



**LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY**  
13<sup>th</sup> Assembly  
**SELECT COMMITTEE ON A NORTHERN TERRITORY HARM  
REDUCTION STRATEGY FOR ADDICTIVE BEHAVIOURS**

**Public Forum Transcript**

5.30 – 6.30 pm, Monday, 5 November 2018

Karguru Room, Barkly Education Centre, 65 Staunton Street

**Members:** Mr Jeff Collins MLA, Member for Fong Lim  
Mr Paul Kirby MLA, Member for Port Darwin  
Hon Kezia Purick MLA, Member for Goyder

**Witnesses:** Steve Edgington – Barkly Regional Council  
Ron Miliado – BRADAAG  
Sarah Pickles – Central Australian Aboriginal Family Legal Unit  
Gerry McCarthy – Member for Barkly  
Sid Vashist – Barkly Electoral Office

**Mr CHAIR:** I welcome everybody to this public forum into reducing harms. We appreciate you taking time out today to discuss this important issue.

This forum is an open discussion on harm reduction into addictive behaviours and what can be done about it. We have already had a public forum in Darwin. We held similar public forums and hearings in regional areas. We had a public hearing, as you are aware, earlier today. A number of community groups came and presented to us in that process. We are off to Alice Springs tomorrow. We will have some lined up in Nhulunbuy, Tiwi and Katherine in early December.

The committee is due to report to the Legislative Assembly on this inquiry by 31 August next year.

While we will run this forum in a fairly relaxed way, it is a formal proceeding of committee, and the protection of parliamentary privilege and the obligation not to mislead apply.

We are recording what is said so we can make a transcript. If you have not already signed the form that is going around, can you do so and add your contact details. We can then send you a copy of the transcript so you can correct any errors in the transcript before it goes to the committee's website.

To ensure we capture your comments, could you please state your name each time you address the forum. If you do not want your name to appear in the transcript, you can tick that box on the form. For this forum, the committee members will ask questions as we go along, but we will be largely guided by the issues you raise. We want to hear from you how you are affected by addictive behaviours and what you think the government can do to help.

That being said, does anyone want to start by commenting on the impact in your local area or local communities by illicit drugs?

No? Alcohol? No? Addictive behaviours? Any of them?

**Mr McCARTHY:** I will start on drugs. I will finish this off for you. Does anyone else want to go? Nobody?

**Mr CHAIR:** You are right, Gerry.

**Mr McCARTHY:** Gerry McCarthy, MLA for Barkly. I will start off with what a very wise sergeant said here not so long ago in a very public forum when there were community members jumping to their feet and speaking about the ravages of alcohol and illicit drug use in the town and how it was out of control. The wise old sergeant said, 'Well, you have never reported this to me or to the Northern Territory Police'. It was a very sobering experience in the room. It was very simple. I thought, 'Yes'.

So often we hear the cliché of ‘It is out of control’, ‘the scourge of alcohol and drugs’ and ‘blah, blah, blah’. If you then want to say, ‘What is that? Where is your empirical evidence? What evidence do you bring with those comments?’, it tends to moderate out very quickly.

I am pushing 40 years now in Barkly, and most of those out bush but having contact with Tennant Creek as a service centre, and if you talk about Tennant Creek you talk about a town on a national highway that services an area the size of Victoria, where on any one day there can be an explosion in the population of anywhere between 500 000 people depending on what is happening in the town at the time.

I have monitored the region through this service centre and also coming back here in the year 2000 and finishing the formative years of two of our four sons also gave me a lot of good contact with the street level of this town and what is happening.

We have seen the emergence of significant illegal drugs. Not so much the opiates. We have not incurred a surge of heroin here or heroin addiction, however there has been episodes of that usage. We have seen pretty well everything else though.

We have seen the quite widespread use of cannabis and that leading in to the first era around methamphetamines and then most recently ice. It has all raised its head here. It has all been here from time to time. We have also looked at volatile substance abuse as it cycles through our town and region.

I am going to generalise here—I do not think that it has ever got us to the point where—I grew up in Western Sydney in the 60s and 70s—Mr Chair you know the story. My father got out of Greenacre after the third robbery and the Commonwealth Bank in Greenacre packed up and left town when it was robbed twice in the same day. I lived through this stuff. I have a fair handle on when it gets to a point of no return—we have not got there by any stretch of the imagination.

