorrigible in the communities needing to be evacuated to the mental health facility in Darwin, in Cowdy Ward. By the time they get to Cowdy Ward they have sobered up and they are straight, and so there is nothing those individual service providers can do at that end with those people at that stage. So they send them home, or into the revolving doors. So it is clearly a problem

Dr LIM: The toxins or whatever have passed through the system so in fact they are sober again.

Mr CLOUGH: So we have acute issues there that we need to be creative about finding ways to intervene with. And it is certainly a dramatic issue at the community level because acute issues seem to come in the communities with the additional demands for resources to purchase cannabis and if those resources are not forthcoming then, and this is not restricted just to males, then violence can be the result. So the communities seem to be bearing a lot of the burden of the acute issues of cannabis use and when you add it to the prospect that it is involved in the cocktail of risk factors for suicide, it is quite serious out there at the coal face. But the service providers in Darwin do not necessarily see all of the serious aspects of that. I think I am going to stop there and perhaps offer to talk with you again at another meeting to go into that in more detail.

Madam CHAIR: I would like to have the opportunity to go through that information.

Mr MCADAM: I think you have raised the issue of dollars expended in terms of cannabis. Can you try and quantify those or.....

Mr CLOUGH: I have quantified it in terms of the profit rates based on intelligence I have been able to glean from interviews with the young fellows in particular, but what I am trying to do is to come up with an estimate of how big the trade might be in these communities based upon what I am able to find out about levels of use and the proportions in the population. I have not done that yet.

Mr MCADAM: You know I am not a social scientist butwhat about alcohol?

Mr CLOUGH: That would probably be just as hard to do since alcohol is problematically illicit in most of the communities in this region. Almost all of them are dry or are restricted, and so at the level of the community the ability to identify quantities of alcohol available coming into the community is faced with the same sort of difficulties of estimation as does cannabis.

Dr LIM: But is it the problem that alcohol is legal therefore you are trying to quantify it is difficult, cannabis is illegal, to quantify it to try and then somehow deal with it you are going through the underground systemthe harm minimisation of an illegal drug

Mr CLOUGH: It is a very difficult issue, but to answer Elliott's question more directly, in one of the papers I have submitted there to Marion, I have tried to quantify cannabis, alcohol values alongside tobacco and kava in one of the communities and I can rank them for you. It is very hard to actually put definitive figures on them but it seemed like it cost substance users in that particular community a whole lot more and about the same to be tobacco smokers and kava users than it did cost them for using alcohol and cannabis. Tobacco and kava is far more money intensive in terms of an investment in a community or it was back then than is alcohol and cannabis in that particular place. More on that story later.

Madam CHAIR: I might steer you towards.....that is alcohol and kava. I mean in terms of the dollars and the small disposable incomes that people have in a particular community. I mean it was estimated about \$40 000 in the community that I am talking about. It was one fortnight it was about \$40 000, whether that was a fortnight that they had grabbed or whether that was over a month or that year, but it was about \$40 000 a lot of money.

Mr CLOUGH: I think we can be safe in assuming that the dealers will charge what the market will bear and the money, the amount of money will not necessarily equate with the physical quantity of the substance. But the amount of money obviously will equate with economic and social damage down the line for families and community members.

Dr LIM: I noticed Mark there, when Alan was talking he was nodding his head about cannabis, acute cannabis episodes. This is I suppose is associated with the staff attacks, staff assaults. Do you find there is some sort of relationship between cannabis

Madam CHAIR: Maybe we can keep that for the round table, discussions might be best. Sue has a couple of questions for you.

Ms CARTER: How do you get your information?

Mr CLOUGH: That information was compiled two ways, we interviewed individuals directly.

Ms CARTER: You just go into the community. Obviously you had relationships with that community and you could just sit down with the people and have a chat.

Mr CLOUGH: It is a bit more complicated than that. I always work with usually a health worker if I am able to get some assistance from that direction but I have come to rely on key informants in communities who are comfortable with providing information with an agreement about confidentiality. I am very careful to make sure the people know I am not a policeman or a missionary, I am not sure which is more dangerous to be in that situation, a missionary or a police man

CHATTER

Ms CARTER: Anyway, my other question is

Mr CLOUGH: Sorry I have not finished that answer. Direct interviews, but also I have come to rely on groups of key informants to tell me about large groups randomly sampled from within the community and this is how we are able to get a reliable picture of the total community from a random sample backed up with the intensive interviews from the individuals who are not randomly selected they are opportunistically selected, but they can inform the broader epidemiological information.

Ms CARTER: The other question is, what is the preferred form of ingesting, for what of a better word, for using cannabis?

Mr CLOUGH: The almost universal method of delivery is through a hand made bucket bong, usually made with drink containers.

Dr LIM: It has been described very graphically.

Mr CLOUGH: It has? Well, I had thought about bringing a demonstration model in here but...

Madam CHAIR: We had one of them stand up and draw us a picture.

Ms CARTER: And if you have seen *He Died With a Falafel in his Hand*...

Mr CLOUGH: I have seen that. That is the one.

Madam CHAIR: Thanks Alan. We might go straight into the round table. What we might do is try and get you to come up...

ROUND TABLE DISCUSSION

Madam CHAIR: I thank everybody that came in and have provided formal presentations today. Certainly the committee in its deliberations elsewhere, I suppose, a lot of the stories we have heard today, it was a common theme I think, throughout the Northern Territory. It does not matter whether you are at East Arnhem, West Arnhem, the Tiwi Islands or down in the Centre, I had better mention the desert....., and we have also been in the Barkly. There is a problem and I think that we all recognise that there is a problem. There have been a number of issues that have come to the committee and certainly, we have got to have some robust discussions within the committee ourselves, in terms of our deliberations before the final report. We did submit an interim report to the parliament in February. It has been a bit disappointing, because whilst it is a big issue in the community and people have raised, and it was interesting this morning in your comments,, I think we see the itinerants, the issue that it raises within a community certainly conjures up a number of debates.

Our document did highlight a number of issues and concerns that the committee were certainly wanting to put out into the community so that we could get some feedback on and comments to. I suppose, when we have these round table discussions, some of us come with some left field comments, because I always think left fields comments are good. Some of them are good, I think they are. But I think we do that I suppose to generate the discussion and try and come to some conclusion, so bear with us. You may get some questioning and you might think it comes from the left field, but they are questions that the committee needs to raise. There have been issues of, and I will not say mandatory, because we did raise that in Alice Springs, about mandatory rehabilitation. I suppose I am looking more at compulsory treatment, and how that process could work. But they are things that the committee or myself, and some members of the committee, have put out there and would like to today. But there are a number of issues so I will open to any members to make their questions.

Dr LIM: The first question. I would be asking Mark to comment on whether the nursing staff assaults that could be related to cannabis episodes.

Mr WATSON: I was smiling. One of the things you commented on around that time was the going into Cowdy, by the time they were there they had essentially sobered up, Cowdy discharged them and they arrived home before the discharge summary. So they are back in the community and here is this nurse, she has been terrified by an individual, thinks the guy is at least out of town for a week, absolutely psychotic and she had thought no way he was coming back, and she gets up the next morning and he is knocking on the door. So that is a significant problem. It is not Cowdy's fault, but clinically there is no way to pick between them whilst they are in a community. The only thing is, put them on a plane, at \$9000 costs, and you go out there

and find the whole episode was obsolete. If you had actually some half way facility to have kept them.

Madam CHAIR: How many mental health services, what is the capacity of...

Mr WATSON: In terms of the department's structure, mental health is not under my control, it is actually managed from Darwin. They have between two and three people based here, three at the moment, is it? It was two when I arrived.

Madam CHAIR: So that is three, is it?

Mr WATSON: There is three at the moment and their qualifications I have to check on as well. So they are here and working. But.....

Mr KIELY: You know what you were saying about, someone being assessed as requiring a trip to Cowdy. You have picked them up in the clinic as such, and we have heard that polydrug use is associated with a mental illness to do with, not so much associated with.....substance abuse. Wayne, have you got a protocol, or how do you identify it as the arresting officer. Have you got someone who, you know...

Snr Sgt JENKINSON: If we believe someone is suffering from mental illness and they are showing signs of self harm and issues like that, we have powers under the Mental Health Act to take that person into custody and to take them to a health practitioner, and for them to make an assessment. Basically the hospital then sections them and hopefully sends them off to Cowdy Ward. But what Mark is saying, I found it here and certainly in other places, is you know, police sometimes wonder why doctors are reluctant to section these people, because as far as we are concerned they have got a real problem. They are exhibiting all the signs that we as police officers see as mental illness. But then, as you learn more, usually there is a lot of times that it is induced by alcohol and cannabis consumption together, that they really go off the planet. And then, as Mark says, two or three days later they are back and they are completely normal, and you wonder what all the fuss was about. But at the time, they are a complete nightmare.

Dr LIM: Could the Nhulunbuy hospital help with this?

Mr WATSON: It is not structured in that way. Not without substantial changes. We don't have the expertise here. A person who is that psychiatrically unwell, really would require one to one nursing. I only have four nurses on in the hospital over night for example and they are already looking after two wards, an A&E and it would require a complete reassessment of the services we supply here.

Dr LIM: You know if we transport one patient a week, that's half a million in a year.

Mr WATSON: Yes. But none the less the facilities built were not envisaging that and when we do have to look after them for a short period, it severely compromises the services. You make an assumption of what services you put into an area based on volume, and it really does not match the mix of what you could put here.

Mr HOPKINS: I think as a rule, talking about two things here. One is behaviour and the other is mental illness. I mean, there is very fine line that divides the two, and the sort of behaviour that might be considered by many of us in the community as ah, this person is off the planet. I mean, you have got Cowdy Ward and they have got clinical definitions for mental health, and this person falls outside those medical definitions therefore he is discharged.

Madam CHAIR: Yeah, there is a big gap in this. And a lot of them fall through that.

Mr HOPKINS: Most of them, yeah.

Mr KIELY: communities and countrymen. But what about in town here, I mean what about these incidents that are alcohol related, like family violence in this community, that was a huge one, and over to your side, like DUI cases.

Snr Sgt JENKINSON: We get a low level of incidence of DUI, probably a couple every month. Within recent times, the local Nhulunbuy residents have been arrested for drink driving charges. Alcohol related violence does exist in Nhulunbuy, domestic related a lot of times as well. It is there, but of course it is at a much lower level and probably not as readily seen as it is within the communities. So it exists here as in any other community. The incidence is just not as, it is not as high profile.

Mr HINDLE: DUI is pretty low incidence. The problem is, and Wayne can accept this or not, but until recently, the community knows that the police are not there after 12 o'clock. They go down to the club and they all drink and then they all wait til 12 o'clock to get into a car to drive. Since Wayne has come there has seen to be more emphasis on late night policing but even now, I still, and Wayne, I put this to the commissioner and I put it to the committee about the policing; I am firmly of the belief that we need 24 hour policing. The arguments have been that there are not enough incidents to worry about, but it is the chicken and egg, isn't it? Nearly all the incidents occur after 12 o'clock, break ins, windows, vandalisms, it nearly always happens at that time.

Madam CHAIR: How long has it been, at midnight...

Mr HINDLE: The police? No, I am saying the police don't, I mean they started doing it more now than they used to but for years there has not been a proper police presence on the roads after 12 o'clock. Anybody who has been here as a resident for any length of time, I mean Peter would say that that is true. It is a well known fact. You don't get in the car, you don't drive, until 12 o'clock comes.

Madam CHAIR: And why aren't they there?

Mr HINDLE: Well, because they have only got so many police. The region has been allocated 13 positions or whatever, and when you start putting police on leave, police on sick leave, and then put them on shifts, you are not going to be getting 24 hour policing. And as I said, from my experience, and I have lived here for 14 years, the vast majority of the crimes that occur, that could be regarded not only as alcohol related but non alcohol related, the break ins and broken windows and the like, are occurring outside of those times. They are occurring when the police are generally not on duty. We certainly get some during the day, but they are late in the afternoon. I mean, Wayne might not agree with me but from my observations, from the years I have been here, and I have put submissions to the Commissioner, three or four times to try and increase night policing. Even to suggestions of well, don't have police presence on Mondays, Tuesdays and Wednesdays during the day, when there is very little crime, and come back Thursday night, Friday night and Saturday night when virtually all the crime occurs.

Mr KIELY: But we can ask.....

Snr Sgt JENKINSON: The vexed point. I am not staffed to do night shifts. I suppose that is a simple answer. I admit, obviously, if we are not there after midnight, then incidents that happen while there is no one there to police them, so they are not actually reported in a sense. The situation now is that we are staffed from 8 until midnight each day. After that there is an on call crew. The phones are switched through to Darwin communications. The on call crew take a mobile phone home. If an incident is reported and it is felt that police need to attend, then the on call members will be called out and they will attend the job. 11% of incidents in the last 12 months are incidents that occur after midnight, of our calls for assistance to the police. Break ins and that, look, if we are not there, obviously there is no deterrent and obviously the people in town know that generally speaking, after midnight there is not a police presence. However, we are there every now and then to give people a bit of a surprise. But generally speaking, we are

not there. Whether or not a lot of the crime would still occur because it is alcohol related, in the sense that a lot of the crimes are by people affected by alcohol; whether or not knowing police were on or not would stop that crime, I am not sure. I mean, break and enters happen everywhere and it does not seem to matter whether you are in Darwin, Alice Springs or Nhulunbuy, they do happen, and obviously there are 24 hour police in other places. I suppose Nhulunbuy has had a charmed life for many years, maybe the increase in itinerant numbers around the town is having an effect on the crime perceptions and the actual crime. But at the end of the day, Nhulunbuy is the safest place in the Territory to live.

Mr KIELY: How long have you been working with that model of 12 o'clock at night.

Snr Sgt JENKINSON: It has been going on for some years. I have only been here for seven months, but it has been going for a long, long time.

Mr HINDLE: 14 years in my knowledge.

Mr KIELY: So this is an historic formula that you are working to so it may not be that it is, maybe it is time to have a review of that strategy perhaps?

Mr HINDLE: Well no disrespect to Wayne, I mean we get on all right. But the question of DUI for example is, of course you can have a low DUI if the people are not going to drive when police are there.

Dr LIM: I have to differ with your comment when you say that there are not very many breaks and enters if there is no police presence at night, it would not make a difference. If the case then we should do without police at all, 24 hours a day. The fact that you are there through the day, up until midnight proves that the presence of police will keep things under better control. I mean I would have to say that

Sgt JENKINSON: Certainly, I mean, I am not going to argue with that Richard. You know, there's perceptions, the actual presence, I mean for instance, from Mark's point of view, the presence of police in a community, whether or not, and in bush stations they are only working eight till four a lot of the time, actually known there is police there and actually known that they may get called to account for their actions, stops a lot of people offending and in a sense, modern society is based on the fact that most of us are law abiding. We all know that the police are there so if we do something bad we will get caught. So there is all those sorts of concepts, layer upon layer upon layer – I won't go into policy because I will get into trouble but if I had the members I would do night shifts, I do not have the members so I have to work with what I have got.

Mr HINDLE:and I do get political on an issue like this because I feel strongly from the community perspective, I do not think it is something that needs to be seven nights a week. The reality is, I do not have Wayne's statistics, I am working on an observation of what community tells me. I would say that three nights of the week, Thursday, Friday night, Saturday night, which are generally the three nights that they have got money available to them, is the biggest percentage of nights that you are going to have problems. I am not saying they are not outside that.

Madam CHAIR: I am trying to listen to what you say. I mean, is the problem that the drunks or is it, or are the drunks creating crime or is it the drunks just being offensive and drunken behaviour in the CBD or is it kids?

Mr HINDLE: I think a lot of the time alcohol is related to those acts of vandalism. We have had our sail cloths over the pool, climbed on on four occasion, two which we caught, but on all four occasions they had been on a Thursday, Friday or a Saturday night. I have had my house broken into Saturday night. We have had our office broken into, Saturday night. Four at different

properties in town all on the same evening. I do not have Wayne's statistics but I would say that the majority would be Thursday, Friday, Saturday.

Ms KIELY: Given the uniqueness of this town, the uniqueness of being a country town to a large degree, I mean couldn't a strategy be for, just as in at Casuarina and at North Lakes and Karama shops they have security people walking around during the hours of trading. I mean you've got limited resources with the police, you are saying that the quiet times are Monday, Tuesday and Wednesday, I mean if you had your own night patrol as such. I am not talking about vigilantes or anything, I am talking about a service similar to ADT Security.

Mr HINDLE: But who pays for it?

Mr HINDLE: Why? When you reach an agreement says the government would provide the policing for the town.

Ms KIELY: Oh, well all right if it is in the agreement, but what I am talking about if it is such a community issue, a good corporate citizen.

Mr HINDLE: Well we have done something. I mean the corporation has done something. We have put security cameras all over the place.

Madam CHAIR: Gerry.

Mr WOOD: Michael, I agree with you. I think we pay taxes for police and if there is an issue that needs more police then that is a political issue. I am not a supporter of private security in public areas, I think that is the policeman's job. If you want to have a service for your own private residence that is fine, I think public area is an area for police. But I have another question which is a little bit different to that. It is about marijuana and its control to Wayne. I mean in Darwin there has been a fairly big crack down on drug, you know, drug houses and all that sort of thing so big emphasis, I get Alan's statistics and I see out here there is much higher uses of marijuana, which is an illegal drug. Do you think that if we had a drug task force working out in this community for a fairly lengthy time and concentrated its efforts, there would be a chance to kind of reduce that? And, is that a good idea?

Mr CLOUGH: Can I just qualify some of the information I presented to you earlier Gerry. I did not get to this but it is my view that the consumers of cannabis are probably not consuming that much. From what they are telling us about their dosage levels, it is extraordinarily low from what I know anecdotally and from the literature about what is consumed elsewhere. And this is why I need to work more on those numbers but the quantities are low, even though the usage is widespread. Perhaps it happens that way because of the sharing element in the way the society works in the way the consumption happens but with that low level of material, that low amount of material, I imagine it would make policing extremely difficult.

Mr McADAM: Can I just say something too?

Mr CLOUGH: Sure.

Mr WOOD: I thought Wayne was going to answer it.

Sgt JENKINSON: Alan has taken the sting out of it. Our local seizures are extremely small deal bags, talking about one gram, I think street price is around 30 bucks – that is the type of seizures we are making and they will only have one on them so. But the cannabis is there but sure, if I had a five man task force to just deal with cannabis alone, for sure we could make some inroads in it but they had, the budgetary resources to go with that i.e. to be able to travel, to spend the overtime and everything else. All these actions have a resource and monetary definition to them, so, yes, if people had given me a pot of gold, then by all means I could have a five man cannabis task force, yes it would have an impact.

Dr LIM: The usage, the quantity used is not high but the practice is widespread.

Sgt JENKINSON: The practice is widespread.

Dr LIM: The practice is widespread, but the actual personal use is not.

Mr CLOUGH: It seems to be very low, in this region. There may be individuals who go harder than others, there usually is but my argument would be that because we have that background of petrol sniffing in regions like this, it is a new situation, even though the levels of usage might be different.

Mr GRAY SPENCE: Can I just make a point too if I could. That is the differentiation between social and criminal behaviour? I mean this has been experienced down at Katherine too, whereas criminal behaviour is obviously the breaking of the law whereas social, anti-social behaviour sometimes is in the eye of the beholder and in some areas, because people shout at each other, that is seen by others as being upsetting, therefore anti-social and I do not have any figures on this but I think we just need to be mindful about how perception may be interpreting a problem, maybe bigger than it really is depending on your interpretation of what anti-social behaviour is. I mean Michael is talking about vandalism and defecating in public places and so forth but I know from my Katherine experience a lot of people thought anti-social behaviour was shouting at each other.

Mr HINDLE: I certainly do not think it is that. I am talking about physical damage, light bulbs pulled out, damage to the property.

Mr GRAY SPENCE: Thinking of the wider community though, that is something that we really have not delved into.

Madam CHAIR: No, but that is an important issue and that is what I was trying get at, that it is two issues, is it the anti-social, I mean the public drunkenness and other things. Elliot.

Mr McADAM: I was just going to make a point that the regional crime council just starting up and with your presence in terms of being able to co-ordinate some of the issues. At least being able to address some of the issues. I think that is very important because what you will find out, over a period of time and this is what we did in Tennant Creek, there are all sorts of perceptions and all sorts of points of view, and I am sure it happened in Alice Springs too. All sorts of perceptions in terms of what was going on ie. crime, anti social behaviour, a whole lot of things. What you will tend to find is that the establishment of this Regional Crime Prevention Council will find a real focus in terms of some of those issues. That is the point I just wanted to make because even though you might feel as if nothing is happening, what you will find by having this focus you will be able to respond to some of the issues. You report back to the Chief Minister's office?

Mr GRAY SPENCE: Well in fact I report to three, so I have got, yes actually I am dealing with three ministers through respective CEOs. That is Paul Tyrrell, to the Chief, Mike Dillon to minister Ah Kit and Barry Chambers to minister Vatskalis.

Mr McADAM: What I am saying is you are able to access direct to the CEOs aren't you.

Mr GRAY SPENCE: Yes.

Mr McADAM: And that has never happened before has it?

Mr GRAY SPENCE: I am not quite sure.

Mr HINDLE: I used to be Transport and Works and Lands and Housing, dealing directly to the Secretaries, to the CEOs.

Mr McADAM: But you didn't report to the Chief Minister?

Mr HINDLE: No but the last person in that position was.

Mr GRAY SPENCE: But certainly the expectation is that this committee will provide that focus. The members of the committee certainly have that expectation.

Mr HINDLE: I think there is certainly a positive attitude with all the members of that committee that there are going to be improvements. Even some of the Indigenous people actually voiced their opinion that they had confidence in that committee. I mean that is the first that I have heard in any committee in this place.

Madam CHAIR: You have to start from somewhere.

Mr WATSON: I have a comment from earlier where the original question was about alcohol in the non-indigenous community in Nhulunbuy. Certainly at the hospital, one of the things that is quite noticeable is we do not get the end stage alcohol problems amongst the white community here. The speculation is that the one reason for being in this town in a non-indigenous person, is to go to work. So as soon as you start to get any stage alcohol problems you either self exit, because you know, it is too hard to appear at work or work excludes you. In town by and large you do not have the accommodation, you do not actually have a right to be here, so the conclusion we have reached is that we see plenty of early stuff but it is not there is no-one progressing, but when it is progressed, they are elsewhere. So it is not an area we by and large have stepped into because it self excludes.

Mr HINDLE: Again from a personal note, I think there is many a time or a number of times when family violence will occur in the female will leave home for two or three nights and go and live with a friend and then go back home because there is no other accommodation for that person, to live with a husband who is employed by Alcan. She doesn't have an option. She either leaves town, or she goes back.

Mr CLOUGH: I just wanted to comment to alert the committee to the existence of the Fitness for Work Program that Alcan is implementing, I do not know if anybody is actually mentioned that but that Fitness for Work Program to me seems like a very useful initiative in that it does not just focus on the immediate employees of Alcan, it also proposes to throw the net over contractors and that will represent a large proportion of the employee group in the community and I think it would be worth seeing, having a look at the content of that and considering what impact it might have on the kind of issues we are talking about in the committees.

Mr HINDLE: Plus a zero alcohol reading when people work. So effectively 24 hours before you turn up for work you should have no alcohol.

Mr CLOUGH: Its core is random drug testing.

Mr HINDLE: Passed by the unions and everything.

Mr WOOD: Is that random drug testing?

Mr CLOUGH: Its core is random testing but there are other health promotion programs built into it as well and very interesting.

Mr WOOD: Perhaps we should introduce that to parliament.

(Lots of members): Oohhh!

Mr KIELY: I absolutely take exception to that. No, I mean it is smart arse comments like that, where everyone thinks that the pollies are on the piss, it is not the case, so I take exception to that.

Mr WOOD: Len calm down.

Madam CHAIR: There are many pollies who do not. Anyway look come on come on. Sue.

Ms CARTER: Thank you Madam Chair.

Madam CHAIR: Order.

Ms CARTER: My question is to Mark, you made the comment about nurses as to whether or not they reported assaults to police and there was an inference that on many occasions they are not reported to police or persued in that manner and I was just wondering whether that nurse, whether that got reported to the police and whether any action was taken.

Mr WATSON: It certainly did.

Ms CARTER: And what happened?

Mr WATSON: She is now in fact my acting community health manager. I was trying to talk her into coming down here but she obviously hasn't built up the courage. I have avoided getting into identifying the people. because that is a very easy case to follow through now. It was, that is probably enough of an answer.

Ms CARTER: Because it has been put to me that some nurses are put off reporting to the police because they have seen from previous cases that in the end nothing happens.

Mr WATSON: We succeeded in getting some six months in a small room some time back. That did wonders for our impression in that town and morale and I would have to say, this is serious, we are improving the situation incrementally and we are getting much better reports and I am getting much better responses in terms of people taking things through. There are still individuals who decline to do things, but it has improved.

Ms CARTER: And my comments will not be a reflection on the police but they were reflecting on perceptions and things like that.

Mr HOPKINS: I would comment on Alan's finding that marijuana is used on a very low level over here but we are still getting all the behaviours of someone who is using quite high levels of marijuana and I think that is more because of poly-drug use, rather than marijuana use, but in mixing marijuana with alcohol, mixing it with speed.

Dr LIM: The other one. The bong, you know the big instant hit, you know, a single cone in one breath. Knock you over.

Madam CHAIR: There is a community where there is a high suicide rate amongst some of these young Indigenous men. A lot of them do not drink but they do, the use of ganja is actually quite extreme. There needs to be a lot research or some research done into whether it is directly related to abuse and cannabis use.

Mr CLOUGH: We have certainly got a correlation with increased cannabis use and a mood disorder which included, thinking about hurting yourself in the previous 12 months and other factors correlated with that very strongly. So, it certainly inclines people in that direction from the information we have. And what is unusual about that result is that even though people have really only clearly had a short experience with cannabis use, maybe five years, if our information is correct, this is not new because the clinical information we have from controlled studies

elsewhere. It shows that that happens only after very long term heavy exposure to cannabis use so we have got an unusual situation and obviously compounded by poly-drug use. I think the background of petrol sniffing has got a lot to do with it because we have not seen the clinical damage that has been done from petrol sniffing, we may have seen just a few individuals presenting but we have had widespread use of petrol in the past with obviously not everybody who was injured by petrol sniffing coming to the point of presenting to a clinic or a hospital.

Sgt JENKINSON: I'll just make a comment that I was at Galiwinku last week with setting up this diversionary program, we are talking about the numbers on the island and as I said there is 1200 of 2000 below the age of 20, now over the age of 11, there is 640. Now the rate of enrolment or attendance at the school is 120 and that turns over by 90% each year. Now, I often think because we are on the pointy end and everyone points the finger at police. Well what is the solution, there is no simple solution but I still think that we must go and say that education is the basis of pretty well everything in western culture and Aboriginals unfortunately are caught in this null between it. But without education I can not see them getting out of a lot of the other problems, so I think we really must focus that kids have to go to school. And whether some communities need to be grabbed by the scruff of the neck and actually told that, the kids have never got a chance unless they have an education. As long as we allow these communities with large numbers of kids not to go to school then these problems will not go away. I think there is really a real strong parallel between those two things.

Mr KIELY: I would agree with that. Yeah I just think you have a time bomb sitting off your coast.

Snr Sgt JENKINSON: Absolutely. And that's everywhere, Tennant Creek is the same. You know it is not Nhulunbuy or anywhere else, I think it is Territory wide.

Mr McADAM: Western Australia is the same.

Mr MANNING: Is it not compulsory for all children to go to school?

Madam CHAIR: No it is.

Mr MANNING: But if only 100 kids turned up at Nhulunbuy High one day there would be a hue and cry and all parents would be contacted.

Mr KIELY: We are sitting here you know, it's the same with education, there is no quick fix, it is a very systemic thing that has been going on for years and years and years.

Madam CHAIR: That is right. I mean it is compulsory. Every child under the age of 15 it is compulsory that they should attend school. What has not happened in the past is that people have pussy footed around and they have been reluctant to go to Indigenous parents and say your child has to go to school, it is against the law, you are breaking the law. It does need to happen, I mean there needs to be a lot of working with communities. People have to feel part of school because what has also happened in the past is that schools, like clinics are always seen as separate little entities within communities. There has never been a partnership and that is what needs to be built so that parents can feel part of the school system. In your urban centres you have your school councils but out on a lot of your remote communities they do not exist. A lot of Aboriginal parents do not have that partnership with schools, and that is something that, because I also do the Learning Lessons with the Collins Report. That partnership with communities to try and turn around education but we are talking about a history where things have not been done and now we have to turn it around and also be honest with our communities and with people and say look, enough is enough and this has to stop.

Mr MANNING: Yeah, I was not being critical just for that. The thing is, if you get children at school in numbers you get the opportunity at school to put them through education programmes on drugs, alcohol, smoking, sexual diseases, whatever you have to put them through because

they are there and you get the opportunity to expose them to it we do not get at home. So that is always a starting point. But I would just like to make one comment on Nhulunbuy actually following you up even though we got well away from it. What Mike said is right. Nhulunbuy, we have both lived here for 14, 16 years and there was not the incidence of the break-ins, the particular type of crime we are having now which is no reflection once again on the police it is just how the community has gone and people have gone over the years. But that says the more immediate need for policing if something has increased from basically zero.

Mr KIELY: We are seeing this coming on now because of what has gone on before.

Mr MANNING: No I understand that. You came here, and I have never locked my house since moving to Nhulunbuy it is a lovely place, do not worry. I have had a few people come in and pinch stuff out of my freezer outside because they just want a bit of food or something, no major stuff. The thing was that you could, the whole town and anything you basically leave laying around, and that has slightly changed over the years so it has got to the point where we probably need a little bit more presence of police to deter some people, so I agree. It would be great if we could have 24 hour policing here, and that would probably help with some of the incidents we get of the type of vandalism crimes that we did not have before. That is a change in society not necessarily pointing the figure at anybody, it is just the reality that has happened over the years, so we need to change with it to get the policing up to the level to combat that now.

Mr MCADAM: Marion, I just want to make another comment about the education side. Attendance officers have been appointed in some places. I mean that is only one part of the picture. One program to address some of these issues. To the extent that we actually have to go back to basics. Right back, with the strong involvement of parents just to keep them.

Mr KIELY: Community leadership is required.

Mr MCADAM: That is what I am saying. We have to go back to basics. We have to go back to the beginning and start involving people in the process. But the other point I would like to make too and that is in regards to policing issue. There is a review going on about police numbers. And I can tell you, I am a great believer in this. If communities work together, put politics aside - if you work together and I tell you can get outcomes, you really can, you may not get what you want but you will get an outcome. That is why I am so happy to hear that you guys are going ahead and developing a Crime Prevention Council because they do work, they really do work.

Madam CHAIR: I think education, we keep going back to education, but I think you were right. There are a lot of things that should happen. It has been a failure and I have said this in public forums there have been Aboriginal people who have had access and a lot of them are the parents and leaders of today who have had access to good education and they have actually failed in getting their children to access the same level of education that they had. And that is part of the problem.

Mr HINDLE: Is it because they are a little bit frightened that if the younger people become educated more than they are that their position is going to be in jeopardy.

Madam CHAIR: No.

Mr McADAM: No, I don't think so.

Mr HINDLE: You don't agree?

Mr HOPKINS: I think when we talk about education as well, this is something I have encountered and explored other cultures, but I think a lot of the mens business or the initiation ceremonies have a lot to do with it. Because I think Mum loses quite a bit of her power once a boy is initiated. He can only be spoken to by one of the men elders, so if he is ordered to school

he can turn around and tell Mum, sorry I am not going, where as Dad if he says go he has to go, and quite often Dad is not quite motivated to say that you see. Now that is just a thing that I have picked up from the community and maybe wrong, but in quite a few instances I have found that is the case why he is not going to school.

Madam CHAIR: Yeah, but we can not just give up because of all these things. We have to work within that culture.

Mr HOPKINS: No we can not. No what I am trying to say here

Chatter

Unknown person: We are not here because we have given up

Madam CHAIR: No that is right. I thank everybody for being here and for your presentations. But certainly this is our first visit, it will not be our last visit, I think we will be back again, so thank you.

Meeting closed.

TRANSCRIPT NO. 6

PRIVATE MEETING, MR ALAN CLOUGH

16 May 2003

PRESENT:

Committee: Ms Marion Scrymgour, MLA (Chair)
Ms Sue Carter, MLA
Mr Len Kiely, MLA
Dr Richard Lim, MLA
Mr Elliot McAdam, MLA
Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Appearing: WITNESS
Mr Alan Clough, Member, Northern Territory Liquor Commission

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Madam CHAIR: I declare open this meeting of the select committee on substance abuse in the community, and welcome Mr Alan Clough, who is appearing before the committee today as a representative of the Northern Territory Licensing Commission, to brief it in relation to its terms of reference. If required, a copy of the terms of reference can be obtained from the committee's secretary. This meeting is being recorded and a transcript will be produced and may eventually be tabled in the Legislative Assembly. I think you have advised that you want your reference to be in camera?

Mr CLOUGH: In camera is probably a bit extreme but I am glad to have a private discussion with you since some of the points are probably going to be policy related and also part of the discussions of the licensing commission.

Madam CHAIR: The decision regarding this will be at the discretion of the committee. You are reminded that evidence given to a committee is protected by parliamentary privilege. For the purposes of the Hansard record, I ask you to state your full name and the capacity in which you appear here today.

Mr CLOUGH: Alan Robert Clough, I am here in this session on behalf of the Northern Territory Licensing Commission.

Madam CHAIR: I think you know all members of the committee so we might just go straight into your presentation.

Mr CLOUGH: Okay. I have two items to present to you if I may. The first item. Oh, am I being recorded away from the microphone?

Madam CHAIR: Yeah, you are right.

Mr CLOUGH: The first item is the extract from the minutes of the last Licensing Commission meeting which decided to ask me to come along here today. The second item is a copy of the agenda item that was in the Licensing Commission meeting's agenda on the 6th & 7th May in Alice Springs. The agenda item includes my hand written comments, so the point I want to make there is that this is very much a matter that is alive inside the Licensing Commission, it is a work in progress if you like. In submitting the second document to you today, just to outline some of the key points in it and the background to the document. In previous licensing commission meetings, we had the opportunity to look at both the first report of your committee into substance abuse in the community, and we also had the opportunity to look at a second version of a draft liquor strategy for the sale, supply and consumption of liquor in the Northern Territory, and that document was actually prepared by David Rice, former director of RGL. I do not have a copy of that document with me today, it too is probably the document that is now got a third version or perhaps even more which you may wish to seek for your own purposes, so I will leave that to David Rice if need be to communicate that to you.

The agenda item for the Licensing Commission was actually written by me, and it contains many of my views, but at the discussions of the commission at its last meeting, it was decided unanimously to support those views, together with my penned additions and modifications there, and to communicate those to you. The main reason to do this, we feel, is twofold. Firstly, we are basically seeking from this committee some directions for our own considerations in terms of liquor in the Northern Territory in particular. In that regard, we would ask this committee a couple of key questions that we might perhaps touch on today and perhaps if necessary later, talk with a boarder meeting with the licensing commission. The key questions we would like to put to you is how does this committee see the various initiatives that are happening right now in terms of liquor being integrated into some sort of cohesive framework. Clearly we have the activities of this committee in its consultations, but we are also aware, and we had the opportunity to hear the Minister, Syd Stirling, deliver a speech at the April meeting of the Australian Hotels Association in Darwin, where he launched, amongst other things, a review of the Liquor Act of the Northern Territory and made mention of the development of a liquor strategy. This clearly gives us a lot to consider, and at that same announcement the Minister indicated that there will be a new Liquor Act for the Northern Territory.

So there are clearly a number of different initiatives in place. The other activity that is going on at the moment that we have not seen at the moment, is the National Competition Policy Review of the Liquor Act, which we understand is going through its necessary processes. Of course, the Licensing Commission is keen to see the outcomes with that review. So just to recap; our question to the committee would be: What direction is all this going in, and can we pursue some discussions about some coordinating themes in that area. We do not have any answers but certainly we have got our thinking caps on about it, and we are seeking the advice of this committee. The second reason to bring this submission to you today is to suggest that in clarifying what the difference might be between a new Liquor Act and a "Liquor Strategy" for the Northern Territory, it seems like at the moment, the two are mutually overlapping.

Ms CARTER: Excuse me, Alan. I am probably just diverting in having a read. Who is creating the liquor strategy?

Mr CLOUGH: The draft liquor strategy that we discussed at the last meeting was worked on by David Rice.

Ms CARTER: As part of the commission's work?

Mr CLOUGH: Not directly part of the commission's work, no. But we are certainly considering the work that David is doing.

Madam CHAIR: Isn't David employed by the commission?

Mr CLOUGH: He is the former Director of Licensing and I think he is now a consultant.

Ms CARTER: When is that strategy expected to be documented?

Mr CLOUGH: No real time line. I am not sure if this is actually official or public, but the nominal time line is to the end of the year, to my understanding.

Ms CARTER: Thanks.

Mr CLOUGH: So just to return to my second point. It is just to suggest that we may wish to talk in terms of some kind of framework for liquor for the Northern Territory in order to find a way to integrate these various initiatives that are taking place at the moment. That is the two main reasons for submitting this document to you today, but I would also be happy to talk about any particular matters that might strike your interest in that document, and just to emphasise that the commission is certainly keen as a whole to continue the dialogue that we may be able to establish through this process.

Madam CHAIR: Any questions?

Dr LIM: The draft liquor strategy lies with the consultant to the Licensing Commission. So that the Licensing Commission has requested the draft liquor licensing strategy. Is that what you are saying?

Mr CLOUGH: No, it is more of a departmental initiative. It has not been an initiative of the licensing commission *per se*.

Dr LIM: Through the Department of Racing and Gaming or...

Mr CLOUGH: Racing and Gaming inside Treasury. Yeah.

Madam CARTER: Was the strategy aimed to help identify areas of the Liquor Act which the department might feel could be changed?

Mr CLOUGH: Well, I refer you to page 2 of the submission and my comments on the draft liquor strategy, which begin at point no. 5 on page 2. The terms of reference for that draft liquor strategy, I am not able to inform you of directly at the moment. I do not have it in front of me, but perhaps if you could seek out that document, it would be far more informative that I am able to comment on here. The thing that most struck me and I think other commissioners agree, is that the draft liquor strategy seemed to be operating or thinking somewhat independently of the discussions of this committee, which caused me to think that there may be a need for integrating things a bit more closely.

Madam CHAIR: Absolutely.

Mr KIELY: For the liquor strategy, was that part of the Department's or the Commissioner's review of the Act that the Minister, part of the NCP review or part or stand alone.....

Mr CLOUGH: I am not clear on that, either. As I understand, the NCP review process is purely an administrative review which seeks to identify areas of potential conflict between federal legislation and internal legislation in the states and territories, in order to eliminate or minimise the risks of restricting competition. So it seems to have a very restricted – that's my very new understanding of it. It seems to have a very restricted capacity to talk about, think about more broader policy type issues that clearly also need to be thought about. A review of the Liquor Act that could be based entirely on NCP processes in my view would have serious limitations.

Madam CHAIR: I think your appearance before the committee today Alan is probably fairly timely. I think very early, it has been some time since we met with David Rice. Were there other representatives from Licensing?

Ms HANCOCK: Peter Allen.

Madam CHAIR: Peter Allen, also came before the committee, and way back then, I mean we were talking or raising issues and stuff about the Liquor Act review and a alcohol management plan or whatever you want to call it, whether it is a strategy or a management plan, in the broader sense. So I think that it is probably timely that we all get back together again to sort of look over what is the direction we are all getting into, to have a properly integrated approach, to this issue. I take it on board, and you are right, on the back page where, I mean, our committee, and the report, is that how I read it - that the report failed to sort of isolate or separate the two issues, or that we had separated it but it was all over the place, is that what you were saying?

Mr CLOUGH: Which point were you referring to?

Madam CHAIR: The back page.

Mr CLOUGH: The second paragraph?

Madam CHAIR: Yeah you were looking at, I mean the draft liquor strategy processes probably describe what is the alcohol problem of the Northern Territory. And where it is located and that we failed in that, at this stage of the development.

Mr CLOUGH: That is clearly a critical remark. Sorry, sorry.

Madam CHAIR: No, no, I think we need to take that on board in terms of.....and sort of look at what is it the Commission is looking for, or what is, because you wrote this.

Mr CLOUGH: Yep.

Madam CHAIR: This is there. What was the thinking?

Mr MCADAM: Do you want to elaborate on that.

Madam CHAIR: Yeah, on that area.

Mr CLOUGH: I think a common critique that we would have of both the draft liquor strategy and I think you will probably see this yourselves when you have a look at the draft liquor strategy and also the first interim report of this Committee. The common critique we had was that the broader issue of alcohol in the Northern Territory was not relegated but was certainly not given the attention that the issue of itinerancy and alcohol related violence in Aboriginal communities received. Now that is not at all to try to diminish, to seek to diminish the significance of those issues for Aboriginal communities and I am sure you will hear much about that this afternoon and I am sure you have already heard quite a bit already from nearby associations. But, both the draft liquor strategy focussed on the itinerant issue and focussed on the issues for Aboriginal people it seemed, and tended to lose the broader picture. Our point to you is that we think that your Committee has so far focussed a little bit too much on those Aboriginal issues as well. Now this may well be something that can be remedied through further discussion and further consideration as to what this framework or plan or whatever we want to call it might be for the Northern Territory population as a whole.

Mr KIELY: So this liquor strategy as it stands would be better named "Alcohol and its effects on the Itinerant and Vagrant population in the Territory". Would that be.....

Mr CLOUGH: Oh, that is probably a bit too far. It is a departmental type approach to the perception of issues that are out there.

Mr KIELY: I mean I wouldn't want to throw the baby out with the bath water.

Mr CLOUGH: Certainly not, there is a lot of value in there I am sure you will find.

Mr KIELY: As a liquor strategy it is zeroing down or highlighting one particular area of the community and maybe by getting the actual highlighting area and refocussing it and then that may be one of the many pieces of information you consider that, I did take the point that the smallness of that group in the Territory that does drink and that we are not only looking at that impact of substance abuse issues, not only alcohol,Northern Territory community.

Mr MCADAM: Did you say when this draft strategy commenced? When did the exercise commence?

Mr CLOUGH: Probably within the last two months.

Mr MCADAM: Two months.

Mr CLOUGH: Can I make a further point about the need for a framework in terms of some of the points you made in the first report. The first interim report highlights the need to consider the number of liquor licences in the Northern Territory and that is clearly an area of direct concern for the Licensing Commission. Now I have not actually spoken about this in detail with my colleagues yet, but I would suggest to you that the number of liquor licences in the Northern Territory is just one measure of the capacity that alcohol has to do harm in this community. Yes it is a good indicator, but it is not the only measure of the capacity for alcohol to do harm in the community. There may well be many others, other measures that we could seek to describe that capacity for alcohol to do harm to the NT population more broadly.

To give you an example of what I am talking about, a licensed premises in Central Australia which has typically catered for a clientele that consumes takeaway alcohol, lots of takeaway alcohol, and trades for a certain number of hours. It has a volume of trade obviously and the kind of outlet I am talking about pretty much relies on indigenous people for a large part of their enterprise. That is one licensee. Another licensee in a totally different environment with perhaps the same amount of alcohol turnover, could in fact have a totally different capacity to generate harmful effects and harmful behaviours in the nearby community somewhere else in suburban Darwin, I am not sure where. But that is just an example of what I mean by if we are just going to focus on total numbers of licensed premises, we are probably missing a lot of the subtleties that we need to think about in terms of the capacity for that particular exercise to do harm locally. And there may also be, there probably are, variations between regions that we could draw lines around and suggest that, okay, we have a situation there that might require particular attention of a different kind than everybody might need.

Mr WOOD: Notwithstanding what you were saying about the subtleties of licences, there were two, seem to be two opinions in Alice Springs, from the Chamber of Commerce saying they did not believe a reduction in licences would have an effect because all it would do would move those people to those particular licences and the other view was that it would definitely make an effect and it was easy to prove it. I mean does the Licensing Commission have any viewpoint on whether it would make.....

Mr CLOUGH: We don't yet Gerry, but at our next meeting we are considering the report of the evaluation group from the Alice Springs liquor trials. So I can not comment at this stage, we have not seen the report yet. But that situation, the common diversity of views that you are expressing there, I think probably underscores the importance of the example of the need to not just focus on the number of outlets, we need other strategies that address those subtleties, and

we do not have the particular details yet, but perhaps we could develop those through an appropriate liquor strategy in the Territory.

Ms CARTER: Alan you have made a comment about number ten.....and I am just intrigued by it. If you can not recall from the draft liquor strategy what you are referring to then you are forgiven and I will not press for an answer, but it says here that it seems that the expectations for the liquor industry and the government (MLAs) are clear enough, so I am intrigued what the government MLAs expectations might be. Can you recall at all what it refers to?

Mr CLOUGH: There were no titles mentioned, no roles mentioned, but I think generically there was, it was a reflection of intelligence I suppose that was perhaps floating around.

Ms CARTER: Are you having a go or complimenting?

Mr CLOUGH: Oh no, intelligence as in the 007 version of the word intelligence information. No look, I can not be more specific than that.

Ms CARTER: Right, well that is alright. We will wait to we read the final details.

Mr CLOUGH: Look, it is clearly connected with the frustrations I think that many people have in their environments, in Darwin in particular, about antisocial behaviour and vagrancy and I think that is widespread and in ways reflect those views, because they are lobbied by their constituents.

Mr WOOD: I think I have witnessed it, but I have an electorate which doesn't have a large – it does have a minor one but it certainly has, well I think you were alluding that there are alcohol problems in the community. There are many sporting bodies and most of those sporting bodies rely on alcohol quite a bit to keep the club going. There are issues there that we have not touched on much but I think the community itself has been broached by the Opposition Leadernoticed more visual issues at certain times and I do not think that we, it is purely an Aboriginal problem.

Madam CHAIR: We were very conscious about going out, or I was, and I speak for myself. I mean there have been issues in the community and namely the Tiwi Islands which we have looked at and other places. The issue of availability and accessability and other things that were raised here in our report, and maybe we should have added in there the issue of alcohol in the view of many was not seen to be racially based although, the perception was that it was purely an Aboriginal problem and it is not, and that is something certainly members I know who we have met in different places have stressed a point that it was just not Aboriginal people that have a problem with alcohol. It is a problem within the broader community, and that is something that we wanted to put out in terms of those questions to try and start generating the debate that gave the wider view which I am glad you have come back with, because it means we can start refocussing and working together.

Mr MCADAM: I just wanted to ask a question. The liquor strategy that is initiated by the liquor licensing area within the department, do you know how that was arrived at?

Mr CLOUGH: No, I do not know. I had the same question recently and I did not get the chance to ask it at a meeting, but the understanding I was able to gain at that meeting was that this process is actually been in train for some years in one form or another. Attention to what the liquor issues might be in the Northern Territory. I think perhaps the tag of liquor strategy is something that has been applied to a process that has perhaps existed for some time in some form or another and people with a longer history of understanding of that than I will probably be able to inform you about it. But that is my understanding, that it is a process that has been in train. Perhaps this tag 'liquor strategy' is fairly new in itself.

Madam CHAIR: Why don't we stream line it. Sorry Elliot.

Mr MCADAM: Well the other question I have is: Of all those processes might have been in train for some considerable period of time in some form or another, when there is a consultant, that when it starts to grow legs is that correct?

Mr CLOUGH: It seems so. Well perhaps I am just reflecting my novel observations, fairly recent observations, but David has been there for some years with lots of experience and has probably been thinking and working in that domain anyway and is now giving this process legs as you say.

Dr LIM: Alan were you around when the Living With Alcohol Program was operating?

Mr CLOUGH: Yes I was.

Dr LIM: How do you feel about that program and do you believe that the current draft liquor strategy has similar strategies?

Mr CLOUGH: During those years I lived and worked in Arnhem Land communities, firstly in Western Arnhem Land, and more recently over here in Eastern Arnhem Land, and the 'living with alcohol strategy' as a personal, public face was I think a very useful device for indigenous people in particular. It was a programme that actually had people working in it that the indigenous people could make contact with, and there were efforts to address local issues. I certainly witnessed those when I was living in this area. I cannot comment on it more broadly than that but it certainly did have value, I think, at a personal level, at a sort of interventional level for indigenous folks of this area in particular.

Dr LIM: So are you aware that it is being considered in the new draft liquor strategy?

Mr CLOUGH: I do not believe so. I do not believe, not with that same name certainly. I do not believe so Richard.

Madam CHAIR: Can you stay and participate?

Mr CLOUGH: I can come back about 4.30pm. I am in the office just up here and it is 70479 89870479.

Madam CHAIR: Could I just add one thing before we finish off, I mean my concern is that saying a draft liquor strategy when at the moment, I know that the Licensing Commission or the Commissioner is working with a number of Aboriginal communities to develop alcohol management plans and I know I have raised some time ago, not in my capacity as the chair of this committee but as the member for Arafura because there were issues on the Tiwi Islands that this enforcement on Aboriginal communities to have alcohol management plans, why put in a broader plan where these community management plans could fit into. It just adds confusion when you say draft liquor strategy and I know that there is a number alcohol management or community management plans being developed.