In terms of the illicit use of cannabis it is quite common and widespread. I am quite shocked to see it in the remotest parts of the region where I never figured it would raise its head, but in terms of that commentary what always surprises me is the lower socio-economic groups when they are purchasing tobacco, alcohol and cannabis. It must have a significant effect on their family household incomes, which has a detrimental effect on a lot of other issues that relate to wellbeing and their family life and their expectations of a future for their kids.

So there is a bit of a whirlwind story on drugs in Tennant Creek and the Barkly.

**Mr CHAIR:** We heard a bit about that earlier today. The flow-on effect to families and households in terms of the purchases and then obviously the lack of funds for food and basics. It is a real concern.

**Mr McCARTHY:** When you are paying over \$90 for a tin of Log Cabin tobacco and then you have to buy a packet of papers and a box of matches that is a significant impact on a family's income that are on a new start type allowance, a Centrelink benefit which represents up to 70% of our community. Then if you layer up a few cartons of beer and cannabis then—I do not know where the money comes from. I do not know how it can cope.

**Mr CHAIR:** What are the smoking rates like? Is tobacco smoking really prevalent in the community?

**Mr McCARTHY:** You can get some empirical data on that through the Department of Health and you are probably going to work cross section across Indigenous smoking rates. If we are talking about 70% of our population here is Indigenous then way above the national average and they are not coming down at the rate that we would hope with all the government resources that are going into it.

**Mr CHAIR:** Some of the submissions that we have received have spoken about smoking—I think it was the pharmacy guild of the Northern Territory—they were talking about the need for community-based education programs on smoking to try to reduce the numbers of tobacco smoking.

Any others? You can say whatever you like. As I said we have had a number of providers here today and spoken about a broad range of issues. A lot about the need for some more coordination amongst service providers. Lack of funding is always going to be one that is going to come up in this sort of area.

The lack of coordination amongst service providers so that we can actually target groups and look at providing education and information at an earlier stage rather than trying to deal with problems associated with alcohol and drug abuse and the like. Has anyone got any thoughts on that?

**Mr EDGINGTON:** I will just make a comment. I am Steve Edgington and I am the Mayor of the Barkly Regional Council. Rather than talk about drugs and the effect of drugs, cigarette smoking and those sorts of things, the most prevalent issue in this region is alcohol. There is no doubt about that. I think most people would agree that alcohol is the biggest problem.

So when we talk about coordination, I will get to coordination. I think when it comes to alcohol in my view, for quite a long time there has been a clear focus on prohibition. I do not think prohibition works. That might have some impact to some extent in different areas. When I talk about prohibition I am talking about generally restricted. Right across the Barkly we have a series of restricted area and it is not just the Barkly, it is right around the whole Northern Territory. We have had restricted areas for 30, probably 40 years.

I commenced in the police force back in 1988, so that is the first contact I had with restricted areas. There have been many times when I have worked in communities right across Central Australia and seen the impact on communities, families and individuals from alcohol abuse. I think one of the strong points is the Riley review. I have openly said that I support the Riley review.

There are a couple of recommendations in there that I do not necessarily support but in general I think overall the Riley review is a very comprehensive report that will assist in prevention, harm minimisation, rehabilitation and treatment. There is a whole range of things in there and I think it is probably the most comprehensive report that I have read when it comes to addressing issues with alcohol.

I think there is a little bit in there about restricted areas and it refers to a previous review done around social clubs in communities. Overall, reading the Riley review I think there is some useful information in there. Overall, I think the government has been slow to implement the Riley review and some of the focus at the moment has been more around prohibition.

It is about restrictions and police standing outside bottle shops. I have not seen much around prevention, rehabilitation and treatment. I think that is some of the areas that we need to focus on. It is in that report and I would like to see the government get to implementing some of those additional recommendations that I believe will have an impact over the short, medium and longer term.

The issue around coordination is clear here in the Barkly region. In February there was an incident with a two year old here and I think it came out of not only the investigation into that but a series of talks around the Barkly clearly concluded that there is room for improvement when it comes to coordination and collaboration of services.

Overall my understanding is that the Northern Territory Government and the federal government are doing an audit or looking at what services, funding and programs are being delivered in this region. The audit and outcome of that will be critical to determine firstly, the programs and, secondly, how much money is coming into the region.

My general feeling is that there is not a shortage of money, there is a shortage of coordination, collaboration and agencies working together. That gets down to accountability. As a council, non-government service providers, NT government, federal government—everybody has a responsibility to work together in a coordinated and collaborative way. I do not think that is happening to the best it possibly can. Overall, they are the issues that impact on a range of services.