Mr CLOUGH: I am amazed from the experience in the Licensing Commission. I am amazed at the diversity of strategies that the different communities are taking in the remote areas. One extreme is completely local action with, we think, reasonable representation and consultation with the community without too much fuss and bother, without the necessity for a large scale plan but it came to our attention as a commission and we have noted it. And the other extreme is the intensive work that has gone into Alice Springs and also recently into the Tiwi Islands. Now we have got this huge range of activity going on and there must be common themes in there and common approaches that people are taking that we haven't analysed yet – I am sure they will be and we will think about those and we also have the history of trials that have taken place: Tennant Creek, Katherine, that we probably need to draw on them as well. Bearing in mind that

that is an unusual approach in jurisdictions in Australia, it represents a unique opportunity to integrate some local activity with a broader framework of policy approaches.

'Local problems, local solutions', I have heard many people say and I agree with that totally but if we cannot integrate it, then we might lose the thrust of it.

Dr LIM: It would be very hard to compare apples with apples in the Northern Territory because of the varying size of populations in Tennant Creek, Katherine Alice Springs and Darwin. The population literally is an explanation but you have got 2000 to 10-12000, 25 - 26000.

Mr CLOUGH: Big challenge.

Dr LIM: Yes. You could not compare what happens in Tennant Creek with Alice Springs because of the different demographics of the populations there. Same with Katherine, Alice Springs and Darwin and that has been the biggest problem trying to find a common thread and that is probably why the Licensing Commission has made area specific decisions rather than straight across the board.

Mr KIELY: I think Tennant Creek were aiming pretty strongly for resources and the ability to be able to implement their own local solutions to issues they had down there. The people on the ground know exactly what the issues are.

Mr McADAM: Perhaps you have already done it but I just want to clear something up. We have got this Committee going, we have got the review announced by the Minister, we have had the previous – anyway let me just refer to those two. Whilst this is all going you have this ongoing process on the part of the department in regards to the strategy, and then two months ago a decision was made to formalise the strategy ie in terms of okay we will now retain someone to develop the strategy – the Liquor Commission strategy.

Mr CLOUGH: Not necessarily for the commission.

Mr McADAM: For someone, for the department.

Mr CLOUGH: That view that you just mapped out certainly matches with my view. That is my understanding of what is going on, plus we have the ...

Mr McADAM: So the department says two months, the departments have the strategy going for quite some time and then it says two months ago or thereabouts two months ago, okay we want to retain a consultant and develop this liquor strategy.

Mr CLOUGH: It certainly highlights the question for me, what is the brief, terms of reference, history of an exercise to develop a strategy.

Mr McADAM: So you do not know what the term of reference are,

Mr CLOUGH: Other than just seeing the headings of the draft Liquor strategy in that document which you need to find, need to see.

Ms CARTER: And we will.

Madam CHAIR: I think this committee might insist and ask for that, because I haven't heard the strategy before, I am sorry if I appear to be ignorant of the references because this is the first time we have any understanding of a draft strategy.

Mr KIELY: But we certainly do not want to be pointing any fingers at any individual.

Madam CHAIR: No but I think it is quite timely and now I think it is time that the dialogue and communicating.....and working together because I think that both can tend to go off on a tangent and lose what we set out to do.

Mr WOOD: I think Elliot is right. It makes you wonder sometimes if the left hand sometimes knows what the right hand is doing and whether you waste people or resources in trying to get to the same end – which we all are. That is something that we should note and see if we can pull this together a bit better.

Mr CLOUGH: Well it is certainly the view of the commission that this committee provides the best opportunity to provide some direction on the framework for liquor in the Northern Territory and to direct the strategy in ways that the parliament as a whole sees fit.

Madam CHAIR: Thank you for all your patience.

Ms CARTER: Thank you very much.

The witness withdrew.

TRANSCRIPT NO. 7

ANSTI BRIEFING, BEES CREEK

29 July 2003

PRESENT:

Committee: Ms Marion Scrymgour, MLA (Chair)
Dr Richard Lim, MLA
Mr Gerry Wood, MLA

Secretariat: Ms Pat Hancock
Ms Liz McFarlane

Appearing: WITNESSES AND ATTENDEES
Mr Michael Maloney, Executive Director
Ms Della Palmer, Operations Manager
Client One - Rodney
Client Two - Jeff
Client Three - Neville
Client Four - Billy
Client Five - Steve
Mr Maxwell MacDonald, ANSTI Board member

Note: *This transcript is a verbatim, edited proof of the proceedings.*

Mdm CHAIR: I declare open this meeting of the Select Committee on Substance Abuse in the Community and welcome Mike Maloney and Della Palmer who we have all met previously from ANSTI who are appearing before the Committee today to brief it in relation to its Terms of Reference. If required, copies of the Terms of Reference are available from the Committee Secretary.

This meeting is being recorded and a transcript will be produced which may eventually be tabled in the Legislative Assembly. Please advise if you want any part of your evidence in be *in camera*. The decision regarding this will be at the discretion of the Committee and you are reminded that evidence given to this Committee is protected by Parliamentary Privilege.

For the purposes of the *Hansard* record, I ask that you state your full name at the capacity in which you appear before the Committee today. I will hand over to you Mike.

Mr MALONEY: Good morning, my name is Mike Maloney, Michael James Louis Maloney. I am the Executive Director of ANSTI, an organisation I have worked for in various capacities for the last ten years.

Ms PALMER: Good morning, Della Palmer, Operations Manager, ANSTI.

Mdm CHAIR: Prior to you commencing Mike, could I just ask that members allow Mike to go through his presentation and then we will proceed with questions after that.

Mr MALONEY: Good morning again. My view regarding substance abuse in the Northern Territory probably differs greatly from the public perception in that I do not, I do not believe that

the problem of substance abuse has increased in the Northern Territory in the last five years. My argument is that the infrastructure and the means of which the problem is restrained has decreased in the last five years. I do not believe that the considerable sums of money that have been spent on addressing the problems of substance abuse in the Northern Territory have been inadequate. I will argue that the tax payer has not got value for money in the approaches or the methodology applied today. In other words, we are no worse off that we were five years ago, we have lost the resources, the people and the structure to deal with the problem. Or the problem as being restrained. The restraints have been removed and the manifestations on society have increased because of those reasons.

One of the things that disturbs me, is the perception that it is suddenly a new problem relating twenty or thirty years. Certainly, if we look at the historical perspective at the problems of "long grassers" and if you would like to turn to the back of your book, four pages in for a closer view, you will find an article by a Mr, Burt dated December 23rd 1880. As you will see the problem was well known then as it is being repeated recently.

***In camera* evidence removed from transcript**

Mr WOOD: Do you think the Itinerant Program to some extent is perhaps "window dressing" or just out of site out of mind.

Mr MALONEY: No. I will come to that. I want to deal with this thing systematically and I hope I can answer that. But as we end each section I will be quite open to taking questions on it. My argument here is the measured outcomes of the Itinerant Program and the expenditure of \$500,000 of public money issued to resolve the problem in the top end including \$100,000 for the Report. The "long grassers", where is it? This purports to be research from Queensland people. A Queensland firm. Where is the effectiveness of anything that they have done? Where are the measures. We, at the end of each year have to put in measures about how effective we are. Why, publicly haven't I heard back as somebody in the business on the effectiveness. What have I, as a tax payer got for \$600,000. I only got in the same year \$240,000 to run ANSTI. I have proven that we have put in forty three people who have not been recitative, who have been treated and who are still free of their habits. That is what I've done. What have they done? When I say I, I do mean ANSTI.

The measures outcome relating to the workings of the Community Patrols as compared to the previous operators AIMSS Night Patrol. There has been no comparison to reports put out by AIMSS. AIMSS as you know has disbanded and a right decision or wrong decision is not for me to comment on. But they were stood down. They were stood down because they were not effective. I ask now. How does the new Community Patrol rate? And I ask you to ask why – One – this afternoon that question. He is a man who has lived in the long grass, he knows all the north shore camps. He certainly has observed the patrol.

***In camera* evidence removed from transcript**

Mr Maloney: ANSTI also asserts that the Itinerant Program has shown itself unable to provide credible leadership or provide workable solutions to the problems and is not open to criticism or an alternative point of view. Your first bit here is a meeting where I lost my temper and I went to the Itinerant Program. It was after having spent Christmas here dealing with itinerant people when everybody else was closed and all of the itinerant people were on holidays and other organisations were not about or available and I told them that I thought they were a load of rubbish. I told them that we didn't have faith in their programs. I told them basically we were supposed and it was affirmed in *Hansard* that John Ah Kit supported ANSTI and that his worker, Leon Morris was going to attempt to put temporary accommodation on this site and Christian Outreach to house ten itinerants and take them off the street over the wet season.

When faced with this in front of his colleagues he denies that we haven't completed the paper work. Now Lyn Jones had completed the paper work. We had gone to the Planning Committee. We had got planning permission, we had a pink board outside. We had the whole lot. He denied it in the meeting, and said it was ANSTI who didn't do it and he said that all we needed to do was fill out a few lines and it would have happened. Rubbish. Are ten people supposed to spend their nights on the street, drunken and abusing substances because someone hasn't filled out ten lines. When it came down and the checks were done after that meeting, it was Leon Morris who hadn't filled out the bloody thing.

***In camera* evidence removed from transcript**

Mr Maloney: One of the things I criticised Leon and mob about was the canoe building. I think I put an argument there that needs to be looked at. Basically I will read it out because I can't think of a better way of saying it. ANSTI's Executive Director has publicly attacked a number of the Itinerant Programs after being deliberately ignored and censored from public debate on the subject of itinerant program coordination. For example it could be argued that the making of dugout canoes will have little impact upon the majority or a substantial number of the target group. To represent value to tax payers money it assumes that the target group is in the main or consists of traditional people in nature, but most of them are artistic or require a canoe to return to a life of sobriety back in their communities. How insulting. Most Aboriginal people know that if you have a tinny and outboard motor you can do it. This is course is nonsense and from what we understand from Aboriginal people is not part of the aspirations of contemporary Aboriginal society, who, as one of our Aboriginal clients states "why is it when people want to find a solution there is an automatic assumption, an acceptance that the answer is to put Aboriginal people back in their cultural box to shut them up or to look as if something has been done to solve the problem".

I met with Annette Burke, who also sits on the Itinerant Committee, Gerry was present at the time. She has gone hand and foot for money to make didgeridoos out at Palmerston. Well, well. She thinks that is great. She thinks that it is going to give them back dignity, self-esteem. That is the sort of garbage that gets us into this problem. At the worst this type of approach is cultural stereotyping. ANSTI has accommodated people from many cultures and you would see that as you walk around here now. But never presumes that an individual must benefit from putting them into programs that are deemed worthy, simply because they fit our perceptions of their needs. Examples would be a Scotsman can play the bagpipes, or enjoy it. I have a Scotsman out there, who is flooding his engine at the moment that hates the bagpipes. Or that an Anglo Saxon should be able to paint High Whistler. Well wouldn't I be better doing that than doing this for a living? Mind you with a Celtic background I could go back to worshipping the Sun and sacrificing people.....

It should be not assumed that ANSTI is opposed to people pursuing inclinations in expressing traditional or contemporary art forms if they wish to do so. Experience shows that the natural phenomenon among a small number of past residents.....people do pursue, but we do not encourage it or put it in as part of our treatment programs or the way we look at them. But here are examples of stuff that you can see here and now at this very time at ANSTI of people pursuing their artistic bent. Interestingly enough, the didgeridoo appears. A proper didgeridoo, by somebody of Aboriginal decent who knows how to make the damn things. He will tell you that not many people play the didgeridoo.

Mr WOOD: Not on Bathurst Island.

Mr MALONEY: Could you bring a couple of Steve's, or ask Steve to bring them in. Also, although I do not have the proof from my own eyes. But Gerry will verify also that somebody actually told me this over the weekend. First of all, one person told me that the standards of the canoes built are pretty awful. Another person told me that the majority of the conoes built so far are, and there are only a couple, were actually built by white long grassers. So they are going to

be given back to the Larrakia Nation to sell on are they, as revenue generation, are they? But what have we got out of it? What have the clients got out of it? What is it doing for them? Some people would even argue that you have to go through suffering, pain and poverty to acquire your artistic edge. This is what you call – it is beautiful, he does this off his own bat, in his own time with his own material. This guy has got a huge problem with his abuse of alcohol. Now if he wants to do this fine. But there are other things that have to be done for him. He has to have a roof over his head. He has to be physically looked after. He needs his liver damage measured. He needs interventions that are going to ensure his good health so that he can do work. He has to have something in his life that will replace alcohol. He has been making these right through his addiction. So this hasn't filled the hole that coming off the substance abuse does. If you are suffering with substance abuse, one of the things you may well do is pursue your hobby. Especially if brain damage sets in because it is the sort of thing you can remember. I want to know what public money has been spent on building damn canoes and the amount to be spent on didgeridoos. And who is going to get the money out of it. Is that the best that we can do? Not only that, the other thing that has been put in the problem box is basically, if people don't want to build canoes or other things that are available, do they have to turn around and deny their culture or admit that they don't like making canoes? I don't think so.

Alright, I make comment on the next page, page 7 regarding flying back to the communities. Or bringing leaders in. I think it might seem like a good idea.

In camera evidence removed from transcript

Mr MALONEY: Gerry will testify that I have and Lyn Jones over at least seven years, had extreme pressure by various members of our own Board and our own staff to declare ourselves as an Aboriginal organisation. Because we know we would get the money. Correct Gerry?

Mr WOOD: Mmmm.

Mr MALONEY: Lyn Jones, of Aboriginal decent, Northern Territory born and Mike Maloney the Pom agreed on something very fundamental – that people are people alcohol and substances do not necessarily target one group. We see that the funding that has been given to various groups has been misappropriated, because they do not have the outcomes. Does anybody have any questions about the itinerant part before I start on the Sobering Up and Community Patrols?

Mr WOOD: I might just ask a question, mainly to refresh my memory. What was the aims of the Itinerant Program, did it include any aims similar to ANSTI.

Mr MALONEY: Well, yes I have the aims here, which I can give you.

Dr LIM: The Report was more directed at process rather than eventual outcomes.

Mr MALONEY: There is plenty of process, I have millions, thousands of pieces of paper around process.

Dr LIM: I am saying that the Interant Program was set up convening committees, meeting.....

Mr MALONEY: Yes, yes they have all existed and they have all given it that. They have worn the seats of their bums down to a minimum from sitting there chatting about it, but I haven't

seen any of them out on the damn street or in any of the organisations. I am just wondering what the qualifications are here for these people sitting on these committees.

Marion, you said last time you were here that we have spoken to a lot of experts. You have haven't you, you have talked to a lot of experts.

Mdm CHAIR: Well it depends how you interpret experts Mike.

Mr MALONEY: Yes, I know. I know Marion. We probably think the same. But if we want to know what the Committee was going – or there we go. This is the draft proposal. These were all the things we were going to do. Wonderful stuff. I haven't been able to sort out what has been done.

Mr WOOD: Was there an aim that went with this – these so called strategies.

Mr MALONEY: The Itinerant Program dates since May 1999. Now basically the key – in answer to your question on this one relates to a statement at the bottom of page 10. On November 2001 about the Report from Queensland, states they've accepted that miserable piece of research. I have a Bachelor of Science in Research Methodology and it is not like any piece of research I have ever seen. It is appalling. I wouldn't even give you a pass mark at Diploma Level for it. It misses many of the key players, it made assumptions and said perhaps what people who wanted the program run.

If you look over the page, we are going to discuss the Patrol next. I am sorry I left my jottings in, but it is the only copy I had. But they deteriorated as we went down. I think it got down to four letter expletives by the time we got into the fourth page. That is what they said they were going to do about the Patrol. We are going to discuss the Patrol now.

The Patrol and those operations coming under another church organisation, Mission Australia. The purpose of the Sobering Up Shelter was to give the Police an alternative place to house intoxicated people without the necessity of charging them. I suppose that was a response from the "Deaths In Custody". Not many of those things were implemented either. Reduce the alarming high rates of deaths in custody involving intoxicated people. I understand that it has very little impact. But that needs to be looked into. Reduce the burden on the legal system from having to deal with intoxicated people who were charged with drunken behaviour. The Sobering Up Shelters have been very successful in achieving those ends. But for whose benefit? Do you know how many substance abusers and alcohol abusers have died in the camps and along the Esplanade, been murdered, or just found dead? But they are not dying in the Police cells any more. In fact they get less now than when AIMSS had it. The evidence is there if you wish to have a look.

ANSTI, as a key player asks – How many referrals from the Sobering Up Shelter (because that is where they are taken) are referred into Darwin Withdrawal Service the DWS what used to be Detox, Coconut Grove is right next door to the Sobering Up Shelter. It even has a connecting corridor. The duty of Darwin Withdrawal Services to make referrals to other agencies. There they have a captive audience for six or seven hours. How come out of the hundreds of people that come in there that nobody has been referred to us from the Sobering Up Shelter via Darwin Withdrawal Services. Question needs to be asked. These are the professionals down in the Darwin Withdrawal Services, this mob down here that don't seem to be connected to anybody.

How many of those have been referred – oh I have asked that. Why is it that ANSTI a key player is providing a residential withdrawal service has no record of this ever being done. We have got the proof. So what is Territory Health Services doing?

Dr LIM: So what is your guess?

Mr MALONEY: We are not getting the referrals because we are very unpopular with Darwin Withdrawal Services and the history of that is here. We made three complaints after it was opened. It is a non subject. it is a non-entity. It can't even get nurses to work on it. It is two psychologists short, its consultant is leaving. They came out here and disrupted our services. They provided impediments for people coming in. They discriminated by their policies and procedures against the mentally ill and people seeking help. They will only work 9 – 5, they would only see people between Monday and Wednesday. The consultant who brought it up because this is the model used in Perth said "if anyone comes on the Thursday, because you can't look after them on the weekend, tell them to go and get drunk and come back on Monday". This was the advice given to a room full of workers. Our workers were horrified. We take people on a twenty four hour basis. The service is being run for the people who are running the service, not for the clients. Our clients as a whole across the Territory now have to fit the service. The service have got no intention of fitting the clients. Look at the policies and procedures if they have them.

The last point about the other bit is can the services sustain a large turnover of staff as has occurred in the services run by Mission Australia, The Sobering Up Shelter community patrols and still provide continuity of care. The patrol staff I understand now informally from Territory Health that the patrol has just about collapsed. Most of the people who started there, we phoned up and checked and asked because we know who was employed to start with. One person, out of all those so called "social workers" is still employed. They are turning over at a rate of knots. I understand also, though I haven't had a chance to check it out, that the Aboriginal person that Fred on the radio keeps referring to who is running the service, is actually based in Queensland. Get a grip is what I say. Mind you, Fred's partner is in the Itinerant Project Group isn't she a worker in there? So he is bound to give them a good serve on the radio.

On accepting the Report the Itinerant Group who seems to have a lot to say about The Sobering Up Shelter and what Mission Australia does accepted the terms of that Report as outlined there. Patrol Strategies. Where are they? Where are they? We dumped what many considered in this town to be a functional service, others did not, for one that is totally dysfunctional, and we are not doing anything about it.

Any questions so far?

Mr WOOD: Just on Mission Australia. Mission Australia were originally were an unemployment Agency weren't they? I don't know whether they still are.

Mr MALONEY: Oh yes they still work in the personnel area. We are having trouble with them on a personal support programs.

Mr WOOD: So they took this on as an extra function this Sobering Up Shelter. I presume they put their name down as a tenderer for the program.

Mr MALONEY: Yes that is right, I suppose. One hears all sorts of rumours.

Mr WOOD: So they basically took over the old Sobering Up Shelter in Coconut Grove.

Mr MALONEY: Yep.

Mr WOOD: Interesting hours, Monday to Friday probably relates to what you were saying.

Mr MALONEY: It is doing a great job for the Police Force. What I am saying is what is it doing for the people? Why is it that they are ignoring their own wonderful (n their view) Research and Strategic Plan?

Mr WOOD: When they went for the contract, did the contract have set those hours out or would they have set the hours out. Would there have been Government....

Mr MALONEY: I don't know, I suppose they are the experts. Sorry Gerry that is all I can say. I would assume that when the Government gives out a contract it checks the credentials of the people that it is given to and has an expectation that they have the knowledge, the background and the skills to do the job. Does it not.

Mr WOOD: Well you would think so.

Mr MALONEY: Mmm, you would think so.

Mdm CHAIR: You would hope so.

Mr MALONEY: I would like to know the appropriate qualifications and skills and skills mix and everything else which exists within the Itinerant Group. I want to know why with all of the consultation and the research they employ Mr Sigston from CAAPS just before he is leaving the Territory to do research, and an audit.....I applaud it, that is good. Perhaps you would like to tell me under ISO Eleven Thousand, what you will be auditing. What is ISO Eleven Thousand, say Mr Sigston. How much research do you want? I mean this goes back. Why do they need to research when they had this done? Research, a couple of weeksWhat are the gaps in service? A blind man can see what the gaps in service are. They didn't advertise the job. Where are we?

Here we go, Leon Morris spoke to support given by the "A" Team, the "A" Team from the PMC. Sounds a bit like PMT to me, but there we are.

Mdm CHAIR: There are women in the room.

Mr MALONEY: Sorry. Roger Sigston is to research gaps, duplication in service delivery. Bearing in mind this is 26 March 2002. They have just spent \$100,000 on a Research Policy. Where are we? Roger to make contact with services agencies, including Police, Scotty Mitchell and Licensing Commission, Peter Jones. Roger emphasises the need for a closer working relationship between agencies. Well, good for Roger. I am sorry, I am going to take five minutes, I am getting so angry.

Dr LIM: Michael, I am going to be provocative now and say this to you. Is this because they have ignored ANSTI and there is a lot of frustration on your part and where money has been provided for other programs and ANSTI is missing out? We are hearing all these frustrations.

Mr MALONEY: It is a good question to ask. I don't give a damn, because I am leaving ANSTI at the end of September. What I am angry about is finishing my working life after thirty years and seeing the crap and the misery out there. That is what is pissing me off.

Mr WOOD: Can I partly answer your question? I have had a written question in Parliament to the Minister for Health for how long Mike?

Mr MALONEY: Seven, eight months.

Mr WOOD: I still haven't got a written answer to it. It related to ANSTI. The funding for ANSTI. It does get frustrating.

Mr MALONEY: Oh it does. I mean to say here is a classic. Besides all the Minutes and the Hansards. This man comes out and describes ANSTI as a way forward. Five months it took to get him out here and that is only because we got supplemented by Gerry. He comes out, gives us his unqualified support and then nothing. By the same token, he is down the road, trying to get land for FORWAARD next to the Barracks. We are already set up. We are already doing

what he is talking about. What is it, because the land we have got here is in perpetuity? Because we wont submit to just dealing with Aboriginal clients. I am still angry even though we have been given money under the Itinerant Program – to shut us up I think. But this is good. We can have this refurbished as long as we make it a Women's Centre. But CAAPS have got to do the medical detox even though they are not qualified to do it and they have no qualified staff there before they come here. So CAAPS gets the leading role. We can have ten more beds here but we are only allowed to take the chronic and the mentally ill because nobody else wants to deal with them . Now that is fine, we like looking after the people who are mentally ill and the people who are chronic.

We are going to get an extra \$100,000 extra revenue and what have you. But we had to burr it up the Ministers for months on this one. They denied us an inquiry, they slowed us, and I am not saying it is the Labor Government, I am going to be quite clear about this. It is the Public Service that boots us. We are no worse off under Labor than we were under the CLP. That is because the tail of the Public Service wags the Ministerial Branch.

Mr WOOD: I could mention some other departments.

Mr MALONEY: It is the Public Service that is the enemy here. Even the new Mr Griew. We took to him... We were so pushed after the guy who runs the Alcohol and Drugs phoned up and abused, in front of witnesses, Lyn Jones and turned her to tears. We took the complaint to him and nothing has resulted.

Mdm CHAIR: Where is this at?

Ms PALMER: He is the head of Alcohol and Drugs.

Mr MALONEY: Needless to say, although we are supposed to get referrals and we get most of the referrals, they don't give us any. We were the only one who put in a submission for the detox beds. But two were given to FORWAARD, two were given to the Salvos and two were given to us. We were the only ones who opened up on July 1st. The Salvos took four months to open and only did eleven people that year and FORWAARD had failed and I don't know if they still have them. They have never put their beds in. Right. Next thing I know, two beds are given to CAAPS and all of a sudden CAAPS is going to do all the detox. Never mind that we had all this sorted out and that we had taken some of the hardest medical detoxes, forty three. They are going to put them through CAAPS first.

Ms PALMER: No, no, no, also Banyon got two as well.

Mr MALONEY: Oh Banyon's got two.

Mdm CHAIR: Where are they?

Ms PALMER: Banyon House have got two which have only just started, but I think you need to speak some of the clients.

Mdm CHAIR: So you had – just so that I can get

Ms PALMER: We had two detox beds

Mdm CHAIR: You had two detox beds...

Ms PALMER: Yes. We did forty three detoxes in the first twelve months.

Mdm CHAIR: ANSTI did forty three.