At the end of the day when we talk about prevention, it really starts at that young age. We have youth programs running in Tennant Creek, but right across the region there is generally a shortage of programs for young people to be involved in. That is the early

intervention and prevention activities that need to be focused on more right across the region.

Those are the issues I think will, hopefully, come out of this audit of the services and funding that is coming into the region, where those gaps are, how we look at filling those gaps and bringing the services here that we really need. I am not convinced that money is the issue. We can deliver more with the money we have ...

**Mr CHAIR:** An audit might show that there is a shortfall and what. We heard from Moira from your mob. She was talking about the lack of education for 15 to 24-year-olds. After they go away to schools then come back. We were talking to Gerry before about the programs that are being developed at the moment for building in remote areas. Hopefully, that sort of thing will provide that TAFE time, continuation on into a job and ...

**Mr EDGINGTON:** Exactly. It is about that early intervention and prevention and diversion away from—if it is jobs, programs, sports and rec, youth programs. There is a range of activities people can be involved in. When they are not involved in those sorts of activities, then that leads to participating in drugs, alcohol and other activities that can be quite harmful to the communities. There is clearly a lot of those underlying issues. It is about housing, unemployment—a range of issues that impact on the lifestyles of people across the region.

**Mr CHAIR:** Are you talking about restricted areas as well? What are your thoughts on the alcohol management plans?

**Mr EDGINGTON:** Well, to be frank, my view is that the alcohol management plans have been neglected. I have said that publicly a number of times. Here in Tennant Creek, I have written to the government about Ali Curung and Elliott about the alcohol management plans. Quite simply, they are not working.

They do not have the attention and the support they need from government at the moment. There is a lot of work that needs to be done. It is not an easy area to work in. I am not necessarily blaming the government, but we need to get the government involved and working with the communities to develop some plans that will have an impact in those areas.

At the moment, there is insufficient resources being allocated to those areas. When we talk about alcohol management plans, whether that would include a social club or whether people might want permits to drink in their houses—that is what some of the people in Elliott want. Other people simply do not want a social club on their community.

But that conversation needs to happen because, at the moment, as I said before, over the last 30 or 40 years—in my view from what I have seen in this region—I have seen a number of deaths on the road, with traffic accidents where people have been out

driving late at night either seeking alcohol or coming back to that area after consuming alcohol. I have seen quite a number of deaths on the road in this region where it may or may not have made a difference if there was, perhaps, an opportunity to drink at home, at a social club, or in another area in the community.

They are difficult areas. The solutions are not easy. It is in the Riley report and it needs to be explored further.

**Mr KIRBY:** Do you think there are other things, Steve, that can help the town of Tennant Creek, through the Riley review. You are right, we have come to the stage now where the issues are not just in Tennant Creek but through the Territory.

Whether it is youth diversion and different things like that, we have come to the stage where it is a community problem. As a community, we are a bit—not disjointed, but as the Territory has grown some of our communities or towns are not as close knit as they used to be.

**Mr EDGINGTON:** You touched on it before. Education is clearly a big part of the solution as well. Where that starts is in the school and it is great to see school based constables back in the school. The previous drug and alcohol resistance education worked well. From my perspective as a police officer, I believe that that was a successful program. Whether that is part of the school based constable curriculum moving forward, I am still not sure about that.

That education one way or another, whether it is through school based constables, can start in the schools. We know about FASD, we have seen that in the Riley report. There is a whole lot of education that needs to happen in that space as well. That needs to be done between health providers, government and some of that education material put forward. There is some stuff in there that really needs to be tackled and tackled quickly.

**Mr McCARTHY:** I would like to draw out a few points and congratulate the committee on this research project because from my perspective you have taken it to the next level which is, as the Mayor says, education and awareness around addictive behaviours because we have not gotten there yet. There is a large percentage of our community that does not have the education and awareness of what addiction is, what addictive behaviours are and what are dangerous substances that lead to addiction.

Those dots have not been joined yet with a lot of the community. When you talk about what you have heard today in Tennant Creek it is always a metaphor of the ambulance at the bottom of the cliff. We are picking up people when they fall off the cliff. That is the acute care model and that is cycle we are trapped in.

Why I bring cannabis and illicit drugs into the discussion is that cannabis and its links to psychosis is of real concern for me. I have been a school teacher for 30 years in the bush and I have grown up a lot of kids. When I see their kids in a state of psychosis

through the use of all sorts of substances, but mainly this really high grade, hydroponic and treated marijuana that generally comes from the south of the country and flows through the Territory, I get concerned that this psychosis is something for them that is unknown.

They do not really have an understanding of the impact. It is the pop and rap culture, it is the Snoop Dogg. I have seen all the layers of this run through and its associated illegal drug use but I am not sure our kids, particularly the 15 year old, understands what is going on.

So the ambulance at the bottom of the cliff, the next ambulance parked up is going to be dealing with significant mental health issues not the addictive behaviours around alcohol misuse. This is where we are heading in the Territory and particularly in the remote areas because when you look at the statistics of the drugs being picked up at airports and on roads—the police are doing an amazing job—this stuff is real now, this is not a one off.

This is a real industry and the target audience is regional and remote communities. This is the new frontier for drug dealers in my opinion. It is not going away in a hurry but the second ambulance at the bottom of the cliff is going to be dealing with a generation of people impacted through drug psychosis. Already we are seeing a lot of issues in the community around drug psychosis.

Now with alcohol, I can take you back near 40 years in Tennant Creek with the bum's bar at the Tennant Creek Hotel—Sexy Remy's Piss Parlour. There you go Madam Speaker, I have put it on the record for you. You can maintain your dignity.

They had a little bar in the corner there called the bum's bar. Why I know this stuff, Mr Mayor might be interested in this, my wife used to run the cocktail bar in the Tennant Creek Hotel. She worked at the meatworks and in the downtime the girls ran that pub. She served at the bum's bar and on a Saturday morning they issued straws because the punters that drank at the bum's bar needed a straw to get their first drink down because she shook so bad. They could not hold a glass.

This was life in Tennant Creek, this was the frontier. It was nothing unusual, it was almost a culture that was celebrated in terms of a legendary frontier culture. After the first drink, those drinkers then were stabilised to then drink throughout the day, or whatever the program was.

I was not a shrinking violet. I frequented that hotel and the Goldfield's Hotel on many occasions. However, the grog shakes, as it was known, is interpreted now among the constituency I represent with an education and awareness level of, 'you have to get a drink the next morning because it makes you feel better and it stops those shakes'.

You can twist that whichever way you want, but for me as an ex-teacher, listening to people I have known over generations, there is a very big gap in the understanding of



addictive behaviours and the grog and what it does to you and your street-level creation of how you deal with it, which is, essentially, more drinking.

There is more drinking in the stories about, 'make all my hurt go away' from the old Country and Western songs, of which I can quote quite a number. However, the drinking culture is simply 'to make me feel better'. 'I need more today because I have to feel better'. Then, bingo, you are on the next one and the next one.

This is why you guys are doing some amazing work. On the frontier, we have not come to the stage of understanding the real signs and the education and awareness of what this stuff does, where it takes us and the issues it creates. It still is a level of misunderstanding. If we now layer drug psychosis into the mix because generally the drugs and alcohol go hand-in-hand, then we will have a higher level of these mental health issues the Northern Territory will have to deal with. It is flat out dealing with what we have already.

**Mr KIRBY:** Some of the small survey the school has done already about the number of people who have strong issues with alcohol at home—these 13-, 14- and 15-year-old kids have either seen drugs smoked a lot in their home or they have tried it themselves. Their parents think that is quite fine.

You are right, we will have some big issues because they do not see it as an addictive or problem behaviour. They know that it is bad, and not good. They do not know where it will lead them, whereas we probably do—that slippery slope.

**Mr CHAIR:** Fundamentally, it is about education to me. That is why I am pushing this thing and taking it on. They will use it. Saying no does not work, so they need to ensure they are as aware as possible of what is likely to happen. They will make choices. It is not about encouraging them, it is about providing them with information. So, rather than put the ambulance at the bottom of the cliff, put a fence up the top. They can still jump over the fence and fall over the cliff ...

**Ms PURICK:** More difficult.

**Mr CHAIR:** That is right.

**Mr McCARTHY:** You are already getting some interesting media on this. We know the media will tell the story the way they want to. I have listened to some of that. An example is pill testing. For me, on the frontier in the Barkly, the Year 12 graduate out of St Ignatius College in Sydney going to a big, organised dance party has an education and awareness level now where they are having the discussion about, 'Hey, the government wants to test the pill we will take tonight'. That is fraught with controversy.

Bring it back to my level here. Our kids have similar issues, but they are not operating there. Yet, they need to understand the relationship of illegal drugs, alcohol abuse and

harm, diet and nutrition and extended prolonged use of illicit substances to really know, 'All right, are you making the conscious decision to go there because you need to know this stuff?' It is the same theme but it is operating in a different context.