Ms PALMER: Yes. Salvation Army had two and did eleven. As far as I know they have only two operating until recently Banyan has got two. CAAPS has been allocated two but I don't know if they have started.

Mr MALONEY: What they actually did because they get rent for them..

Mdm CHAIR: When were all the allocations made? I mean when was that decision made?

Mr MALONEY: The decision was made in June, not last June the June before.

Mdm CHAIR: That was June 2002.

Mr MALONEY: We were the only one to put in a submission, we wanted six...

Mdm CHAIR: That would be 2001 wouldn't it be?

Ms PALMER: No, it was 2002 to 2003. We didn't get it this year. 2002-2003 and this financial year we didn't get the two detox beds.

Mdm CHAIR: Did they say why?

Mr MALONEY: Oh well you have got to share it around. They have got to be seen to give it to certain organisations.

Ms PALMER: They didn't really give a reason.

Mr MALONEY: No that was said to me though.

Mdm CHAIR: So there was no reason.

Mr MALONEY: No. Because we questioned it and it is questioned in here in the three month report which I would like you to take away and study at your leisure. We provided, because of the problems after three months and these were some of the things that were going wrong for us at three months after tasking it. Bearing in mind nobody else nobody else is doing detox in town because they haven't got their act together and we were open the first day.

Ms PALMER: I think you should also know that the detox beds at the Salvation Army are run by Darwin Withdrawal Services. Salvation Army doesn't actually....

Mr MALONEY: They don't do anything. But they get money for having them.

Mdm CHAIR: They receive the money but they outsource the service.

Ms PALMER: Yes. Darwin Withdrawal Service actually comes in and does the detox. I think that you will find that Darwin Withdrawal Service are actually going into Banyon as well.

Mr MALONEY: This is what we actually wrote in our Report.

Mdm CHAIR: Just before you read that. The forty three detoxes were done over a full year.

Mr MALONEY: A year.

Mdm CHAIR: Sorry Mike.

Mr MALONEY: Okay. ANSTI is of the opinion that the current withdrawal policy of insisting that prospective clients must first be assessed by the Central Assessment Team this is down in Coconut Grove at its unit is a real impediment for some people wanting to access the service. Our prospective clients are usually destitute at the time of seeking help and are generally are without transportation and therefore unable to meet such a protocol. The additional policy of not assessing people after Wednesday is yet another barrier to our client group. We are currently unclear about the logic of this policy. It is the experience of NGO's that dealing with requests for help is higher on the Thursday and Fridays, especially on the weeks incorporating pension week and allowance. After repeated protest by ANSTI staff, assessment has been undertaken at the facility for those referrals from other agencies. In other words, every time we sent them to the Central Assessment Team, they didn't come out here. No other detox beds, so where did they go? There were some back on the street. Our actual research on all our clients show that the admission dates were highest beforeWe actually took people in on were Thursday and Friday. What did they do with the information?

Table 2 clearly shows that over half of all admissions were as a result of referrals other than DWS, that is Darwin Withdrawal Services, later to be assessed by the team as requiring detox. It should also be noted that despite the original policy of DWS half of all admissions made at the end of the week have been by their own instigation. In other words they haven't gone through. We have to date, received no notification as to the policy being changed due to the fact that it does not reflect the reality of the situation. I was, at one time the Manager of the Detox Unit, and I know that most of the evidence and data collected in the Detox Unit was that the highest admission days were Thursday and Friday. So theypolicy. Well come see us on Monday, but we suggest you go back out on the street and get drunk until then. That is the policy. My great concern is the number of people referred to DWS by ANSTI, because we try to do the right thing. Clients well known to the organisation and assessed by ourselves as needing detox have not been followed through with an intended action by failing to attend DWS, they didn't get there and then basically we have proved that through our stats. It is worthy to note that thirty eight percent of referrals were made on a Thursday and Friday. Sixty seven percent were telephone requests for assistance. Nil took the advice to attend DWS unit.

We welcome the introduction of the 24 hour telephone service to be introduced in November and we look forward to seeing if it offers any real benefit to the clients. It has been in operation and we have seen no evidence that it benefits the clients.

Impediments and impact. We know that many of our clients suffer from mental health disorders and illnesses and as such often do not appreciate the need for the involved processes when wanting help. Had, as we believe those seeking help been assessed and assisted to undertake detoxification processes, the impact on our beds would have been as follows. There are charts there that show us numbers in excess of four, five or six. So we could have filled about five or six beds. The proof is in here. It can all be checked back against individual case notes I can tell you that. Okay. Assessment reliability. ANSTI has a number of issues and concerns in the area of this activity. They mainly involve the ability of the nurses involved in the accurate assessment of clients requiring detoxification and the accountability for the assessments undertaken. This has been demonstrated on a number of occasions during the last two months. Client 5, an Aboriginal man was first admitted to ANSTI via the DWS on 19th July 2002 and requiring a residential withdrawal services. He stayed until the 26th leaving to attend court, he was admitted directly to ANSTI from St Vincent de Paul's after he came out of court right. He was subsequently diagnosed as requiring medication during that period of detox by a GP. In other words, we had taken him to the GP, he had come here and the GP suggesting his medical detox and he stayed. Now his condition was also complicated by a diabetic condition periods of reduced consciousness and hallucinations. He has quite a lot going wrong with him hasn't he? The Assessment Team came out here and told him he didn't need detoxing. The GP had already said he needed medical detox.

Client 6 was first admitted with a suspicion of needing detoxification services on the 3 of July 02 and was assessed as not requiring the services by an Enrolled Nurse down in the Darwin detox area. When the unit was asked about the ability of the EN's to carry out assessments, ANSTI was told that the DWS unit that it was legitimate. No, I am a nurse of thirty years, EN's are not allowed to do assessments. That is the role of a Registered Nurse. On further investigation at a higher level at Territory Health Service this is deemed to be outside the responsibilities of the Enrolled Nurse. So they back pedal. The same client was admitted on the 23 of July, because we had to let him go, because he said "oh well I don't need it, the nurse at detox said I don't need it". He was assessed by a Registered Nurse as now requiring services into his condition not dissimilar to the previous observer. From that point of view, he did go out and he got stabbed and spent a night on the streets with a stab wound before we got him back. That is why I am angry.

ANSTI observes the assessments of clients at thirty years nursing and notes that assessments are not a medical examination and you should know that. Nursing assessments are not medical assessments. Yet for people requiring residential detox who never see a doctor get shunted off to the Salvos and what have you. No nurses there. They visit them on a daily basis. The assessment by nurses is narrow in that it cannot replace medical diagnosis or alert the carers to co-existing medical conditions. In other words dual diagnosis. The nursing service assessment fails to demonstrate or display the use of the nursing process or model. Is this Implement care, then evaluate. What they do is they do a wonderful assessment and send them out to us. Mind you, they never tell us what their assessment is. The hands of approach in looking after clients results in an unclear line of responsibilities in terms of duty of care and appropriate therapeutic or nursing model of care. Under duty of care, we are governed by four Acts of Parliament, namely the Occupational Health and Safety, anybody on these premises, we have a duty of care for. It is our duty of care yet, these people used to wander in and say oh no you don't need medical detox or one said oh you're discharged, didn't even come up to the office to tell them that they did it. Then they wondered why we kicked the nursing team out and wouldn't have anything to do with them.

Territory Health Services, and I have a letter there, said because of our inherent skills, we no longer needed to have those assessments done by Darwin Withdrawal Services, so they stopped sending us the clients. Not that it made any difference because we went round them anyway. At no time has the DWS unit provided any information on client intervention or feedback on the process applied. Even though we are looking after them. When everyone is up all night when they are vomiting, we are the ones who are sponging them down. We are the ones who are delousing them. Great job to be a nurse isn't it? it got to a point around Christmas when they were turning in, they put one man on call who sat there, and all he said, and I have got witnesses to prove it. "Oh, here's ANSTI's phone number, give ANSTI a call". That was their assessment.

Ms PALMER: I think the sad point about that was that we don't know how many people she did ring, because they didn't ring to say that they had a client and we have given them your phone number. So some might ring some might not. Because when they get faced with ringing another number it is often a problem, becomes too hard.

Mr MALONEY: Another point. The policy of Darwin Withdrawal Services appears to be made on the run and is inconsistent e.g. The Darwin Withdrawal Unit recently stated "They were unable to transport clients after assessment to a facility". So instead of saying go out to ANSTI, what we said was get in the car and drive them out. Oh no couldn't do that, couldn't do that. This is not our way. The DWS recently stated they were unable to transport clients after the assessment to a facility. This has not set well in that three clients, during the two month period arrived at the withdrawal service in vehicles driven by nurses. So they please themselves. So they had actually brought some people out, right. But when we said, "you will have to bring them out, we have only got three staff, we can't leave everybody here to go

in and bring people out.” Bear in mind we were the only two detox beds at the time. Other Territory Health Services nurses do not seem to have the same constraints and they transport the same clients without any reservation. Mental Health, Community Nursing, no problem at all.

ANSTI receives no funding to provide transport of clients requiring other services other than those provided by SAP. So we are supposed to run the Unit here, and them not even meet us half way. Most of the time we pick up our clients on the run from St Vinnies when the boys do the run or what have you. We are pretty good like that. Dare we ask for a little bit of help back – Oh no, these wonderfully paid nurses who sit down there doing assessments all day. You should ask this gentlemen when you get a chance, what he thinks about Darwin Withdrawal Services.

Then we go on to say by far the most serious of the above items include is in that client group that is attracted to ANSTI's services having in most cases primary, secondary and tertiary health problems needs as is demonstrated in Table 6 that is detox completed with the forty three. We have, gastro intestinal, constipation, dehydration, one has epilepsy, diabetes and dental problems, the other depressive illness, diabetes, epilepsy, wound care, mental health issues, psychological problems. This one has got gastro intestinal, mental illness and hemorrhoids. Epilepsy, mental health problems, on it goes. What happened to that wonderful thing where we were going to have those two detox beds sitting there. The private hospital. So where is the medical detox taking place? You must ask the guys of what they think of home detox. The biggest joke going.

Ms PALMER: We have actually got someone here at the moment who tried to detox for four days.

Mr MALONEY: Four days.

Mr WOOD: Who runs St Vincents.

Mr MALONEY: Darwin Withdrawal Services. They go round these nice little places each day and they do the pulse and temp and respirations which you can teach anybody in five minutes to do, and then go away. It is like they used to come here. They used to drive two in a car, because they wouldn't go out by themselves, drive all the way out from Coconut Grove out to here in a Government car, come in do blood pressure, temps and respirations, stay five to ten minutes, one stayed three to four minutes one day, get back into the car and drive out. Great use of public money.

Dr LIM:Alcohol detox. People go through the DT's when they are withdrawing from alcohol and the DT's, delirium tremors is a potentially fatal event. The patient is at risk and could die until the tremors are over. Then detox is.....inaudible Saturday night binge and then Sunday, Monday you get better,. But if you have abused alcohol for a long time.....just can't give up. And some do that at home or in the case where there is no medical facilities.

Mr MALONEY: That was part of the proposalInaudible as we saw it and described and we were told a load of rubbish about what else was going to be supplied. For the first nine months we were empty beds. In fact we took people from illicit drugs, we were only supposed to be alcohol residential care. We ended up because of the co-existencedirect admissions because the consultant in their own group pleaded with us to take people with medical detox problems.

Mr WOOD: To get my memory right.. If you take someone who directly comes – you take them straight away don't you.

Mr MALONEY: We guarantee that anybody arriving here, will see a GP within sixteen hours. Nobody else beats us at that. We generally get it done, in what is now becoming very hard to get, bulk billing. We have some great doctors, Dr Peter Evans for one, Dr Di Shakleton. When we say we are from ANSTI, they are seen straight away, and they have been great. We have terrific support from GP's. For some reason we get on with the GP's, because they can count on our care, they can get beds for their people and know that they will be looked after, and they get a proper assessment done. We have managed sixteen hours, if anybody presents with a problem that is acute, and I am entitled to make that assessment, as a Registered Nurse. In fact Inursing registration, we go straight to Accident and Emergency no messing around. If I am not about if anyone thinks one of the guys needs hospital, the policy is, he goes to hospital. These guys know more about detox facilities, because they have had detox.

Ms PALMER: We get.....from the Doctors.....

Mr MALONEY: Here is the Head of the Users Group in an article on the 3 January which states that there isn't a detox service any more. And there isn't. There is not. It is an absolute waste of public money. What we have here. They used to have ten beds down there right. So what we did is to cut out the ten beds put in five desks, keep the same amount of staff, kept the overheads and have the same expensive service and we are not looking after anybody.

Ms PALMER: I just want to give an example. Like you were saying with detox. I have a client here, I wont mention any names, but he went into Banyon Detox and was told that he couldn't do detox so they put him in the rehab side, straight off the street, liver damage the whole bit. The first two days he was made to go on the excursions that they do and required to walk seven kilometres with a ten kilo pack on his back. They couldn't understand why he was so sick. He was very, very unwell.

Mr MALONEY: He will give evidence and Marion I have asked you to actually do that one yourself. But what they did to that man was awful. They could have killed him.

Dr LIM: Mike, I don't know if you are continuing with your presentation or giving us any other information but assuming that there was more accommodation here on this block..

Mr MALONEY: Ten more places are going to be found, however,

Dr LIM: Is that the maximum?

Mr MALONEY: It is the maximum we are prepared to commit for. You have to – people who look at ANSTI have to understand that although we look very casual and very relaxed and have a nice atmosphere, we actually have a very, very structured therapeutic community here, right. We also provide medical programs. People do not recognise the programs if you will ask Neville. Neville will tell you that he was worked over psychologically and done left, right and centre, and made to think everything was his idea until he got out and realised he had been done by us. Because we operate a normalisation programs, we operate psychotherapy and we operate on an individual basis, because we have the skills. ?.... person trained also those staff in those skills. Skills that I have learnt in over thirty years from mental health and working in alcohol and drugs.

Ms PALMER: The reason we are going to ten beds is that we don't want to grow out of proportion.

Mr MALONEY: We can turn over in what we now operate in thirty, we can turn over forty three cases of people going through the system and know that we have areasonable success. We don't have recitativeness. We have a less than .5% recitative rate.

Dr LIM: You can service forty three people a year.

Mr MALONEY: Forty three who have actually left plus the thirteen we have got in. Through thirteen beds. We are taking an additional ten and we do that because we initially said eight, because what we wanted to ensure was that we could actually take that without distracting from our methods and the general run of the place. To remain successful, there is such a thing as being too big.

Mr WOOD: You would have to have several ANSTI's.

Mr MALONEY: Precisely. And the thing is, we don't – ask our guys if they have ever been shown a video. Ask them if they have ever been sat down and shown a video. Ask our guys if they have ever been sat down and been preached at. We had one guy here, this is absolute gospel, he did fourteen weeks of absolute wonder here, and he wanted is driving license back. So where did he have to go to have his driving license returned. He had to go to Amity. Three days of counseling being told and rehabilitation, you know what he did when he came out? he went on the “grog” for two weeks. Thanks very much I said. I have another guy that is giving testimony this afternoon that we sent to Alcohol and Other Drugs for counseling. He will tell you the story. We sent him down there. In one hour this person put him back in the situation where he was having flash backs. He was a gibbering wreck for two weeks. he suffers from bi-polar disease and they opened the wounds on him.

Dr LIM: What I am trying to come back to is the density of this block obviously. Looking at the maximum.

Mr MALONEY: We are risking it.. Risking it. The point that I am making and I will go back to my original start here. I am saying that, the resources exist in the Northern Territory to deal or restrain some of this problem. I am also saying that the skills there. The trouble is that with the new operation and what have you. Most of the people skilled in this area, people like Lyn Jones, some of the people from AIMSS and all the rest of it are no longer in the sector. They are doing other things for a living and doing quite nicely thank you very much. What have you got in now, people who are wondering around saying, “ I think we will build a few canoes”. Or, if it becomes too much of a problem for you we will fly you back out. How pathetic.

Mr WOOD: If you have to sum it up, I mean basically you are saying they are not teaching people life skills if you want to call them. By life skills you talk about rehabilitation, being able to cook a meal. You are talking about being able to live independently.

Mr MALONEY: Oh yes. It depends, not with the welfare state, because I have another comment to make about that. But bear in mind that we have had four people start up in the NT University last week to do alcohol and drugs Certificate 4 and they are bored. The student can't even....We have a guy started down in Batchelor who is half way through his Certificate 3 now because he knows so much more about it than the lecturers.

Ms PALMER: The idea is that they have enough skills to help them.

Mr MALONEY: Look at their rehab. What is rehab? I mean something can come out of that. Most people we take on detox without referral, try to stay here at ANSTI for their rehab. There is no length of time on it. There is no “in six weeks we are going to cure you and we will make sure you watch every single video you could ever possibly watch”. Even though we are providing culturally appropriate things it isn't based on the AA religious 12 Rules. We don't do any of that. Each person is assessed and dare I say holistically, we look at housing, we look at primary health, we look at secondary and tertiary health issues. We certainly have guys here we put through bankruptcy courts to get them out of their financial mess. We put them through Legal Aid, we do what is necessary for that person. We fit the program to fit the person. So that we can get rid of all the things, all the issues that chucked him in

the river to start with. Then we actually look at how we discharge him. We call this rehab laughingly, because that is the current term. We don't rehab people. We certainly don't. In most cases it is impossible. Rehab by definition is the return of somebody back to their original state or condition before they got ill. It is a nonsense to say that you will rehabilitate somebody who loses his legs. You don't. You give him a wheelchair and you make sure that the door jams are wider and you put rails up in his toilet, you change his environment to suit him. You habilitate him. Part of that habilitation program may be literacy and numeracy; it may be finding a job; it may be providing them with the educational skills and the ability to go to places like university, go and train as plumbers or give them the facts so that they can buy a car so that they can actually attend work because they are already highly qualified. So that they have the time to save up for a car. They have the support of being able to get back into jobs. If you are out on a community on CDEP it is great. You can walk off that community after getting CDEP, you can come to Darwin because you are not happy. You are bored sick out there or whatever, nothing is happening, "you are on sit down money" and because you are on CDEP you can go straight on to benefits. The only group that can do it. You don't have to wait six weeks. Straight on to benefits. Therefore you can do – oh well I am going to Darwin, nobody wants me.....so he goes on and drinks. Then when people think they're losing money out on the communities because they can't illegal substances, everyone wants to hook them back. Thirty three percent of people leaving here who come from other states and territories we have repatriated to those other states and territories, and they are no longer a burden to the Northern Territory tax payer.

Mr WOOD: Mike you said that in theory these people are sent to detox and you are saying that within the ANSTI set up that is not happening.

Mr MALONEY: No. We don't do that. I mean to say you can't find any records of it, but you can get plenty of records of it but you can get plenty of records of them getting the phone number.

Mr WOOD: The detox centres the people they send them to CAAPS.

Mr MALONEY: Yeah. They go to CAAPS and what have you. But what they have actually done now is that they have included CAAPS now. Because CAAPS decided instead of doing a six week program, they were going to do a seven week program, but the first week, everybody that comes in is automatically on detox. So what they do as soon as Aboriginal families comes in, how much percentage of their pension do they have to hand over.

Mdm CHAIR: It is a substantial amount of money because I have had a lot of complaints about it.

Mr MALONEY: So what happens is that you get a few smokers. But immediately, what they have done. In comes Darwin Withdrawal Service, trying to justify a living and does the detox with CAAPS right. CAAPS gets an extra weeks rent which is a large portion of their pension and what you get back is the welfare system. People come here pay seventy five bucks. Everything else is their own. You can't back to being independent if you are going to take away choices from people. If you are going to try and rehabilitate or get out of that welfare mentality

Mdm CHAIR: You have to give them the independence to buy their own food and essentials. Responsibility.

Mr MALONEY: Not only that. They get their money in their hand, they come up to the office and they pay their rent. FORWAARD and CAAPS just take their money, a large percentage of it and give them back for a few smokes. Unnecessary. They are even charging for detox. We don't charge for detox, that is why we get so many people, because, when you have been boozed up and you have beaten the kids and you have spent all the kids money and everything else you may want to be detoxed, you haven't got a 'brass

razoo'. You have come in here. We will look after you for a week and we will feed you. There is no compulsion that you stay after the week. Most do. Then they start paying rent after they have done detox. But why should poverty of the nature of the drinker or substance abuse be a pediment for treatment.

Dr LIM: Mike may I ask you for a comment on what you think of DASA.

Mr MALONEY: DASA. We get referrals from DASA. I am restricting my presentation to the Top End. I make no comment because basically, I have an opinion, but it is an opinion that it is not based on fact. Everything that I am trying to tell you over this hour and a half is the truth as I see it and where possible I will provide you with evidence. But I will say, there is a desperate need. If I am saying and if you accept that there is enough money, enough skills in the Northern Territory to deal with this problem, and that some of this public money is being wasted, misused or frittered away. If you accept that then what you are going to have to do is sort these organisations out.

Dr LIM: Do you include ? CARPU

Mr MALONEY: I like them, too structured around here and a bit parochial.

Dr LIM: Well that's Central Australia. (laughter) It attempts to achieve what you are doing here.

Mr MALONEY: Yes it does. But what are its outcomes? See the thing that you have to also hear is people talk about performance indicators. They also talk about outcomes. There is a difference. You know for yourself if you take diagnosis related illnessesand there is a move say in the general health system to say certain conditions cost so much to deal with, so an example would be two eye surgeons. Why can this eye surgeon do 25 operations a month and this one only do 10, yet we are paying them both the same. From the performance indicator, you would assume that the best value for money on the surgeon that was doing 25. Until you investigate the outcomes and you find that the surgeons techniques or whatever are very poor and he is getting people with recurrent breakdown of wounds, golden-staph. and needing readmission. His clients have in the end cost the system three times as much as the guy that was doing ten ops. That is an outcome. A performance indicator means nothing. And yet everything is measured on performance indicators.

Two thousand people go through the Sobering Up Shelter, not much of it is a recitative type of thing. One and a half thousand of them are complete continual with it, they are there everyday being admitted. Two thousand doesn't mean anything. But with the five hundred, four hundred came into the detox area and attended somewhere along here, then that is an outcome. Just saying how many admissions you got is not, it's a performance indicator. Everything the government does is a performance indicator. That is what they do.

Mr WOOD: In theory under the new accounting practice the outcome should start to show up somewhere.

Mr MALONEY: Yes it does. I mean to say you need someone.....

Mdm CHAIR: If you are receiving X amount of dollars to carry out a service has to report, or meet certain outcomes in terms of the funding that they receive. The agreed performance indicators that are negotiated between the government agency and the service provider.

Mr MALONEY: You have certainly done the.....and people talk about this. I am telling you that not many of them are making it back into here, even though Darwin Withdrawal Services is next door. Why? That is what you need to find out. I know why, but

you need to find out for yourselves. Why is it that most people doing detox with the exception when you can prove outcomes go back into this cycle?

Mr WOOD: I thought that was the revolving door actually.

Mr MALONEY: These are the revolving doors. When you hit this.

Mdm CHAIR: I know when we talk about the revolving doors that are constantly happening....

Mr MALONEY: There is a big revolving door between the Sobering Up Shelter, Night Patrol and Detox and Rehab and the point of entry is that you can go into there it doesn't mean you are going to go here, it is unlikely you will go here under the present regimes. Even though they are a captive audience. You can come straight to detox, but if you get shunted out to another organisation or what have you without pointing you through to rehab, they are just putting you back in. The most successful group of people we have is coming into here but these should not be scattered as separate, there is no link between these until you get here. I am going to have to wind up pretty shortly so I need to go through the last two pages, I have plenty to say, but I am going to skip it so I do need to go through the last two pages of this document with you and then we shall break for lunch.

These are what I see the issues are. The departmental funding to NGO's and service provision issues. The data provided by NGO's to government are of no benefit to ensuring tax payers are receiving value for their money within alcohol and drug services. A big problem. When they were arguing the toss about our funding I said well you get all the performance indicators and so called outcomes from us which are not really outcomes. Can you let me know what CAAPS are achieving, what are FORWAARD doing and what are the Salvos doing so that we can compare ourselves and learn from them. "We can't give you their details". Big excuse, you are not trying to do the same thing,. You are not providing the same service. Not providing the same service! The Health Department will not provide NGO's with interagency data for comparison purposes and for the purposes of assessing resource allocations in gauging client outcomes between NGO's. Now, if you go into business, you can get between businesses, say if you are into mango farming, you can get inter-industry comparisons so you know whether you are doing well and you are achieving the same efficiency and effectiveness. Remember that efficiency and effectiveness aren't really the same thing either. The NGO's demonstrating affiliations with religious, ethnic and Indigenous bodies are given unfair advantage in granting application procedures regardless of poor outcome or performance issues. Or that corrective action is taken when it is known that the organisations are failing to meet the expected outcomes. There is no evidence that the allocation of funds is based within the framework of assertive action or fast tracking methodologies. I find that if people want to say, this amount of money is allocated specifically for Aboriginal people then I want to see arguments under assertive policies. What the government expect to achieve from it, it must be done in assertive action and has to be plotted. It can't just say oh well we put it all there and hope that it is going to get better. It has to have some sort of framework. A bit like the education system which is fast tracking and we did this exercise with young girls some years ago and it worked. Unfortunately, nobody has turned around and said now it is a level playing field the highest academic achievers are girls and boys are in school with literacy and numeracy problems. There comes a time when assertive action and fast tracking has to be stopped. The level playing field has achieved what it set out to achieve where people have equal aspirations against opportunities and achievement. What that comes down to is cost. Most places now put an end date on it. Also programs when we are looking at outcomes and performance indicators, but basically where are the failure criteria? When is it ever said if these things happen the program is obviously not working so let us not go on wasting tax payers money. Nobody ever talks about the type of criteria. Yet it is quite legitimate to do it. If I borrowed money from the bank, the bank will want to know the failure criteria risk, so that it could

withdraw it's loan or say no, you are in a losing situation here, you are not even working towards breaking even.

The Northern Territory budgeted allocations of money to NGO sectors dealing with alcohol and drugs and is not based on performance outcomes alone.

Policy issues – the grant application practices are not within the context of multicultural ethos of the Northern Territory. But the present pressures to compel people with chronic substance abuse and misuse problems is a retrograde move and defeats the purpose of earlier moves to keep those sufferers out of the judicial system and could be judged to be an abuse of power.

Mr WOOD: These days we compel people to what?

Mr MALONEY: Rehab.

Mr WOOD: Into rehab.

Mr MALONEY: Can I introduce Max McDonald who is the Acting President of ANSTI.

(Chatter)

Mr MALONEY: The government need to recognise and accept that past departmental controls of these problems have not yielded results. That is controls exercised to the schemes have....an impediment to the responsive and reflective management of the problem. We all work under Public Service, Service Agreements which basically tie our hands behind our backs. And that you will have to get evidence for. They were trying to revamp it recently which means that we wouldn't be allowed to act as advocates any more. In other words if we did not agree with government policy or the Public Service handling of things we could not get on to the press and say "hey we are sending so many people back onto the streets". So in fact we could be gagged. Yet we are supposed to have an advocacy role. There is a heavy dependence on two way education, in educating workers in the alcohol field. In what is basically a multicultural environments.

Never shown so much as the Batchelor students that come up here from Batchelor who are taught on a two way basis, but when there is a ???huge interest in other peoples cultures. I don't see why an Aboriginal Health Worker with an alcohol drug and alcohol qualification shouldn't look after Caucasian people. But too much reliance.....

Mdm CHAIR: No, no. In Katherine, where I spent most of my time working, we encouraged the Aboriginal Health Workers to provide services to the non-Aboriginal clients that came into the service. And that was done for a purpose, of not just limiting the Aboriginal Health Workers to Aboriginal people, but broadening or enhancing their skills. It was getting them to interact with other people other than Indigenous clients.

Mr MALONEY: That is absolutely right, but

Mdm. CHAIR: And that is how it should be. I mean there are some services that wont allow their Health Workers.....But I needed to defend that because I ran two services...

Mr MALONEY: But I have to say for many years here, we used to use the Aboriginal Health Service and we have been discouraged by that organisation now because we send white people. Della can give you the details on that.

There is too much reliance placed on the use of past cultural structures, mores and remedies that are never designed to meet present day problems, conditions and have limited or no proven application. It may be that the cultural groups will need to recognise that other

groups have lived with substance abuse and misuse for a greater period of time, and that such groups need to look outside their immediate society to work together to find solutions. I don't think any one of us would argue with that. That is another reason I dislike the boat building and all the rest of it.

It is no longer acceptable for organisations to hide behind the term rehabilitation and questioned on the processes. If rehabilitation has any substance it must be susceptible to description demonstrating the structure or methodology having expected a measurable outcome. I am quite happy to give you details of what we do here. I do not count watching videos as rehabilitation. The present approach of (inaudible) are not supported and is in danger of promoting division and elitism.

In camera evidence removed from transcript

Dr LIM: If I were to own a hundred acres of land in Darwin and that is my country, surrounded by fences and gates and all that. If anybody was to come onto that hundred acres of land to come and visit me, they would have to at least behave within certain standards.

Mr MALONEY: One would assume, that if they came to visit you that you had in fact invited them.

Dr LIM: That is right. And therefore they would behave in a certain way. If not, I can throw them out.

Mr MALONEY: People don't feel about Darwin that way.

Mdm. CHAIR: That is a historical thing though, Mike, we could go on about this for a long time.

Mr MALONEY: All I am doing is pointing out the fact that there is a degree of grievance.

Mdm CHAIR: A lot of Indigenous groups have had this conversation and I know just around the long grass and talking with a lot of them. But a lot of those long grassers as well. If you went out to their community there are certain rules and protocols that you have to abide by, whether you are an Indigenous or non-Indigenous person....

Mr MALONEY: And have a permit too.

Ms SCRYMGOUR: That is right, to go onto their land. Now why shouldn't that same rule apply when they come in. A lot of them – because that is why they run away from their communities in the first place is because they do not want the rules and they do not want the protocols and they don't want to live by the law of the land. That is why they want this freedom. It is their choice. We can all do that. We can move and do whatever we want.

Mr MALONEY: It is their choice. But if you are going to come down and start trying to restrict their choice here....

Mr WOOD: Except that the land as you say historically is changed. One could say that it is Larrakia land and I accept that but it is Larrakia land to some extent merely from a philosophical point of view, not from in some cases a hard legal point of view.

(Chatter.)

Mr MALONEY: We have to be very careful that we don't get groups like we have in other countries which are almost no-go areas for people of other nationalities.

Mdm CHAIR: I don't think that that is the intent or what they are trying to do....

Mr MALONEY: I don't know, I don't think – but I am thinking that sometimes what we intend is not what we get.

Mdm CHAIR: The Larrakia within themselves – there are many groups, the politics are very diverse and dynamic. .

Mr MALONEY: That's fine, I accept that as well.

Mdm CHAIR: Even within themselves there are differences.

Mr MALONEY: I accept that as well. I can only give the evidence I have seen and as honestly as I can.

Operational Issues. Although there is no argument about the increased problem associated with the so called itinerant group in Darwin area, there is not so much a case of increased numbers, it is more an increase in the problems that they cause and have been caused because of the restraining elements or the people that had the expertise to hold down some of the problems are no longer there. The loss to the sector of skilled personnel has left the problem to escalate whilst being unshaped by ineffectual operators and the poorly trained and often immature staff. Never was that more evident with what they did with the Community Patrols. Admittedly, they put together a training program now down in Batchelor for them. But they didn't even have basic First Aid. It just about contravened every section of the Occupational Health and Safety Act. Why somebody hasn't been hurt out there, I know some of them are scared and that is why most – a lot of them leave. How can you expect – that was just so – that was just terrible the way that patrol was put in. Absolutely disgusting. I am also saying there basically that Darwin is changing, there is a new Darwin and where before we used to accept types of abhorrent behaviour, we are no longer prepared to do that.

The escalation of anti social problems on the streets of Darwin has coincided with a switch to alternative operators within the sector that operational behaviours within those groups, the use of CDEP workers lacks in both training and expertise which exhibiting high staff turn over rates has contributed to the problem. I think Territory Health will tell you the same thing. Again, I haven't covered very much. I am sorry it has been so negative. You can understand why I didn't want the clients in here. I don't have an axe to grind on this one, I am out of it. Lyn Jones is out of it. ANSTI will get a little bit of the market now . I think ANSTI will do what it does well. I haven't even given you any indication on how I think you may resolve this problem. I do have some ideas. Unfortunately, I am reluctant to give out anything, because every time I give out, some other organisation bills it, steals it, or calls it their own. ANSTI has fronted, on many occasions and gone out to seek to put certain programs in. Sent in submissions to the government and all of a sudden, other organisations have turned up with the funding and the methodology. Maybe another reason why I might be bitter.

But at the end of the day, who is suffering? I am not. Nobody got to where they are in life by building canoes.

Laughter.

Thank you very much.

Meeting suspended

Dr LIM: With reference to Hansard, I would suggest that it is not necessary for everybody to identify themselves? Just so long as they say they are here to represent ANSTI we would be happy with that.

Mdm CHAIR: Are people comfortable with that?

Dr LIM: Just indicate that you a representative of ANSTI and prepared to give evidence.

Chatter*

Dr LIM: Madam Chair would you just like to repeat that. That witnesses do not need to provide their names as long as they are prepared to say that they are a resident of ANSTI

Mdm CHAIR: Well I think we have got that pretty clear Richard so, we have all agreed to that and I don't think that there is a problem with that.

Dr LIM: Well we won't mention the names any more, so first one, Number 1.

CLIENT 1: To start off I am a resident of ANSTI. Just my story? Going right back, I was adopted. These people couldn't have their own kid. 4 years later they had their own kid and then I was just palmed off, around to relative to relative, you know. I never knew what love was, to receive love to, to be told that you are loved.

Also around that age group between 12 and 16 I was raped twice, by a friend of the family that was swept under the carpet that was never dealt with. Then I ran away from home at 16 I went to Melbourne and that was when I had my first taste of heroin back then, and also I started living with a guy because he was into drugs and he was also support for me too.

But my life in Sydney was even bigger and better I think. I got into drugs real heavy there too and I ended up living in the streets, I used to sell myself at a place called the wall in Sydney. I used to sell myself to support my drug habit and, anything up to 2, 3 a day or even more. This was when I was in Sydney.

But getting back to, I have always just thought about looking for that love, that attention that someone out there would want me for who I am, I don't know.

Dr LIM: Coming back to the present, you obviously made a very big decision about drugs and your life. What brought you to ANSTI?

CLIENT 1: What brought me to ANSTI? I call it a merry-go-round. I have been to other rehabs and it didn't work for me and I had been out here for a visit ,and at the time I was driving buses for the Salvation Army as a volunteer and the workload got to the stage where I busted and went back to smoking marijuana, so I thought no, I want to get off the merry-go-round.

So now that I have achieved things, now I can set goals. It is just about giving it a go and starting again, I know I can survive out there, I can survive out there. I class myself as street wise.

Dr LIM: But you came to Darwin to change the drug scene, to get away from it.

CLIENT 1: No, I came because I was looking for someone.

Dr LIM: Ok, and anyway that is how you land in Darwin and through working with organisations such as the Salvo's...

CLIENT 1: I came to Darwin 10 years ago but I didn't really get involved with the Salvation Army until about 4 years ago.

Dr LIM: Through working there you found this place?

CLIENT 1: Yes.

Dr LIM: That's how you found it and then you learnt about it and when you decided that this is place where you can...

CLIENT 1: I found out here that the problem is not shoved in your face everyday. Whether you have a problem with drugs or alcohol you have got to do these groups with these other rehabs-----out here I find...

Mdm CHAIR: Sorry I was just going to say, prior to you getting to ANSTI. I mean you have gone through a lot of rehab, and you were just going to touch on that, can you just touch on that in terms of how many services you...

CLIENT 1: Well down in Melbourne when I went to my first rehab they weren't really classed as rehab, it was just a room in a ward in the hospital. You could go in for say, 2 days, 3 days and then you were kicked out in the street again. There was no such thing as long-term accommodation rehab centres at the time.

Dr LIM: You were drying out...

CLIENT 1: Yes, but that is what a lot of people go for, that is what I used to do to, was to dry out and then go back out again and start all over again.

Mdm CHAIR: So it was used as a means of just respite for your body for that time, and then you just go back out again.

CLIENT 1: So next time when you have a hit you feel it.

Mdm CHAIR: So that was in Sydney, what about in Darwin when you came to Darwin, that same cycle.

CLIENT 1: When I came to Darwin, yes I started again but especially heavy in the last 4 years. I stayed at a place called, it was out at Stock Creek Station I was a cook there I had just done rehab down south and came up here, and got a job out there. I knew they were drinking beer and all that so I said, 'Oh that would be Ok' and we were told you just can't touch anything anymore, and I thought no because I am a drug user, -----marijuana and I could get speed real easy out there...

Mdm CHAIR: Where was this, in Scott Creek.

CLIENT 1: In Scott Creek, just near the -----

Mdm CHAIR: The other side of Katherine isn't it?

CLIENT 1: Yes. I got into speed real heavy and I ended up losing that job. I came back to Darwin, still kept on the speed I was selling it getting money. Like in Sydney. For all the times I have done a lot of drug running between, say off the street and Darwin and if you take drugs you get a free hit.

Dr LIM: Can you tell me then, how do you compare ANSTI with the other rehab centres you have been to, why have you found this to be better for you and why did you stay off.

CLIENT 1: Because you can deal with your own things as they come and it is not cramped into so many weeks. If you don't want to deal with the problem, you don't have to straight away. I find that there is no pressure that is what is helping me, there is no pressure there.

Mdm CHAIR: So it wasn't like the organisation, I mean you weren't given 6 weeks and then at the end of the 6 weeks you have got to do this, so it wasn't structured it was unstructured and you were able to move within your own boundaries.

CLIENT 1: Yes.

Mr WOOD: This is different than any other...

CLIENT 1: I was doing more of them. I haven't used now for 13, 14 months which is a record for me. 3, 4 months is the most I could go without a hit.

Dr LIM: Would you be confident that you could get out there on your own, that you would not -----

CLIENT 1: That is what I say. I can get around now, I can now, but I still need this as my safe base.

Mdm CHAIR: Do you think having gone through a lot of that and where it isn't structured and it is in your time and when your ready to make that step, to go out, that that is part of the problem with other services it is within a time frame, meet certain objectives.

CLIENT 1: Well you go through Step 1 and Step 2 and all that, and you have to do that in a matter of 12 weeks, you have to fit the program in, in 12 weeks. It takes longer than that.

Mr MALONEY: Would you like to highlight some of those issues, it might help to highlight the aspects of what in fact you are presented with, in terms of...

Mdm CHAIR: You don't have to answer this if you don't want to, but coming into the program, as with your addiction and having the problems that you had, how has ANSTI been different from other services, or how has this service been different from other services. With dealing with your, I mean you have had a lot of underlying issues and part of it is some of those you mentioned before.

CLIENT 1: Well the main thing that sticks out is moral support, that is all...

Mdm CHAIR: Can you just expand on that a little bit.

CLIENT 1: I have been going and trying to chase my natural parents for the last 31 years, and now because of the help from ANSTI, it is a reality it is not just something that, I am going to do it, it is a reality it is going to happen. I am now doing a uni course, because I have got the support of the staff here and the other clients.

Mr WOOD: Do you also get support not only from the staff, but the clients, I didn't realise that they have all got sensitive issues.

CLIENT 1: We have all got different issues, yes.

Mr WOOD: Will you get that at other rehabs?

CLIENT 1: Yes you do, but they don't like this sort of sharing with the other guys. They say everybody is an individual, well, which they are, but they don't want anybody's story getting told which is serious I guess.

Mr WOOD: One of the things that Mike spoke about before, is that if people feel that now is the time to leave with the back up support from ANSTI, would that have occurred as part of the groups?

CLIENT 1: What was that?

Mr WOOD: Follow them up.

CLIENT 1: They reckon that they do, they reckon they have ----- for the Salvo's, no they don't I know that for sure. I know this is the only organisation, I haven't heard of any other places that do outreach. Well they do outreach but they don't do -----, so there are 2 agencies that say they do it, but they don't. This is the only one that does.

Mr WOOD: That would give one, at least confidence if they were making a big step at least they knew there was a fallback to fall on.

CLIENT 1: 24 hours a day instead of 8 – 5 Monday to Friday.

Dr LIM: Are you working at the moment?

CLIENT 1: I am doing the uni course.

Dr LIM: Do you get study allowance or some sort of...

Mr MALONEY: We pay for that. The options were to go to Territory Health to do their Alcohol and Drug course, -----any credibility. We need to make sure that they have a proper qualification, so we must be including uni. A number of our clients we want to recycle, if you like, back into the business because they operate on a grass roots knowledge base.

Unfortunately they are finding they are bored at the uni, they have-----about that. So that is one thing, but the other thing that Client 1 has done extremely well and he perhaps underwrites himself here, is that he was actually invited down to, perhaps you would like to say a word about that.

CLIENT 1: I went to Batchelor uni and gave a talk down there to the Aboriginal people down there. I talked about not having a family and that seemed to be one of my life's issues. They couldn't understand that.

Mdm CHAIR: The concept of not having family at all.

CLIENT 1: That family -----to walk out. That was one of my main issues...

Mr MALONEY: Well they also----but the other important fact is that 15 of them now are coming back next week and Rodney is going to show them around ANSTI and talk about his experience. And that is at their request. We also received a card which is...

CLIENT 1: A card yeah..

Mr MALONEY: -----what are you doing tonight without going into detail.

CLIENT: What am I going to be doing tonight.

Mr MALONEY: Come on, are you going out.

CLIENT 1: I am going out yes.

Mr MALONEY: So in your own personal relationship. That is important, we want people to form relationships and need relationships as part of loving and being human. Rodney will go out tonight and there will be no restrictions on what time he comes back or what have you, because I trust him.

Dr LIM: I am going to ask you this question and if you don't answer that is fine, if you think I am out of order please tell me. You are here, you are obviously on income support and I understand from Mike earlier, that you all pay rent and then you manage the rest of the money anyway you can. Do you see that you are living here because of community support, in the sense that the tax-payer is contributing so you can live here in a very supportable environment and how long does that go for, before society says 'hey hang on, you have been there for a year or whatever'. Is that a fair comment to make.

CLIENT 1: Society. I feel it doesn't matter how long it takes. As long as you are putting effort in there, they can see the money well spent. Because of the community support, I can go out, which I do, so I can come back here...

Mr MALONEY: Client 1 has consented and has been willing and made himself available to the personal support program, which is a new program put in which allows people to retrain and get back into the workplace. He has been held back because there is a ----- Within 12 months I anticipate, although Client 1 can't imagine me telling him he has got a job. Two of the people on the site already have full-time jobs, ready to go.

Dr LIM: In the rehab services that you used interstate and in Darwin where you have only 6 weeks or 12 weeks programs only. I assume that those programs were designed in that sort of way because of the limited funds that those governments have.

CLIENT 1: I think it is more of a turn-over.

Dr LIM: Is it?

CLIENT 1: What I have heard, I have been getting. When I'd get into a relapse I used to ---- -a box of... The managers use to say 'The more bums we get in beds', it was nothing to do with us. They used to just get us in and out because they wanted a turn-over.

Dr LIM: What turn-over numbers did they need to get the income?

CLIENT 1: I mean I heard it from him, 'The bums in beds' and that is from someone high up.

Dr LIM: So it is the bed occupancy, not persons in the beds.

Mr MALONEY: It is the performance indicators of ----- government.

CLIENT 1: A lot of the programs wont take you on at that time, unless it is for a valid reason. Then they just give you the money and go just go sit and do nothing all day. People have nothing planned.

Mr WOOD: That article in the newspaper that is up there. You get an opportunity to talk to kids?

CLIENT 1: No I haven't.

Mdm CHAIR: Do you see a role for yourself in that...

CLIENT 1: Somehow I will be in that down the track, yes.

Mr WOOD: Because today there is a lot of peer-group pressure to go into drugs. And I suppose from our point of view it would be nice to have people who know the down side, not just people who have had an experience talking to kids but people like yourself.

CLIENT 1: No I don't share this outside to anyone else but there was the good times. I can remember that the ----- was the bad times, where I have been, I am lucky I am probably that

far away from being put in gaol or taken to court or arrested but I have always just pulled up in time and just stopped. That is what it does to you it drives you to do silly things, I have done silly things.

Dr LIM: Thank you for that story, it is important for us to understand what are the types of services that are best supported and what is not best supported.

CLIENT 1: A lot of people I speak to are please with my progress and people ----- out here and I am doing so well, and seeing this is the cleanest I have been for a long time...

Mdm CHAIR: I suppose I am touching on what Richard has said, on trying to get a sense of what the quality of care is that is different from and you have gone through the Salvation Army and then you have come out here, I mean what is the difference in that quality of care as an outcome. Because we have a number of services out there that will be...

CLIENT 1: Well I guess I felt I was just a number, after hours you didn't really have any after care that I find here, because I was an emotional wreck when I came out here and I found with the support out here you weren't shoved away, you weren't turned away.

Mr WOOD: Do you think the setting and the environment and the distance away from the main part of the city is also important?

CLIENT 1: Yes. This is a beautiful place, it is away from any, I mean if you want it bad enough you are going to get it but I find if it is far enough away, out of town there is no temptation, it is not shoved in your face. I am loving it and I do a lot of...

Mr WOOD: Is that also important for, I mean you must have time, or you have the time to look at where you are going, does this place give you some solitude?

CLIENT 1: Yes it is, you can go someplace where you can be by yourself. I like it out here it is really peaceful.

Mdm CHAIR: Do you think that some stage, I mean it is good it is a good location and it is a wave that you will get to that, Mick was saying before that you are going out tonight. Is this the first time you have sort of, will be going out on your own without supervision.

CLIENT 1: It is my 2nd or 3^d time. -----an organisation called ----- other people I know of. It is a new experience, yes. Going somewhere where there is no drinks and drugs to do.

Mdm CHAIR: But how does that feel, with the interaction and suddenly your in a new era of, you have been sober, I mean, when I say sober you have been dry of...

CLIENT 1: Clean.

Mdm CHAIR: Yes clean.

CLIENT 1: Where I go to tonight there is no temptation. It is just like here, tea and coffee and cigarettes and that is it. That is why I go there and they invite me, they know what it is like as a full blown junky and they have seen the changes...

Mr MALONEY: As I say there is a couple of things that we just need to make quite clear here, although we are unstructured. Client 1, do you believe or have you or have you not felt like you have received therapy?

CLIENT 1: Yes.

Mr MALONEY: The second point is that, do you think you would have been confident enough to stay out a month ago.

CLIENT 1: No.

Mr MALONEY: No you wouldn't would you? ----- are measured, a measured thing that is agreed, mutual consent a month ago, Client 1 would not have been able to go out. Do you think will enhance your general condition therapeutically. My point being is, that because you are in rehab you don't have to be celibate. That is the point I am making. Although he is going out, it is purely for therapeutic reasons which every single one of us need.

CLIENT 1: I suffer from severe anxiety. I feel comfortable, I feel alright now down here, but even though I know it is a safe environment which is Okay now the second time around but I still feel uncomfortable sometimes. I don't like it even when I get on a bus, I freak out that is why I travel with friends. But just getting out doing what I am doing tonight and getting out is good.

Mdm CHAIR: Yes that is great. I wasn't, when I say saying unstructured I just want to clarify that. I wasn't thinking that you weren't in terms of outcomes with therapy I am just trying to grapple with the sense of, what is different in terms of that you don't have the same structure that you would normally have with other treatment centres.

Mr MALONEY: That is exactly what I was getting at. But basically Client 1 has received psychotherapy and correct me if I am wrong, in areas of unfinished business from the childhood including adoption and child rape. You have received psychotherapy, psychosexual counselling from myself on sexual orientation. You have certainly, in terms of social anxiety and phobias you have received psychotherapy in that area, plus structure around a hierarchy which generally introduced and which going out now is a part of, so he has actually had a de-sensitising hierarchy which you would probably be aware of as a medical type therapy, so he has had that while he has been here.

He has also had financial counselling and basically living skills counselling which has now given you back a vehicle, an education and giving you a means to meet your aspirations, including one of your higher aspirations which is to be trained, and we have arranged once you get through this university course, to actually be trained to work on the men's health crisis line.

Rodney is still very shy and he tend to underestimate himself and that's why I have interrupted so much Client 1. I am very proud of you Client 1 more than you can possibly think. That is it I have nothing further.

Mdm CHAIR: Well he should be proud of himself and his achievements, it is fantastic.

Mr MALONEY: Client 1 also cooks for anybody on detox with some ----- occasionally (laughing). He also takes a lot of care, in terms of doing blood pressures, temperatures and respirations and general care of people on detox.

Ms PALMER: He would also like to start doing some work.

Mdm CHAIR: Oh fantastic.

Ms PALMER: Clients that he knows from here that are out in...

Mr MALONEY: We are hoping one day that we might have a vacancy for him, because like a lot of our former clients, we would really like to get him back here, because of that empathy base, they have been there. You have got to be there to know it.

Mdm CHAIR: And even for the education point of view, I think we have done what is it called?

Ms PALMER: Yes the one at schools?

Mdm CHAIR: I mean we have a number of education programs which go into the schools with kids. Most of the presentation of that material is done by our police or use school-based constables. I always think to enrich or to enhance the program that it might be a good idea, really to look at people who have been on the receiving end of that, educating and talking to the children themselves, having gone through that process. Telling the kids the reality of what will happen, because some of them see a romantic picture, that to have the hit is a great thing, and you get this high...

CLIENT 1: And you are chasing that high even more.

Mr MACDONALD: Wonderful program, it started off ----- . It was about the possible-----it was called The Australian-----Foundation, a CD Rom into every primary school in Australia and over the years it has just got lost in the library. We use this. I had a seminar down at ----- with all the Directors from Lions. Michael put a program together for me using a computer program and another disk called drugs in sport. It didn't say don't do this, don't do that, which is what happened when I was a kid 'don't do this' 100 times. But it says if you have got a headache, don't take an Aspro take a drink of water, you know because of dehydration, and this says it on the CD.

And so Michael put this program together, I have had a talk with Sid Stirling and another in the Health Department from the Opposition, and their renewing the schools curriculum and when they get this ----- it is going to renew the schools curriculum and then he is going to ask us, Michael and myself to go along and present this package to them when the school teachers, or if you prefer, the school-based constables, because they go into school with no learning other than what they were taught as young police officers and this sort of teaches them a few things about drugs. Pethadine is one of the worst drugs you can think about.

Mr MALONEY: We have the program we have had it structured and devised, we wanted to feed it through the school constables, mainly because they know the kids but they also bridge between primary and high school, so they get the kids for 3 or 4 years, and the -----to the schools, so they relate to the children. We are dead against giving it to the teachers who don't want to do it and they haven't got time to do it. Constables should do it and they do a great job and all of a sudden we don't know if we are going to keep the school constables or not and that is what's holding us back. We have the program, we have the guys to do it.

Mr McDONALD: Our directors think it is a great program but then I think they are going to start distributing where they can and the others stay here, you have got to say we have got the recognition already.

Mr MALONEY: And then we can't get it sorted at home.

Mdm CHAIR: This is Client 2, Thank you for agreeing to talk with us today..

CLIENT 2: Yes I was invited to come along I am getting some outwards help, I was-here at ANSTI's on 3 occasions. The first time was for 8 weeks, the second time was 3 months and the last time about 8 months and I have been out from ANSTI for 5 months. My story is not a lot different to the other speaker, I came up from Victoria, I was a public servant and began a long and quite successful athletic career down in Victoria. I was associated with some of the leading athletes at the time, ----- in the world etc. etc. and got in several Victorian sides and -----the Olympic games for a 50km walk.

My drinking started, just having an occasional drink after the race with the athletes at Olympic Park. Admittedly I love the taste of it and I was hooked on it straight away but I did like the taste of it after the races and after the long training sessions, I started drinking more and more.

I worked for the government repatriation department and I wasn't drinking much there, I transferred from there into the H Division in Pentridge Prison and needed to drink from all the stress. I was assaulted 3 times put in hospital 3 times and being a big fella I worked in the division with the sort of heavies and murderers, and putting up with that -----.

I was married at the time with 2 girls, ----- I was really starting to get bad the more I was drinking, and I didn't like having to carry a batten around and waiting for prisoners to riot for such and such and drag people of the roofs. I was going to bed in the end with a hammer, and that was terrifying, -----8 months.

I couldn't work it out, I was doing a lot of work trying to pay my house off thinking I was doing the right thing, doing double shifts and working 7 days a week and never spending any time with the wife. The money was good coming in but she couldn't put up with it and she started playing up behind my back, which when I look back I don't blame her because she went to find it because I wasn't giving it to her. When I came home from work and discovered my best mate in the cot, it sent me over the edge and I started drinking more heavier, my marriage broke down, finished up getting a divorce and I found that I was drinking more with the prison officers. Going to the pub straight across the road and discussing such and such and then who had just been admitted, we just knew someone ----- who just sunk someone in the ocean with concrete and I just became virtually an animal.

I met another woman and shacked up with her for about 18 months and it was just a physical relationship there was no love, I was just getting in my uniform and going back to work. So I couldn't experience love, it was lust and it was this behaviour of going through----- anything imaginable which didn't go down too good. The second relationship, that busted up, so I decided, by this time I was drinking more and more heavy. So I have been to a few rehabs in Victoria, 6 months the first time stayed sober and I went back out and I was alright for a while and then I started drinking again because I was having nightmares. Then I did a program the second time and I got better and went to Mt. Gambier and did a 4 month program. I wouldn't admit that I was an alcoholic, I thought I was a heavy drinker

And whilst I was in Mt Gambier a doctor said to me 'I think you have got more than 1 problem', he said 'You are drinking too much that is another part of your problem' then he said 'I think that you are suffering from a thing that is called 'bipolar disorder' and I didn't know what that was. The thing was with me that I would go at such a pace that I could never maintain it for 3 or 4 days without sleeping, a rush, and I couldn't maintain the high that I was on under the pressure, then I my mood would fall really low into suicidal attempts. And I said 'I have got to get out of this' ----- wanted me to go up to Darwin and get away from this. So I came up to Darwin and went off all my pills and decided that I would live in the long grass because that was, I started to meet a few Aboriginal natives and started to get quite 'paly' with them on the foreshore. It gave me something - and it was a family I was part of a family, of a different colour skin, but I was part of a family. They gave me a name called-----and they made me feel warm and nice and that was something I hadn't had.

All the thoughts of the prison just sort of fell off me and I regained the feelings of want and need and then I started to put in, and when I put in I got more out of it. I used to go and work on a coffee bus in town and feed them, I used to make sandwiches and it gave me a thrill to go out in the community again.

When I first came to Darwin I did a few programs, I did the ----- program twice, 3 months each time. I was playing the Aboriginal music the clap stick in the time with the music, the bloke who was running the program he said 'get that crap off, we don't want to hear that sort of shit'. I said 'what are you talking about' and he said 'when I want to hear that sort of garbage up here, play some Roy Orbison or something, don't play that'. That straight away to me was really insensitive, that really hurt me because they were the people I loved and I am music mad, I love music and I love Aboriginal music. So I confronted him and I got out of that and I said 'well bugger it, if that is your rehabs, I don't want to know about it'. So I went back and lived in the

long grass and started drinking and I found that whilst I was drinking I sort off, I could understand some of the Aboriginal people more, because if I was sober I would agree with them but if I was on the same wave length it was alright and I started drinking cask wine at the end, until I got crook, and really sank down in the pits. I tried churches I tried laying the hands on me, miracle cures and nothing ever happened.

Then I remembered when I was doing the coffee bus in town, ANSTI was doing the coffee bus, Renn Murray was the founder of this place, he said 'why don't you get out to ANSTI and give it a go'. I didn't do it, but I got really crook one day and I rang up, and I think I shat with myself and vomitted on myself and I rang up ANSTI and someone said 'tell us where you are and we come and get you' and they came and got me and that is when it started, I felt 'this is your chance here', he is not telling me not to play any Aboriginal music, he is not laying orders on me, he felt really, he could see that I was hurt so I came here, it was a great experience and I spent 6 weeks, I think it was, by the time I thought 'Oh you beauty, I will be able to go out there'.

I wasn't long out there and I suppose the merry-go-round started, I started, I don't know who got me on to it, they said it was a place in Coconut Grove where you can go down there and stay 8 days and then come out and go back in. So I did that 84 times!

Dr LIM: Detox?

CLIENT 2: The detox. Yes, and it was ----- for the system, lots of good work. So that was what I was doing, I spent 10 days out there and as soon as I got released I went back the next day, so there was no chance of recovery. It wasn't until I wanted to get off the grog, and I got so sick, I had so many admissions to hospital when your liver swells up, the doctor said 'describe all your symptoms' and I said 'Oh -----'.

So I went back to living in the long grass, as I spent 13 years with people from Elcho Island, people from Millingimbi, people from Gove and all the foreshore where all the camps were, I knew -----.

I came back, and I did 3 months the 2nd time and I was a lot better, I gained some confidence and I came back the 3rd time.

The thing was when I was in the long-grass, I was getting all the crap from night patrol, that I was hanging around with those people, -----drinking, which was incorrect. I find that the night patrol as being more of a hindrance to a lot of people for a lot of the Aboriginal people that camp and need help.

Admittedly, I found the night patrol was helping, assisting with police locking up drunken itinerants, including myself, but they would lock up women and they would let them out at 2 o'clock in the morning, and these young girls would be out at 2 o'clock in the morning after doing their 6 hours. Now they used to say to me 'what are we going to do at 2 o'clock in the morning dad, what are we going to do, so they would go where they knew they could get a drink and that was usually a ----- and they knew that if----- and I found that that was the most common occurrence of most of the girls in the camps where I slept, they were let out at ridiculous times in the morning.

I found that, when they were short of grog at 7 o'clock, offered a head-job or whatever for a drink, and it annoyed me, it hurt me because I could see what was coming. I know several of the night patrols, they think are doing a wonderful thing with the Aboriginal people, to me I reckon it is garbage. For me, I know several people that work in the night patrol, that are bigger drunks than me. People come in -----to parties, left, right and centre,----- . I know the years I missed but that is a fact, to me there is all this money being poured out to help people on the foreshores, admittedly there is good that they take them, wash their clothes and give them a feed, that is fine. But where their help is, there is nothing being done.

It is a terrible condition, they are filthy all of them, their clothes, scabies, sand fly bites and illnesses which are -----but I think you would never know. I help them I do what I can, I

take thermoses of coffee to the camps, make them sandwiches, give them love and let them know that I can't do any more. But what I have had to find, the last time I came here to ANSTI, I did not see them as much because it is too much of a temptation for me to drink more, sit down with them and listen to them and have a drink. It was not so much looking for praise but trying to give what I didn't give in Victoria. I was not a good person in Victoria and I think I have done the opposite up here, I am trying to go the other way. When people don't sort of say thank-you to me or make me feel worthwhile, I feel like I am hurting, yes. The more you do the more they want you to do and I get that feeling and it hurts me.

The wonderful part about it, when I did the time here, I became aware that I can't rely on ANSTI, it is up to me now. I've proved to myself that I am a worthwhile person I can go out there and I know I have got the support, it comes and goes but I just pick up the phone and ring one of the staff here and that happened last week.

It is just a very, very minor thing. I cook some meals up and put them on plates and gave them to all the people in the block of flats where I live. Why? I don't know, it smelt good it looked pretty good to me, so I went around and gave them all this food and tucker and no plates come back. And I thought, I am good enough to cook this, similar things happen, I made a bowl of soup or something, take it around and no one brings the bowls back and it hurts me. I will say 'they are just taking advantage of me' and I ran into a man and he said 'Hello'. You are doing this, what would happen if you didn't make sausage rolls for them, and it was a minor thing but it was building and building and building to give me an excuse to go and drink again, and that is all an alcoholic wants is an excuse to drink. And fortunately ANSTI has given me, I would say ANSTI and another helper, are the most wonderful people, they just got me on track.

Mr MALONEY: Don't forget Katie Evans bit.

CLIENT 2: Katie Evans, as I said to you, my problem is not just alcohol, it is only 50/50, with the bipolar disorder.

I went off my medication for bipolar disorder, I went off the tablets. And Katie made an appointment with me and the Tamarind Centre and I went there and spoke for an hour with the lady, and she said you 'have got the best brain' and she said 'you are actually going to make it, no mental disorder what so ever'. I said 'that is why I am one of the people out in the long grass'.

Mr MALONEY: That is what Katie Evans said to -----that we sent you to.

CLIENT 2: The Tamarind Centre.

Mr MALONEY: This was when Client 2 was in here, he was really...

CLIENT 2: I was going 100 miles an hour, trying to find...

Mdm CHAIR: Where was this at, was this at the Banyan centre?

Ms PALMER: Tamarind centre.

CLIENT 2: One of the clients went to the office, I won't say who and they said 'J is completely off the air, he has stopped taking his tablets, unfortunately ----- stayed over and put me back on the alcohol. Tamarind Centre said there was nothing wrong with me, so this is where ----- like ANSTI, not only with the alcohol but the -----over the place, no one will stay and speak up ----- come to me and say 'sweeten up' or 'are you getting depressed', so ANSTI have been there basically. It has been hard work, I would like to help them, my little brothers and sisters out there I hope that is what I eventually can do, when I get strong enough, is to be able to tell them that it is terribly hard work.

I have got a few people that I have spoken to, but I find the last 1 or 2 days on the program when they get terribly home sick or they have got to get back to their family, I think that is why I was attracted to them because they just adopted me in.

Dr LIM: The Aboriginal people.

CLIENT 2: They made me part of them and they get away for 1 or 2 days, but they feel they have got to get back, and I sort of said to them 'well I am not skilled enough to help you but I can give you what I can' and they make me feel really good, that is main aim, to get strong. At my age, I can't sort of, I am on a disability pension and I have done my 25 years in the public service, but if I can help people I have been there through it I have been asleep in gutters and I know every spot in Darwin where people sleep.

I have been to the bottom, I have shaken hands with the devil. Basically, I have come a long way.

Mr MALONEY: You have walked a lot of miles.

CLIENT 2: I have walked thousands of miles.

Mr MALONEY: We had the thing where you were walking along the Nightcliff foreshore, didn't we? We used to exercise during the day, first thing in the morning before I come out to work, when you first went out and then I got-----.

CLIENT 2: I found with programs like, I don't knock other programs like AA. If they work for some people that's fine but when I went 365 days in a row without an AA meeting, I hardly heard in that 365 days, 1 person talking about their hopes for the future. It was all about their past, what they used to do, how many bottles they would drink under a bridge, and how they badly treated women. Some people need to get up and reassure how ----- but I have found out here that it is not pushed on you and you sort of work your own pace, and you know when it is time, you know when you are in the first stage and I think there has to come a time where you have to get out of the little world and move forward. I have seen some pretty horrific things, blokes set alight, one has been stoned to death in front of me and they are things that would make anyone drink, it would make anyone squirm. I have seen more in my life time than anyone probably has to see.

Mdm CHAIR: Do you mind if I ask you a couple of questions?

CLIENT 2: No you can.

Mdm CHAIR: You said earlier when you were talking about the night patrol, you were saying they were a hindrance. Can you just explain a bit more in terms of what you mean by hindrance?

CLIENT 2: As long as my name is not mentioned...

Mdm CHAIR: Sorry.

CLIENT 2: But I was seeing night patrols going past itinerants drinking on the corners of Nightcliff shops, ignoring some people but humbugging and taking others away, as I said letting them out at particular times that you would know could be problematic for them. I said knowing people at work, probably wearing the uniform and knowingly put these people in the back by knowing that these people ----should go down to their play-school ground, I mean it is disgusting.

Mdm CHAIR: You also mentioned, the returns of the young women that were in the long grass, and you were talking about prostitution. Is it across the book?

CLIENT 2: Yes, how bad it used to be was to such an extent that, outside of Lim's Hotel and Beachfront Hotel, that as people would come out with their drink they were propositioned even

the girls men would send them over, send the women over to approach them. Yes, that is the main thing, the girls can go down to, how do I say the names of the places John Stokes Square, for instance and they give themselves freely and the main thing is it will only cost you a glass. It is openly like that.

Mr MALONEY: \$14 bucks worth.

Mdm CHAIR: All of these young women also have children and I have seen these children, any evidence of child sex?

CLIENT 2: No. The ones that have children, a lot of them on the foreshore have homes they are down there everyday because family is there, family from Groote or family from Elcho or wherever. They go down there and they go back to their house, and then they go back down there the next day so I haven't seen any problems with any children whatsoever.

Mdm CHAIR: I suppose in their ----- is part of, those in the long grass and that whole issue of drinking and one of the biggest issues I suppose regarding the itinerants program and the pressure from the wider community to address that is the violence that comes out of dealing with the grog.

CLIENT 2: There is a lot of violence amongst themselves, and as you know Aboriginal people from different places don't always mix, men do tend to abuse the women but the women won't press charges, a lot of them, through fear or whatever. I have at times attempted to assist but they have held me back. It is a difficult thing to know, I seem to get on good with them.

Mdm CHAIR: With your bipolar and in the treatment one of the things that we certainly highlight in our interim report that we put to parliament a long time ago, was the issue of mental health services and the link with substance abuse or places like ANSTI. We went to the Tamarind Centre, what other sort of support...

CLIENT 2: As I said when I was here, I had to stay on the medication and the medication was given out, to make sure that I took it. And it was regulated by going to the Malak Centre which kept an eye on it, this was all arranged ANSTI and when I left ANSTI, I have gone back to Danilla Dilba where it is continued there.

Mdm CHAIR: So Danilla Dilba their work continues, with the support?

CLIENT 2: Continue on and liaise with ANSTI, they monitor for the future levels because it can go high----- To me I thought I was, sort of on a downer but they explained that I was really on a high but I thought I was on a downer but I just come back to normal, and for me it feels like it a little bit like your on a low but I am back to normal. But I found that drinking alcohol, is what is giving me those lows, but no more.

Mr MALONEY: When he started to drink he was at these lows, and you get to the second cycle, then he went down almost suicidal because of the alcohol plus the -----.

Mdm CHAIR: How long was it before you said to yourself 'I am an alcoholic, and I need to do something about this'. Was there violent behaviour, was there any destruction?

CLIENT 2: No I have never been a violent person, I just became so ill. The last time they had to put the jump leads on me, because the doctor came in and said 'do you remember writing this note'. It was no longer-----don't ever do that-----they rang my mother to say that I was going to die unless I changed my behaviours. No one can wave a magic wand.

Mr MALONEY: Katie Evans thought you had one of the highest levels of fat through your liver that she had ever come across, she had never seen anybody bounce back. Katie Evans worked for the alcohol and other drugs, 5 or 6 years ago and she spent many of those prior

years working in Aboriginal communities, she has a specialty in Aboriginal communities and in mental health. In those days and when Katie became, she is a very experienced GP in this area and that is why we must try and work together. Katie and myself did some research about 6 years ago which was then the Government funded.

I mean there is a number of issues with which are unresolved from Post Traumatic Stress from visiting the prison cells. I remember the day we addressed that and it was well into our relationship Client 2 and I were actually walking the perimeter of ANSTI, I had worked as a mental health practitioner for 30 odd years, and I have actually worked in closed mental asylums which is very similar to a prison. I think it was therapeutic for both of us that day because I have never really discussed many of those similar situations and I remember that day as being very useful to me and to yourself because we did seem to resolve a lot that day. So alcohol, bipolar disease, post traumatic stress and other problems that we don't need to mention here...

CLIENT 2: I have been through it and ANSTI has been there for me. All I have had to do is pick up the phone if I have been in strife and I have been told to come back here, keep your flat but back here and stay a few days until I am sort of back in control and then go back out. I am most grateful to all of the help from ANSTI. I think people need to be able to be given another chance because we all need hope.

Mr MALONEY: I think the most traumatic time and correct me if I am wrong here, were the last days that we sent Client 2 off for some alcohol and drug counselling, and the effects of that were far reaching. We felt really bad about it because I would normally do the counselling. I sent him off, because I knew him too well and we thought it would benefit him to talk to someone else. We had 3 days of trauma, he suffered flashbacks, we were frightened for him, we put him on a watch, because we didn't want to find him in the morning. And that was sending him to so-called Alcohol and Drug counselling, so we couldn't apologise enough to Client 2 for that.

CLIENT 2: I like to go forward. You go forward and you have a look at where you have been, but you keep going forward. It is like, you go along and have a bit of a mishap and you might go back a few paces, you don't go all the way back you might go back for a little bit and then you go forward again, and at the end of the time you look back and you see you have gone ahead. I try not to dwell on the past, what I used to do, it might have been bad but I tried to be a good person, sometimes I fall down the hill but I am trying to go forward. That is about all I have got to say. Any one got any questions?

Mdm CHAIR: Thank-you very much.

Mr MALONEY: Can I ask you a question before you go. Would I be right in saying that the support of ANSTI are the major contributors to your success?

CLIENT 2: Lyn taught me that I could always come to her. She said the door will always be open so I knew then that I had someone who I could talk to, Lyn would never, never say 'come back another time' she would always give the advice you need and she was very helpful to me, yes. I say that because she gave me 3 chances here and I hope that when I come back I am only a visitor, next time and I will come back in time, but hopefully -----.

Mdm CHAIR: So you are living where?

CLIENT 2: I am living down in Rapid Creek. Yes I have got a 2 bedroom flat and I have just renewed my lease.

Mr MALONEY: Very strong people, very strong people. We try and call in about once a week and I hope to get back on my walks again one of these days. I am going to retire and walk more often.

CLIENT 3: I have taken anything from alcohol to speed, to a morphine addict to heroin, byzopan, blah, blah, blah, I came to ANSTI here, and I only vaguely remember coming here. My first 10 months or so here are a bit of a blur, but I got a lot of support from ANSTI.

Mdm CHAIR: So you have been here for 10 months, you are now living out, so you have got your own place in Darwin?

CLIENT 3: Yes, I have my own place. Before I came here, I don't remember much of being here. I don't really have the faintest but, bit by bit after getting some reality back here and the staff put me through step by step, bankruptcy. , I had to go through the fact that I was an addict and I had to do something about it, so I had to go and sort my head out and my bankruptcy and go and live with my family, and they helped me through, I got my children back on side got my ex-wife back on side.

A lot of issues, personal issues and they helped me through it, they are very therapeutic out here, very supportive and if I got to the stage with any kind of drama, I would just see the staff, those dramas have been at a lot of times, all different times of the day to, you know night it is always tough. I have been dry a couple of times, dried out at different places, where the same thing, you know, treated like an idiot you know, with heavy medication they tell you to eat and go to the toilet.

I tried home detox a number of times and it doesn't happen, you can't do it, too much temptation, unless of course someone is there to talk you through things, no-one would help you, you have got all these things that are going on in your head and your body, you need someone that can help you to guide you. Like holding the spirit together, guide you in. You think you are going in the direction, but actually you don't know how it works you can't do it without support, health support.

I didn't know where to go or what to do, you know like, I can't live with it so you go and use again. All these things you have got to ----- you can't deal with the whole problem, life is such a huge thing and if you don't deal with every little bit of it as a whole, you get back to a whole person. You can deal with the ----- side of it, go back out and you are just going to go back to the same hole again because when you fix up the other half of yourself, whether it be health wise or mental wise or just looking at the world through the right eyes. You have got to go down that road with all those other people you were dealing with before and you can't -----
---'this is where you need to look' you know like 'you have got to look here' and what do you see. You can't have someone ----- you can look everywhere but you are not looking in the right place, because you might think the main problem for you, -----but you can't see that because you have left all your problems over here and you need people to look in and -----
----- so you need to get it all together before you can actually fix yourself up, you know what I mean. Because when you go back out there, and you say 'well, yes I thought this was that and this was this, but the next time you look at it differently and you go 'well yes that don't mean shit, but that don't matter, this is the real thing over here'. It is like you have tunnel vision when you are, whether you are either an alcoholic or you are using or whatever, you only see what you want to see and everything gets too hard, things happen and you don't even know about it. I have had the mental problems, problems from childhood, it is all these things that make you see that you really need to have that support and people will put you in the right direction for that support.

I went through the spin dryer, they didn't give me the support, they didn't tell me 'go and talk to this bloke' or 'go and see them because they offer financial counselling and they look after the mental side of things' and 'these people do this and they do housing and these do this'. I didn't know all this, I was smashed half the time, how would I know. How do you know unless someone tells you. You are told about, when you are a kid at 7 o'clock you get out of bed here and go and have your breakfast at 8 o'clock and that is the whole process, you know that.

Mr MALONEY: When you say spin drier, you actually mean detox...

CLIENT 3: I mean detox yes. 10 days is your limit and then you are out. 10 days and then you are starting to feel good-----because you feel so good and you walk out the door and you think just that one taste, you feel so good...

Mr MALONEY: Would you like to explain...

Dr LIM: I just would like to ask, is there any value in saying to someone, 'how about you go to ANSTI for the next 3 months, get a court order and get in there.

CLIENT 3: I will make everyone talk to me who needs help. I didn't know where I wanted to go but when I went to see my GP, I said 'I need help'. I had a problem with with alcohol and drugs for a number of years before. I didn't even know this place existed. I have been screaming for help for so long that it didn't matter how long.

Dr LIM: So I will say it again, because you didn't know that this place exists, because your mind is so clouded by the substances you are using, that maybe there is a place for a court to say 'Ok, instead of just doing this detox for 10 days, we will put you in for 6 weeks'. First, you could allow this 10 day detox plus a few days of clear thinking, then you can decide after that time whether you are going to stay on or not.

CLIENT 3: You've got to want to do it, if you don't want to do it don't waste everyone's time and money. I am 43 years old, I am a man I have got a family I should know all this shit. But I didn't know, I didn't know where to get help...

Mdm CHAIR: Your not alone.

CLIENT 3: Well I thought I was.

Mr MALONEY: Most people forget that most of the detox done from unsocial behaviour is done, in prison cells.

CLIENT 3: You see even in the spin-drier, they didn't encourage me to have visitors. When my family came they treated them like they were in prison. They would search them...

Mdm CHAIR: Where was this, in detox?

CLIENT 3: In the spin-drier, yes. They treated them like they had come into a gaol. Mate, if I wanted to get drunk I would just get them to push it through the fly-screen in the ladies toilet where everyone else use to get theirs from. I wouldn't need to ask my wife any of that shit I could just make a phone call and get it through the toilet window like the rest of them do. That is how they survive the spin-drier.

Mr MALONEY: Perhaps could you tell the committee how you got addicted. I think that is quite relevant because most of the people have a bond addiction in this area matching your experience.

CLIENT 3: In spite of growing up to a party-drug scene, I never had a problem with party drugs. When I injured my lower back the pain got so bad and there was no support there as a way of educating me like - 'if you take this, this is going to happen to you and you will not have the green light'. It was morphine. Even on the streets you could get it.

Mr MALONEY: The old guys used to sell it too, for a bottle of whiskey. They used to go to the pain clinic and then go and sell their drugs for alcohol. They had to close the clinic.you were on, the trouble with your crisis before you were admitted was pretty sad.

CLIENT 3: I had a sever back injury and had been working out bush-----
-----methadone program----- probably get some
and all sorts of things.

Mr MALONEY: To put it so we don't misunderstand, you got sacked from your job after
your room was searched and the only medications that you had...

CLIENT 3: -----the place-----but got caught up...

Mr MALONEY: Yes but the drugs they found on you were legally prescribed drugs.

CLIENT 3: Yes. But people like me-you know, just treat us like-thieves and murderers
and...

Mr MALONEY: So what were you on when you came in here, what was your prescribed
medicine from doctors -----

CLIENT 3:-----I was on-----

Mr MALONEY: Yes, you were on valium. So how many tablets of methadone were you on
daily.

CLIENT 3: 6 a day.

Mr MALONEY: And how many tablets of 5mg valium were you on.

CLIENT 3: I can't remember.

Mr MALONEY: Well I can, I can remember very well 12mg. 12 valium and 6 methodone.
You were under Doctor ----- and we worked very closely with Doctor----- and he actually
has a lot of respect for him.. We went on to a program didn't we?, which is generally 18 months,
it is the one the GP's use. How long did it take you to get through it?

CLIENT 3: 5 or 6 months -----

Mr MALONEY: This is a difficult discharge program, the fact is that you still have your back
injury, you still need to have pain control, to a degree if we stopped your methadone or your
as it is, the pain would return. So there was never an expectation that we would stop the drug
totally, we would bring it down to a level so there was a certain amount of pain management that
had to be done at the same time, but we didn't get it on -----did we? But the valium we were
more concerned about ----- habit then his MS Contin. That is what we were worried
about, that is what we were fearful about.

Dr LIM: So what do you use to manage your pain now?

CLIENT 3: I am on-----4mg a day

Mr MALONEY: Certainly we have-----huge amounts up in the office and as we had
your -----but one of the things that I always told you that your tablets----- . When we
signed off, we would sign but never would count to see how many tablets were left, and check
his dose, so he actually was dispensing it and we would sign them out because they belong to
him.

Now at any time, at any time if he wanted to discharge himself and if he wanted to go up to that
office sometime with enough drugsd to sell off and spend a month in Bali. At any time, he could
go up to that office and asked for all of his medications and leave if he wanted, at any time.

CLIENT 3: I have been encouraged here to think things through. In other places you detox and forced back out without sorting things out. I need skills, I could no longer look after myself. I needed help with finances, budgeting, housing, medication all sorts of stuff.

Mr MALONEY: What about the other part, where you are looking after your kids that now come and stay with you.

CLIENT 3: My children are the main thing. I had failed so many times. I guess you could say it was easier not to have to deal with the real issues that effected me and the kids too. I continue to get support. Often at 9pm when I need help, I know that rather than getting in a state, I can ring and get help. Just to talk things through.

Ms PALMER: Text messages, some of them will have a text message.

CLIENT 3: Tomorrow morning when you come to work, not when-----to go and find someone on relief to come and talk to you, if the temptation is there you have got someone there within half an hour, so I have got no reason or no excuse to go back down the road that I was, because I have got that support there all the time. Everyone is different, many people don't need the support, I was a tough guy, I didn't need that. Not men, men don't need that, but you do. It took me a long time to come to that realisation that I need the support but didn't know where to get it from.

Mdm CHAIR: It hasn't made you any weaker has it?

CLIENT 3: No it has pretty much...

Mdm CHAIR: I mean because a lot of blokes think it is a 'woosy' thing, I mean to use that term, they think you would be seen as a 'woos' if you...

Mr MALONEY: I guess the thing is I never make a decision for-----...

CLIENT 3: He makes them, but he actually makes me think I am making them.

Mr MALONEY: How many staff actually support you there? How many is there.

CLIENT 3: Four I think, the residents that give me support through talking and dropping in or whatever...

Mr MALONEY: So people and staff provide that type of support without financially -----?

CLIENT 3: Any hour of the day I can ring up and not get a cold shoulder and get ----- it is always 'how are you what is wrong, do you need help or do you just want a chat, yes no worries'...

Mr MALONEY: Get out of the tavern, yes (laughing)

CLIENT 3: You don't get the cold shoulder----- you have got that support.

Mr MALONEY: So you have our home numbers?

CLIENT 3: Yes.

Mr MALONEY: Do you have our home numbers?

Ms PALMER: Yes.

CLIENT 3: There are no secrets, I have never been to a place where they haven't hidden my file. It makes me paranoid that they are writing things about me that I don't know. You always think there is something bad in them and it makes you paranoid. Whereas if your file is open to you, from day 1 my file has been open to me but I couldn't be bothered looking because there is nothing in there that I don't know. It is open to me. It is like being in control of yourself, you are in control of yourself with support from the time you walk in the door here, do you understand. You are in control of yourself and everything is yours but the support is there to help you and advise you when you need it.

Mr MALONEY: Therapeutic communities are a structured program which was brought about in the 60's, based around an open book, an open consultation -----I would certainly go as far as -----as a client you were on the board, so anything that was said at the board was a representative and it is still today, as a representative from -----on the board. Anybody here on the board can turn up to our board meetings and sometimes 4 or 5 of the clients can turn up.

CLIENT 3: We can ask at the meetings - can we discuss this...

Ms PALMER: Only because there is a new Vice Chairman (laughing)

CLIENT 3: It is open, so you not treated like you don't belong. You are part of the community here.

Mdm CHAIR: With all the taking the pain killers, were you also drinking on top of that? Was it a combination thing?

CLIENT 3: When I was on the drugs I gave up drinking.

Mdm CHAIR: So you stopped drinking and it was just totally drugs.

CLIENT 3: Yes, but I was never a big drinker.

Mdm CHAIR: When you were going to the doctor all the time and he was giving you a script, was there any monitoring or talking about the treatment? When did you realise you were in trouble or becoming addicted?

CLIENT 3: The Doctor would ask how I was going. The standard response, it is not controlling my pain and then he is looking at you and at the end you say 'yes, I can't sleep unless I take it'. -----GP's why and it has got to be a strong, you have got to a very strong person to say 'no'.

Dr LIM: Do you pick your doctors then, do you pick -----should they be experienced doctors? You go to the same doctor each time, in the first instance when you pick a doctor, you go to the very first time would you pick the one you know is an easy target?

CLIENT 3: Yes.

Dr LIM: Once you establish that...

CLIENT 3: It doesn't take long for anyone to find out which one will prescribe and all of a sudden ----- and that, even though I have never been a doctor -----I know now who is -----and who is not.

Dr LIM: Yes it is a trap, so what I am saying is that...

CLIENT 3: Each time that I have managed, for the past 3 years, I have chosen doctors that are not know -----if you get -----and he will write you out and you make other people

feel uncomfortable,-----it must be hard to come b terms -----why you are calling for help, how do you help someone that doesn't want to be helped.

There was one bloke who shall remain nameless, who was giving out scripts for up to 3000 tablets not long ago.

Now 3000 tablets, if you sold them for \$100 each there would be Bali holiday. Now is that encouraging corruption or what. I am not saying that they are doing it for that reason, but it does encourage the human mind to be corrupt, you know what I mean. There is a wobbly line between helping someone and not helping someone, and if I had to be the person who had to draw that line, easy!

Dr LIM: -----that young doctors with less experience are pressured by very manipulative drug addicts.

CLIENT 3: -----you will hurt some people. The reasons for -----how they got into this how they got money out of that, -----...

Mr WOOD: He could have been a car salesman, that is why they all have ...

CLIENT 3: Yes. When you get down to the bottom sometimes too, there are no morals left, only to feed yourself that monster and the more you feed it the more it needs, and it creates an even bigger monster. You must get help to contain that monster, you know what I mean. You have to have therapy or whatever to do it and it needs across the board help, everything from health to money matters to house moving so you can start again. I have had my wife helping me with home detox and I break her again and again and again. I knew how to work her and she would go out the back to get something for me. Home detox doesn't work, I would just get out and crawl up the street basically anywhere you can crawl, you can't do it at home, the support is not there the temptation is too great. Over here is, good, you close enough to still be in touch with what is happening, you still feel like you are in the community, and there is always that support there and the residents to because they gave me respect. Before they knew my story they showed me respect. I honestly haven't heard a bad word about what happens out here so you must be doing something right

Mdm CHAIR: Thank you. Do you just want to keep going.

CLIENT 4: Where do you want me to start?

Mdm CHAIR: Wherever you want to start?

CLIENT 4: Well I first started drinking for entertainment, and then the family everyone in the family was drinking and I thought it was normal for my family to be drinking and taking drugs, playing cards and I thought it was normal until I started getting into the habit.

I sort of was in control until about 1989/90 and my mother passed away and that was when I started losing contact with family and losing contact with myself. I basically got lost. I went crazy for a couple of years, went to see a doctor, I don't know what I wanted, the doctor prescribed me some sleeping pills to help me to sleep. Four yearss after my mother passed away my young brother passed away, that put more pressure on me, I was the only man in the family so I had a big responsibility. I couldn't deal with that or face reality, hanging around the parks and you shut yourself away from the world, smoking drugs, got into the E's, acid trips,----- tried at least once. I just couldn't face reality so I created my own world.

I came up to Darwin and started living in the long grass, I knew nobody, had no money. At first I thought I would do alright. I couldn't find myself ,there was something missing, I didn't know what it was at the time, I couldn't find it when I was in the long grass, it was a vicious circle, you shout me today I will shout you tomorrow and so on for every single person.

I would wake up in the morning, up at the beach, pack your gear up and head back into town, go to the coffee bus, have a cup of tea, you go over to Saint Vincent De Paul's for lunch and then go to Salvation Army camp, Stuart Park for the soup kitchen. With the rest of the money we got alcohol and drugs. It was a never ending circle, I felt helpless and hopeless got to get out of that. When you are running around lost, there is always something there that is missing. I finally found it and I decided to go to FORWAARD, get into rehab and at least get off the grog for a few months.

Mdm CHAIR: What made you go to FORWAARD?

CLIENT 4: I don't know, I think I had just had enough. My life, wasn't going nowhere, never ending circle and was starting to get sick after a while. I didn't mind the drinking and the drugs, I just made a conscious decision to go to rehab and go up and find what is missing in me. After the first stage of getting sober I would look at myself in the mirror and it would scare me, who is this person?

That was when I first noticed the real me, turned into an addict on alcohol and drugs. I stayed at FORWAARD for 3 months, and my heart really wasn't in it, I was smoking gunja while I was doing FORWAARD and basically was defeating the purpose. Within 2 hours of leaving FORWAARD I was back on the streets back on the grog. FORWAARD offered me accommodation in Tiwi, I only went as far as dropping my gear off there and I didn't come back for a week. The long grass was calling me, that is basically where I stayed for the next 6 months, then I was talking to one bloke and he said something about going to ANSTI. I said 'what's ANSTI' he said 'ANSTI is just a big block out bush far away from the pub and they get you out there working, they give you a sense of responsibility. The more I thought about it, the more I thought it might be the chance I need. I phoned and they agreed to pick me up the next day. He came around the next day and woke me up. I had to say bye bye to my female friend, she didn't want to go into rehab.

Mdm CHAIR: Was she also in the long grass?

CLIENT 4: Yes she was in the long grass, aboriginal lady and she didn't want to go into rehab. She reckoned I wouldn't last 2 weeks I was just as skinny as rake, T-shirt, shorts, pair of thongs that was it.

Mdm CHAIR: Did you go because you were really sick?

CLIENT 4: Yes. I had ulcers and stuff. Nothing really wrong with my body it was more mental, - Those physical problems didn't show their head until later on. I, totally enjoy my sobriety, they gave me what I needed, the security and that was one thing at the top of my list was insecurity. I can go forward now, and the fact that ANSTI had personal help, it helped me even more to keep sober, keep straight. They helped me get back out on my feet, I have been there, I will go back and try and make something of myself while I am young. So I decided I am fit and conscious, I hadn't seen my father for 10 years. My father -----to the Police Station and go looking for me thinking I was dead because I didn't contact him or nobody from my family for 10 years. So I thought to myself I am going to Sydney-for a while, which I thought was a good idea at the time, it was still a good idea after the time. But my father and I didn't know one another, we didn't have anything to say really. he expected me to be a 14 year old kid and I can't go back to being that kid. I am a totally different person

Now, I was there in Sydney for 4 months with my father, we had a bit of a breakdown with our relationship, I moved out, held a good job, a job I enjoyed I had the possibility of being manager of that organisation within 2 years, I stayed at the job. But because of the fallout with my father and myself, silly old me went down to the Liverpool Pub and picked up my first glass of rum and that was it. There was no turning back after that. The police found me in Paramatta, behind the library, I was rolled up in the corner there and the man woke me up and said 'well you can't sleep here', he said 'where do you live' I said 'in North -----', he said 'we will take you home' I said 'no

don't take me home, put me in the sin bin overnight'. My father had never seen me drunk or stoned, I didn't want him to see that part of me. The police said 'No we will take you home'. So I pleaded with them to put me in the watchhouse for the night and they kept on saying 'no', but one of the police said 'there is a park just around the corner from where you live, you could go there and sleep for a couple of hours and then go home'. So I took their advice and slept in the park, it was in the middle of winter so it gets bloody cold. I stopped drinking for a couple of weeks after that, my father thought that I blamed him because I got on the grog. In a sense I did, but yet I was blaming myself more for getting on the grog, I should have had more strength in myself and say 'no I don't want it'. But after that first drink and you don't want to say stop, you just keep going and you have got no money, and it is a long way to get home with no money in Sydney, mate.

Dr LIM: Can you tell me. If grog was more expensive, would it have helped you? The grog, every time you buy a can or a glass or a flagon, it was more expensive, because you had limited funds, right?

CLIENT 4: Yes.

Dr LIM: If it was more expensive, and you can't drink very much because you might run out of money.

CLIENT 4: Yes, but as the other guys were saying 'I didn't see you there' and stuff like that. You will find anyway of getting some money.

Mr MALONEY: Well I am not sure but that is just one -----attracts the...

Mdm CHAIR: Well he is not, he is calling for a-----on a cheap wine.

CLIENT 4: I had a lot of money in bank account. I was allowing my father and his wife to do all my budgeting for me, I am no good at budgeting. Even now, I am no good at budgeting I do have other people help me out with my budget. After working for 4 months, and I didn't go to work for a week because I was too busy drinking. I would see the boss and the boss said 'if you came 2 days earlier you would have still had your job'. But I arrived 2 days late, so I handed him my keys and the boss asked me 'how come you didn't go to work', and I said 'because I am back on the grog'.

At ANSTI you ring them up every 2 weeks just to let them know what your doing. -----
Not them ringing me up it is me ringing them up.

Dr LIM: So have you just recently come back from Sydney?

CLIENT 4: No, that was back in 1998.

Mr MALONEY: What brought you back to Darwin?

CLIENT 4: Beg yours?

Mr MALONEY: How did you get back to Darwin?

CLIENT 4: Actually, after losing my job, I had been on the Social Security and Social Security asked me 'why did I lose the job' and I said 'because I got back on the grog'. In a way they didn't believe me, so I pulled out my card and said 'here you go give the boss a ring', so he gave the boss a ring and the boss said the same thing 'because he got on the grog'. I got into ballroom dancing, that is something I would have never thought of doing before, but I thoroughly enjoy it. It really gives a sense of pride, a direction and ----- falling apart around me. I got back on the alcohol and the only thing that kept me on the alcohol was that the fact that I had a lot of money

in the bank, because my father and his wife were watching my money, I didn't have that much money for myself, maybe \$10 for myself and the rest in the bank.

I didn't ring up ANSTI for months, from when I was ringing up every 2 weeks without fail and they decided to go and ring my father, and my father gave them my home number and they rang me. At the time I was at my wits end, I was starting to run out of cash I still had to wait a couple more weeks before Social Security put me back on, and depressed from losing my job.

I said to him 'I am in trouble' and he said 'what do you need' I said 'I am going down hill so fast, I can't even pull myself up and I am getting fearful for my own life actually' I said 'I give it about 2 more weeks and then I will be lying in the gutter dead'. I was drinking 2 bottles of spirits, straight out of the bottle, half a carton of beer and another 6 or so stubbies of beer in the pub, and that was just one day. Smoking marijuana at the same time and I was just going down hill real fast. Then Lyn said 'well you had better get your bloody arse back up here'. I said 'yes okay, but I have got no money left, I have bloody spent it all' and he said 'don't worry about that we will get you up here' and she rang my father again and the very next morning at 7:30 a.m. in the morning I was heading back up to Darwin and from the time I got that phone call to the time I arrived at ANSTI's doorstep, it was 12 hours. To me, that is not long, I was back at my old home.

If I didn't get that phone call, I don't know where I would be now.

Dr LIM: The quantity of money you receive or the grants or whatever that you had, or what you continue to get, I am asking to compare yourself to say FORWAARD or to any other service they support in the Northern Territory. Do you classify yourself as a ----- service?

Mr MALONEY: We genuinely care, just try to be human. We were sitting on the verandah on Friday morning discussing assignments with Client 4. He is undertaking a Certificate 4 down in Batchelor. One of the questions was based around yourself. You wrote about your failure in Sydney, so we knew how you relapsed, and he found that out himself. In fact it wasn't Billy's fault, it was because he was in Sydney visiting his father we couldn't counsel and educate him about his condition. Of course he didn't know how to deal with it.

CLIENT 4: Yes, because basically I didn't want to know.

Mr MALONEY: It is funny because you have written all this stuff about it and you have got high distinctions all the way through, because he is writing about himself and his personal experiences. He is now back with us, because we were able to raise the money last month from Territory Health Services and he is now the care taker here at ANSTI. We are very proud to have you here, he has worked on his certificate for 2 years. He has now completed 4 units I suspect that he will get through those other 4 units in 2 months. He has already achieved 1 module in 1 week and he should by the end of this month, finish his certificate 3 and be ready to start-----.

Mr WOOD: That's because he knows all the answers.

CLIENT 4: That's right. But going back a bit, I was still having a hard time when I came back to ANSTI from Sydney. Eventually I sort of dropped off from everyone.

Mdm CHAIR: Was there a reason for it?

CLIENT 4: Depression, it had nothing to do with ANSTI, it was just probably a lot to do with myself and my father. My father gave me a ring one month and I rang my father a month later, concerning about the comprehensive insurance payback from the car he sold, and I said to my father that I had the money, -----and I was asking what happened with the cheque because my bank account froze. I couldn't get any of my money, first thing my father thought about was that I was selfish and he said 'you only ring me up because you want something' and he said to me 'you can go to buggery'. I have a lot of pride and respect for my father and when he said that, that was it. I fell apart again. He is a great bloke, no problem, he is a great bloke.

Mdm CHAIR: Is he in Sydney?

CLIENT 4: Between Newcastle and Sydney.

Dr LIM: I don't want to appear that I am not interested in your story, I really am. But I have an appointment that can not be postponed. Thank you and all of the other people here today. I look forward to reading what you have to say when I read the transcript. You hang in there.

CLIENT 4: I will, seeya.

Mdm CHAIR: Billy, how long were you in the long-grass up here for?

CLIENT 4: 6 months, it started and then probably another 6 months-----

Mdm CHAIR: One of the people that you lived with in the long-grass, there are a lot of Aboriginal people that come from various communities...

CLIENT 4: Yes, the majority of people I hung around with were the Groote Eylandt mob.

Mdm CHAIR: Groote Eylandt?

CLIENT 4: Groote Eylandt, they rarely mix with any other people.

Mdm CHAIR: What was their education levels?

CLIENT 4: A few of them, they were pretty smart. They were pretty good with mathematics. They are pretty smart, but when they are full on in the alcohol all that smartness just disappears, when they are sober at the start of the day they plan their day, and plan their week.

Ms PALMER: Did they plan their day to their alcohol?

CLIENT 4: Mmm. Everyone in the group, right this person has their -----another person that day.

Ms PALMER: Did anyone say that they never wanted to drink?

CLIENT 4: No. It was just a part of life for them, and I sort of like was fostered in as a co-part of their life. I -----and she is a wonderful lady, wonderful lady. She has got brains and knows how to work things out on her own without having to go see someone for help for ideas. But once alcohol gets in her system, all those ideas beforehand is gone. -----I was listening in and she was wonderful, wonderful lady.

Mdm CHAIR: Is she from one of the communities?

CLIENT 4: Yes, she is a Groote Eylandt lady. She preferred living in the long-grass to living in a house.

Mdm CHAIR: Did any of them say why they preferred the long-grass lifestyle to living in their communities?

CLIENT 4: No, not really, they never really talked too much about their communities and personal stuff. They just talked about what happened during the day, and who they saw the other day -----and the cops come and grabbed them and pulled out knives, everyday things. They don't confide about their own personal problems and stuff like that, they are pretty quiet when it comes to that.

I started learning about their culture and I didn't know anything about their culture, until I was living with them. Basically what I am learning now, is basically what I have already learned, I just never really thought of it from this point of view, from when I was on the other side of the fence.

I have had more fun in the last 4 ½ years that I have had in my whole life time, and that is 4 ½ years sober. I have had more fun, even though I am not out running a muck, having parties and stuff. I have been to a few functions, parties, and I was surprised you can actually have fun without beer.

Mdm CHAIR: I am trying to tell some of my friends that but they won't believe me (laughing). I say, at least the next morning you know what you have done.

CLIENT 4: Yes that's right.

Mdm CHAIR: One of the perceptions I suppose, is that a lot of the long-grasses aren't educated enough to be able to make decisions. Some say 'stupid blackfellas, they just live in the long-grass', that is what people say. My office is in the CBD area and the number of people I have coming in through the doors complaining about their lack of education and just drinking their lives away.

CLIENT 4: They are all reasonably smart people, and the majority of them are not there by circumstance, they are there because it was their choice, they chose to be in there.

Mdm CHAIR: from the government's point of view where there has been the pressure from the wider community to deal with this problem, and it is not just the drink, there is the anti-social behaviour. If you have been out in the mall, you -----and usually it is between the long-grasses themselves, but everybody else observing the behaviour, it finds the aggression. So government has to be able to respond to that.

CLIENT 4: Yes because the violence comes on because of the alcohol or the drugs. It is always over something silly, it is always over something silly.

Mdm CHAIR: If you were to give government a message, how do we deal with, I mean do we put more police and more patrols on, do you encarsorate people, and we all know prohibition hasn't worked, but do you put restrictions in place?

CLIENT 4: Well we have got restrictions in place and there not working.

Mdm CHAIR: There are no restrictions -----.

CLIENT 4: The 2 k law in relation to licensed premises...

Mdm CHAIR: Yes, but that is not enforced.

CLIENT 4: Not enforced isn't it? Gee, I got a fine within the first week (laughing).

Mdm CHAIR: Yes, there are a number of laws in place, and the police are quite frustrated by it too. There is an element of buck passing amongst different people about who is responsible. We are going to enter into some long discussions with the industry as well to get the industry side of it, and sort of look at the accountability of the Liquor Act and all of those things. Will we get to talk to people in the long-grass and others who are affected, we have also gone out to a number of communities.

CLIENT 4: That would be the best goal. You get down here and talk to a few of the communities.

Mdm CHAIR: About this committee?

CLIENT 4: Yes, come down here and talk to a few of the people, get to know...

Mr MALONEY: You have got to have somebody who can take you in there. You can't just walk in. There are some places you...

CLIENT 4: I can. But like I said earlier on, they don't talk openly about their own problems...

Mr MALONEY: You would need to get there early to speak to the drinkers, you have got to catch them sober.

Mdm CHAIR: Tell me! they come in my office. I get them as well as all the -----.

Mr MALONEY: Sometimes what the person sees to be their problem isn't really the problem and you have to be able to establish that report and you must allow people to know you, if you are going to know them and that is about a living experience. It is that close assessment that allows you to ----- all these cases, if you don't go out there you are not strong enough, but when it is right you know, you both know. We knew it was right for you.

CLIENT 4: What I went through at the time, I was still doubtful of my own strengths and capabilities.

Mr MALONEY: It is that type of closeness, that you have to look at people as a whole, just looking at the alcohol side of it isn't the answer. It is like -----these people are going to sit in the long-grass who actually live in houses during the night and they go out there during the day. There are people in the long-grass...

Mdm CHAIR: Oh yes because they have got families.

Mr MALONEY: They like to go out and play cards, they don't necessarily drink. They don't want to go back to their communities for various numbers of reasons and believe it or not, there are quite a few people out there who are still nomadic by nature and they will always be. So there is many, many reasons and until you find those reasons and establish, there is no quick fix here it is heart of it, you have got to get in there and you have got to take it on as an individual thing. You have got to take a person as that person stands and you have got to work through it, and they have got to find the solution and you can help them find the solution.

CLIENT 4: It is not only the alcohol and drugs, it is this problem that they have.

Mr MALONEY: I think that is why I say, when I came to the Northern Territory, the greatest thing about the Northern Territory, what attracted me at that time were the alcohol and drugs, was that our program, say Living With Alcohol, not living without it, not trying to avoid it, not changing the world to fit the people that have the problem, but the people need to live with alcohol. Because it will always be a part of society. You have learnt to live with alcohol, you don't drink, but you have learned how to live with it.

CLIENT 4: Actually I do drink, still drink. Just soft drink now that is (laughing). I have given up one beverage for another.

Mr MALONEY: We all have to learn to live with it.

CLIENT 4: I couldn't hold a job because of alcohol.

Mr MALONEY: The thing about living with alcohol, is great don't you just love it when you get smashed out. I did. I know when I gave up I used to -----you almost go into bereavement, because all of a sudden there is that huge great hole in your heart and you have

got to replace it with something. I think what is part of the battle, you replace it with family or in my case I did it through music and literature and those sort of things. But it is only, inside of that person there is something that will commitment and with time, they can build on it. And for yourself it was responsibility, it was the sense of -----is the old electronic games age.

Mdm CHAIR: Yeah, love them.

Mr MALONEY: Where would you-----. This guy is actually amazing on the stuff. But what happens is that is where you go when you find yourself against it.

CLIENT 4: Yes. Computer games is not a solution. It is a diversion really.

Mr MALONEY: It is a diversion, it fills that hole. -----a hole in your life wouldn't it?

CLIENT 4: My solution was I needed work, to get the old mind going and that is why now I have come to realise that life is not a burden it is an adventure. Life definitely is what you make of it.

Mr MALONEY: Certainly is.

Mdm CHAIR: Thank you.

Ms PALMER: I will see you up at the office...

Mdm CHAIR: So you are a live in resident?

CLIENT 4: Live in staff.

Mdm CHAIR: Live in staff, yes.

CLIENT 4: I am the caretaker and I do other things here.

Mdm CHAIR: Pat and Liz usually contacts everyone and that has given us evidence to say that this is now going to be made public, and I will get you to just check and make sure that you are comfortable with that, because it then goes onto a web-site and I table the report in parliament. Are you comfortable with that?

CLIENT 4: Yes that is alright.

Mdm CHAIR: So you feel comfortable about us recording?

CLIENT 4: Yes, yes I understand.

Mdm CHAIR: Hello Client 5. Thank you for talking with me. Would you like to start by telling me where you are from?

CLIENT 5: Yes I am originally from Darwin. This is in relation to what, drugs and alcohol?

Mdm CHAIR: Yes.

CLIENT 5: I started drinking when I was about 8 years old and I was an alcoholic by 12, and I have been drinking ever since. All sort of different people I came across in the long-grass, you get to chose some different things. I became addicted to substances when I was about 14 and from then I didn't have a habit until I was about 21, I am 30 now, so I have had about 3 habits, the drugs have always been a dual ----- use both substances and alcohol.

I have been in different gaols all around Australia, I have been sober now for about 5 weeks, I have a history with police and stuff like that as well since I was about 6 years old. Other than that I met a lot of different people from different backgrounds who were substance abusers and users and stuff like that, and have come to realise that it comes in many different forms. People from working class, through to criminal and through to all sorts of backgrounds and yes it is quite a common thing.

What I have noticed this day and age, young people today seem to be getting into illicit drugs and habits at a young age, a lot younger than when I was first drinking and stuff, people weren't getting hooked until they were in their early 20's, but now a lot of people I have seen who are doing it are having habits at 15, 14, 13, 16, and things are a lot different these days to what they were when I was a teenager.

Mdm CHAIR: So you were educated in Darwin? You were born and...

CLIENT 5: I was born here and I did about 6 years schooling in Darwin and Western Australia and that is about all I have done.

Mdm CHAIR: So that is primary?

CLIENT 5: Yes, I have done 1 year correspondence, Year 9. I wasn't allowed to go to high school, but I did a year correspondence in Western Australia, which was Year 9 I think.

Mdm CHAIR: When you say drugs, was it just marijuana or was it heavier drugs, I mean you were saying that you were a dual user.

CLIENT 5: Yes, it was marijuana, speed, heroin, morphine, acid. I was sniffing all sorts of things.

Mdm CHAIR: When you say sniffing, what petrol sniffing?

CLIENT 5: No, glue.

Mdm CHAIR: Glue?

CLIENT 5: Yes.

Mdm CHAIR: When you were, and look if I am asking too many questions, tell me.

CLIENT 5: Yes, yes.

Mdm CHAIR: When you were taking speed and heroin and morphine and stuff, was that in Darwin or was it outside of Darwin...

CLIENT 5: It all started in Western Australia.

Mdm CHAIR: Western Australia.

CLIENT 5: But in Darwin as well, yes. Yes that stuff is here as well.

Mdm CHAIR: So at what point did you get to, when you realised 'if I don't get sober and do something about this' how did you go about that?

CLIENT 5: Liver damage. I had to physically, otherwise I was going to die. I didn't really want to stop, I just said to myself 'the pain is too severe and it is more a painful experience than it was enjoyable, so I had to stop'.

It was just chronic pain and everything, like my physical function wasn't happening anymore like it used to.

Mdm CHAIR: Was it just beer you were drinking, I mean when you were saying that you were hitting the booze, was it beer or was it...

CLIENT 5: It was beer and wine mostly and a lot of spirits, that is what I used to drink hopefully, those 3 everyday. Depending on how I felt and how it would run in with my liver, like some days if my liver wasn't playing up, I would drink a lot of wine, if it was I would drink beer because it didn't hurt as much physically. Spirits or wine so it depended physically how I felt when I drank more than what I thought I should drink or thought to drink.

Mdm CHAIR: So where did you first get treatment?

CLIENT 5: Banyan House.

Mdm CHAIR: Do you want to tell me about that?

CLIENT 5: It was just a place really, it was difficult to live in.

Mdm CHAIR: How did you get to Banyan House, did someone refer you or...

CLIENT 5: Yes, it was the only place that was available in Darwin at the time where I could dry out and have a detox facility at the time. It was the only place with a bed so that is where I ended up and that was about, I did about 2 ½ months in there before I came here. It was about a 3 day spell between there and here.

Mdm CHAIR: What was the detox treatment like, in terms of when you were in Banyan House, what sort of...

CLIENT 5: I found it really bad, I didn't have any treatment, I didn't have the option of seeing no nurse or anybody like that. To me I found it was based on finances more than how you were physically, in relation to having people from detox alcohol and other drugs, come and see you when you were sick. There is no live in detox here anymore, so I was told they would come and see me but on the terms, if I was a detox patient in Banyan House, it would cost me \$75 up front before I could get through the door otherwise I could come in as a resident and...

Mdm CHAIR: That is \$75 up front payment for you to be allowed to go into the detox program?

CLIENT 5: That is right and I didn't have that kind of money. So I ended up agreeing to be going in as a resident and I didn't have the facility of detox nurse or somebody from that area, from the hospital or whatever that was to talk to me or even monitor me at all. I didn't have any monitoring or nothing when I was there, I was just expected to work pretty much the next day that I was in the place and be actively, as attendant as everyone else in the place who, different people there, had been there for different amounts of time and I thought they were a lot healthier than what I was. I was the only person in there, coming to the detox and everyone else I spoke to had been there for at least a month or more, so they were a lot healthier than what I was and it was very difficult.

I didn't get to have any option of talking to any health worker or anything like that. I found the place really bad for me anyway, it was more, I don't know like, based on what you are expected to do than what you could do, than what you could do or what you could do physically, otherwise you were pretty much asked to leave.

Ms PALMER: What about complaints on certain issues?

CLIENT 5: Yes, you were not allowed to voice your opinion in public otherwise you would be punished. And that would lead to another resident or someone, you might say that the treatment and situation of the place wasn't fair or something, and if you were heard talking about it to another person around the place, you were punished. You are expected to work for an hour or for however many hours after you had finished your days work in the place, to realise that that is not on and that is the rule of the place, and that is it.

And that was one of the things that was, more or less, do as you are told or don't be there at all sort of thing. I was very crook and I was made to go on a camping trip and walk 6km in the bush in the hot sun and eat tin food, no access to vegetables or anything, and this was after I was there for about 3 weeks and I was still really shaky and a bit crook. I was told if I don't go on the camp, I will have to leave, so yes it was 6kms in there and then the moment we arrived at the destination we were told to climb a cliff as well, which was one of the biggest cliffs I have seen and there was no safety equipment...

Mdm CHAIR: Where was the cliff, in Darwin?

CLIENT 5: No this was in Kakadu. It was a big cliff and I was ----- and you were all expected to climb that after the 6km walk, but luckily they said 'don't worry about it' but the first thing in the morning you still have to get up before we leave. So there was me and there was another bloke and a woman, and this woman was crook as well, but she had been there a lot longer and she didn't want to do it but was forced to do it, so we all had to climb up this cliff, which I thought was dangerous. If you fell you would have died, it was bloody high and it was a long way to the top, and there was no harnesses or anyone, I didn't think who had the right experience professionally to be doing that and luckily I wasn't coming off illicit drugs, otherwise I probably would have fell if I had a dizzy spell or blanked out or had a shake, I would have been finished but luckily it was only alcohol and I was able to sort of, get it together enough to do the climb and get back to ground without falling.

Mdm CHAIR: Did they give any reason why they were taking you guys out to do this walk?

CLIENT 5: Yes, they said it was part of your rehabilitation and that it was only based on your physical well-being, it would make you better.

Mdm CHAIR: Even though you had a proven, chronic liver function.

CLIENT 5: Another bloke had a spinal problem at the time as well, and he didn't want to do it but was forced to do it as well. He was told pretty much 'this is the way it is otherwise you can more or less go'. So we didn't have a choice and there was no taking people for where they were at, in their recovery at all, it was based purely on, what the group felt in a decision for the place, whether it be for shopping or food or for an outing or whatever that the majority ruled and there was no individual say or anything like that, it was just...

Mdm CHAIR: So how did you get to learn about ANSTI?

CLIENT 5: I came down to ANSTI about 7, 8 months ago for a week maybe a bit more and then I left.

Ms PALMER: For the detox?

CLIENT 5: Yes and the detox part. And then I left and kept drinking and then wanted to get sober because my liver was really sore. I went to Danilla Dilba and told them that I want to stop drinking because it is too painful and they called around a few places to see where I could go and ANSTI was full at the time and everywhere else was so I ended up at Banyan House, I didn't really want to go there but it was the only place available at the time.

Mdm CHAIR: So this is the second time now at Banyan House?

CLIENT 5: Banyan or here?

Mdm CHAIR: No Banyan, they sent you back there after, or was this at the same time when this was the second time? So you went through, is that Banyan House, how long were you there?

CLIENT 5: 2 ½ months.

Ms PALMER: What would you compare Banyan House with, has -----

CLIENT 5: Yes I would put it towards worse than prison, in a prison camp that is what I would call it, worse. You were expected to work long hours, 3 or 4 hours a day and you were in the kitchen 2 to 3 times a day, preparing meals and stuff like that and you are not allowed, there is a flawless section in the place where everyone is eating at the table and you are not allowed to leave the table until they say you can, and it is worse than prison.

They reckon that you were able to stay in that area until 9:00 at night, and then you are allowed to your bedroom to relax or whatever after whatever you have done during the day, work-wise and stuff like that. There is no rest times at all, throughout the whole day you are pretty much confined to one area, where after tea is where you stay, you can have a shower and that if you ask somebody, if you can get permission they have got a clock on the wall where you have got to be there every morning at 7:00 o'clock and if you are 1 second after 7 you get an hours work and you have to get up at 6:00 in the morning to do that hours work. It might be preparing breakfast or whatever chore they want you to do.

So I felt it was a bad place, worse than jail, worse than anywhere I have ever lived. I just didn't think it was therapeutic or rehabilitation. They have no counselling, there was no-one to talk to, there was no counsellors. I found the counsellors, a lot of the time were either too busy or, things you wanted to bring up about the place you know, it didn't matter what you thought. ----- it was their decision and that was it. It was either like it or leave.

I asked for someone to take me to a counsellor to get counselling, and they said 'no you are not allowed counselling for at least 3 months, you have got to be there and not leave the premises for 3 months, and then they will consider letting you go to a counsellor on the outside.' It was like a prisoner of war camp or something like that I thought.

Mdm CHAIR: So you were there for 2 ½ months, what happened after that?

CLIENT 5: I decided to leave because one day I put my name in the book and I was tired and run down with all the work I was doing in the place, and I was half asleep and I was angry and was just fed up with it all. In the morning I got up and it was a Friday morning and you get a visit once a week so I rang my father, I wanted to ring my father so I put it in the book, you have to that at least 24 hours before you make a phone call. I don't know what happened but I put it on the wrong day, I put it a day behind and they said to me 'no you are not allowed to ring your father and he is not allowed to come in' and I said 'stuff this, I am gone I am out of here'. They wouldn't allow me to make one mistake so I left, it is not -----at all, a rehabilitation there is only one designated day a week, where visitors are allowed to see people in the place and that is from Saturday from about 12:00 in the afternoon until probably 5:00pm, that is the only day a week you are allowed...

Mdm CHAIR: Visitors?

CLIENT 5: Yes.

Mdm CHAIR: So you left there and you went where?

CLIENT 5: I left there and then just wandered the street for, I left there on Friday and they didn't even have the means to give me my money that was meant to be there.

Ms PALMER: They take your money straight from Centrelink?

CLIENT 5: Yes, the money all goes to...

Mdm CHAIR: So Centrelink pays the money straight directly there.

CLIENT 5: Yes, so all my money was tied up in their account, I needed a cheque it was only early 10:15 in the morning, I had no money and I wanted to go and they said to me 'no your cheque won't be ready until next week'. So I had to starve on the street from Friday until I came here on the Monday, 3 days.

Mdm CHAIR: And who brought you here?

CLIENT 5: They picked me up here.

Mdm CHAIR: Who picked you up?

Ms PALMER: I did.

CLIENT 5: Yes they just picked me up out the front of Danilla Dilba at the clinic in town.

Mdm CHAIR: Did Danilla Dilba do the front, did they ring up.

Ms PALMER: They must have-----

Mdm CHAIR: They contacted you. And that was what 5 weeks ago?

CLIENT 5: Yes it was about 5 weeks.

Mdm CHAIR: I am going to back a little bit, if you don't mind. You can tell me to mind my own business. You were saying that you were drinking and least, I heard first, when you were 6 years old?

CLIENT 5: I started drinking when I was 6 and I started getting an effect from alcohol, going into that drunken frame of mind when I was 8 and with full intoxication I was getting into, pretty much every couple of days when I was 12.

Mdm CHAIR: What made you start drinking at 6?

CLIENT 5: I used to get blamed for things I never did, I was a scapegoat, by the law and then after that, I was getting older -----which was trouble, police from that age onwards. This was in Western Australia at the time and the law is very racist and so are the people, and if something went wrong in that area I grew up in I got the blame, so after a while I thought 'stuff it, I might as well do this shit they blame me for', so that is what I did. And that is how I started using the drinking side for that.

Mdm CHAIR: Have you got family up here at all?

CLIENT 5: Yes, I have got my father here. He lives in Winnellie and I have got my mum, she lives in Alice Springs.

Mdm CHAIR: You have got no brothers or sisters?

CLIENT 5: I have a couple of brothers and a sister, they are in Alice as well.

Mdm CHAIR: What about family contact, do you do much family contact at all?

CLIENT 5: I only keep in contact with my father, and that is the way I live.

Mdm CHAIR: So how do you think after 5 weeks, still a long way?

CLIENT 5: Oh, very long way. I feel healthier though, I am a lot better than what I was when I first walked through the door. A lot of the pain in my liver has managed to subside, it doesn't feel as painful as what it was so I am getting better slowly.

Mdm CHAIR: Is there medication that you are on , or is it just coping with the pain threshold?

CLIENT 5: At the moment I just take vitamin B

Ms PALMER: It is a bit of a catch 22. When you use pain killers for your liver, you damage it even more. That can be toxic.

Mdm CHAIR: And how about mentally, how are you coping, I mean mentally with...

CLIENT 5: I am able to like, those 2 months I had in Banyan, they helped me mentally real quick, because I was sick yes. I wasn't really together and mentally now I am able to concentrate and remember things and know pretty much what I need to do, the day before I need to do it. So I am getting better, a lot better than what I was.

Mdm CHAIR: Tell me the distance between the level of support and care that you got at Banyan compared to what you are getting here? I mean I noticed you rang up after you left and you are in pain, the response from ANSTI was immediate you were picked up.

Ms PALMER: He actually rang on the Friday night-----.

Mdm CHAIR: So what happened

Ms PALMER: I knew that I had a bed coming up on the Monday so I told him to ring me first thing Monday morning and we would pick him up.

CLIENT 5: She suggested that I try St. Vincent De Paul...

Ms PALMER: Then I had Peter ring to say, they could you give him a bed for a couple of nights because we would get him on Monday...

CLIENT 5: The truth is yes, she said to me that I try St. Vincent De Paul out, and they would more than likely put you up, but I really didn't want to go into there for a lot of reasons, I just don't feel comfortable there. I know people on the street, here in Darwin, and I feel more comfortable being able to communicate with them than what I would with strangers, in these situations, I still wasn't at my best. My father picked me up from the place, luckily because I didn't even have a bus fare to get out of Berrimah.

Mdm CHAIR: So you stayed with your father that weekend and then went into...

CLIENT 5: No, I lived in town for that weekend with other people I knew who were camping out, and then came here on the Monday. There was a bed available and I was able to come straight here otherwise I would have ended up using and drinking again pretty quick.

Ms PALMER: Then you would have to detox all over again.

Mdm CHAIR: So what, did he do that here? Are you saying you had 2 beds but you no longer have the 2 beds?

Ms PALMER: We do it, we just don't get the funding.

Mdm CHAIR: So what resources, I mean who does it?

Ms PALMER: Mike and I do it.

Mdm CHAIR: Do you get to go home?

Ms PALMER: Yes.

CLIENT 5: But, yes I have found that the physical recovery, you know like, sort of forgotten how long it will take but, sort of everyday is a fight but I keep going forward and just let my body recover.

Ms PALMER: And that is -----individually it was ----- Take it easy it was going to be while before you were feeling healthy and doing ----- We have -----ready to do things like that, in the physical-----.

Mdm CHAIR: And that is when they are allocated different tasks...

Ms PALMER: When they are ready, physically ready and mentally ready. It gets too dangerous otherwise.

Mdm CHAIR: How is ANSTI different from Banyan House, are you able to tell me that?

CLIENT 5: The food you eat here is pretty much what you buy that out of your own money...

Mdm CHAIR: So you receive your own money?

CLIENT 5: And you buy what you like as with the other place, the food in there was group decided if you wanted something specific from other people, and if the residents decided 'no we don't like that' well you couldn't get what you wanted. It would be individually based on what everyone wanted, so yes it was a lot different.

Mdm CHAIR: Here you can buy your own and cook your own.

CLIENT 5: Do what you like in regards to eating and drinking a cool drink or whatever, it is all...

Mdm CHAIR: How about in terms of the care, I mean the contact with the staff.

CLIENT 5: I feel the contact here is a lot more open and if you have something that needs to be sorted out, you are able to get through a lot of the stuff that you need to do, whether it be advice or making phone calls to make your problem easier to solve. As with the other place you only had 1 phone call between the hours of something like 10:00 in the morning until 11:00 if you could remember, and that was on a certain day. Otherwise a lot of things I found in the other place sort of left to chance more than anything, if you can remember to do it, great.

Mdm CHAIR: Who does the case management here, can you stay here for as long as...?

CLIENT 5: Yes until I feel fit enough for society and then I will look at university or work options or whatever. Just at the moment I have got to get physically and psychologically strong enough. So yes, there is a fair bit of healing to do yet.

Mdm CHAIR: What are your interests in university?

CLIENT 5: I would like to learn a bit about computers, a bit about the Internet and establish a way that I can -----, and stuff like that. I did courses when I was younger at university and then college for art and never really followed it up, since I got addicted to different substances through different traumas along the way. Those things took me out of school so I want to try and work something out that will benefit me, rather than be on the welfare system or whatever.

Ms PALMER: You got anymore questions Marion?

Mdm CHAIR: No, unless Steve has got anymore to say.

CLIENT 5: Yes, when I was in that place Banyan House, I felt a lot of the decision, for the camping and that, weren't to the benefit of the residents. It was more leaning to one side of their own personal gain, which was people in there were health fanatics...

Ms PALMER: The staff you mean?

CLIENT 5: Yes. Health orientated, like one of them was a gym instructor specifically doing aerobics and gym workouts for a living between working at Banyan, and the other one was a black-belt in Karate. Some other bloke who was also teaching martial arts and another person there who was running the place was a kick-boxing orientated which had a lot to do with physical activity.

Mdm CHAIR: So no consultation with the clients, in terms of what they might have wanted to...

CLIENT 5: Yes, do or distance or anything, it was all based solely on those people and myself, their own inner expectations of what they...

Ms PALMER: Did they climb the cliff?

CLIENT 5: Yes, they were quite happy to run up there...

Mdm CHAIR: Part of their exercise.

CLIENT 5: That's it.

Mdm CHAIR: I just can't believe that they got you to do a 6 km, with your problem.

Ms PALMER: It would be just like me being an aerobic instructor and coming out here right on 6 o'clock, getting everybody up in the morning and saying 'start working out'.

Mdm CHAIR: Getting out there and playing some music (laughing).

Ms PALMER: Could you imagine it.

CLIENT 5: There was 1 day a week we had to do that, it wasn't at 6 o'clock though, it was...

Ms PALMER: You had the aerobics as well?

CLIENT 5: Well it wasn't necessarily aerobics but it was like a set course of all these, which were set up by the gym instructor, which had about 10 or 20 different things.

Ms PALMER: Circuits.

CLIENT 5: Yes it is called circuit training, that was the name of it.

Mdm CHAIR: You know, compared to Banyan House, it sounds like you had a terrible experience with, I couldn't imagine what that would have been like. But to ANSTI, from what, the common theme that seems to be coming through for and what we have heard from everybody, is what has been fundamental and that is the trust. In terms of individuals taking control of their own path, in terms of getting better. Do you think that that is...

CLIENT 5: I thought that it was not trusting at all, that we were all treated at that place as if we were children and on a couple of occasions I even heard the staff say that 'you are as far as we are concerned, you are the people who were using and abusing drugs and substances and you are going to be thought of as a child, until proven otherwise'. That was even spoken to me in those words, so that is exactly what they did. As with here I feel that this is more based on the adult and the healing, like that place I thought wasn't suitable for the people who even use substances for a lot of years and who then develop problems from them abusing themselves physically from the drugs and that. I don't know, I feel sad because a lot of people who were there, even told me that they wouldn't be there for much longer, and a couple of them did jump the fence the day after I left.

I thought to myself, yes if that is what the young people who are coming off drugs today have to experience, I feel pretty sorry for them because it is not something, I don't feel is a healthy program whether it be mentally or physically or any which way. So yes, that is all I have got to say.

Mdm CHAIR: Thank you very much for that.

CLIENT 5: Yeah no worries.

Mdm CHAIR: I hope we haven't been too intrusive.

CLIENT 5: No that is alright.

Mdm CHAIR: We have already tabled an interim report to parliament. We are going to table the final report on this area, the committee goes to the -----of parliament but we are closing off on the alcohol, petrol sniffing and cannabis part by the end of this year, and putting recommendations in by November, or it could go longer.

We have done quite extensive travel to a lot of the remote communities, and to the main urban centres on a Darwin, Katherine, Tennant, Alice Springs. Look, it has probably been the first that we have had people like yourselves, where we have actually sat down and recorded, so it is a great benefit. Particularly in formulating the responses, because our responses don't go to government, what they do is the report is tabled on the floor of parliament and then the report is debated and discussed. Then it is handed over to government to recommend to parliament.

I am just 1 member from the government side, there are 2 other members. Of course you have met Richard and Sue Carter, there is about 6 members of the committee but I can't thank you blokes enough for talking to us.

CLIENT 5: That is fine, I hope it helps.

Mdm CHAIR: Every little bit helps, keep up the good work.

CLIENT 5: Yes I will, alright.

Meeting closed