**Mr CHAIR:** As you are aware, I am a supporter of that. Here it is probably more important because that process of pill testing at music festivals provides a level of information that you do not get as a kid, even the Saint Ignatius kid.

They might think they know about drugs and whatever but that whole process is monitored by medically supervised staff who can provide accurate information about what that pill will do to you, what you can expect, what the substances are that they have found in there and what they can do to you and how damaging they can be.

For me it is a real positive thing in the sense that it is providing information at a level—otherwise they are just going to take it anyway.

**Mr McCARTHY:** That's dominating everything—I can talk about cement with a mango in my mouth. I want to get on the public record something—Gerry McCarthy, Member for Barkly, I am going to pick up on our Mayor's point about the use of resources and the coordination because it is a very important point and I agree with him.

I am going to use a story about syphilis. We have a public health system at the moment that is trying to prevent a communicable disease that has re-emerged in community at alarming rates. The way to do that is a bureaucratic system-wide approach with silos of different government resourcing and the system then uses this education and awareness and all these different approaches to produce a poster that goes on the clinic wall and it is all about syphilis.

Let us take an example of Alpururulam at the clinic where I have seen the poster on the wall that educates you about syphilis. That poster is not only cluttered graphics and has really high level written English literacy to understand the issue, it is almost impossible to decipher unless you have a fairly high level of English literacy and western mainstream education.

My point is, by the time I have got all the way to the Alpururulam clinic to see this poster I have got syphilis. The whole system has not supported its objective in the prevention of a communicable disease. As our mayor says, why are we not using the resources, and if you want to colloquialise in the Barkly, some communities call them white clouds.

These are the Toyota Prado's that come and go over great distances all year at regular intervals and they work between public service hours—that is the resource that can be counted into millions of dollars that produce the poster about syphilis that was put on the clinic walls. That is the ambulance at the bottom of the cliff and as our mayor says, why are we not looking at the audit of these resources and the better coordination of using these resources to achieve the objective we want?

Have you an answer for that? Yes, I have an answer for that and that is we use that public health budget in the prevention of a communicable disease like syphilis but we flip it back the other way and we base it on what is community research methodology and the gurus of this is Menzies School of Health—they are a Territory institution—they are acknowledged, they are valued and they know how to do this stuff.

Not only have we got the resource identified, we have a methodology to flip this on its head and go back to the grassroots and work street by street, house by house in a community research concept to make sure that we stamp out syphilis, as one example of many.

Thanks for the opportunity committee for being able to put that on the public record.

**Mr CHAIR:** It is on the record now.

**Mr VASHIST:** Mr Chair, Sid Vashist, electorate officer for the Member for Barkly, Gerry McCarthy. Our local members and Mr Mayor have covered quite a lot. I want on public record to talk about volatiles substance abuse.

**Mr CHAIR:** Sure.

**Mr VASHIST:** From my previous experience as a youth worker in Tennant Creek and covering the Barkly, that is an issue that sees a trend where, whether you can control liquor and other drugs and cannabis, the alternative can be sniffing. The alternative can be the use of a simple thing like Listerine, deodorants, and spraying that just to get high.

So, the education about volatile substance is quite important as well. I wanted to put that on the public record.

**Mr CHAIR:** Absolutely. We certainly are aware of volatile substances as an issue.

**Ms PURICK:** On that, if I can pick up, do not forget the lemon essence or the vanilla essence.

**Mr VASHIST:** Yes.

**Ms PURICK:** The supermarket next door—because there is 35% alcohol in them. That is why bush cooks were always drunk, because they were drinking lemon essence. Coolalinga Woolies has all their essences where you buy your smokes ...

**Mr CHAIR:** Okay.

**Ms PURICK:** ... and your Soda Stream gas—there must be something about Soda Stream—or metho. They are all there. I do not know whether it is a Woolies' policy, but

that is something perhaps could—I cannot speak for Listerine on the shelves, but there is apparently Listerine that is alcohol-free.

**Mr VASHIST:** There is alcohol ...

**Ms PURICK:** That is something that perhaps could be looked at by talking to the chains—there is only Coles, Woolies and perhaps IGA—to have the essence ... If you lose something, we are all smart. We are humans, we are very smart critters. You know what has alcohol content.

Way back, my mother tells me, in the olden days, alcoholic men, mostly—sorry guys—boot polish had alcohol in it. When they were really desperate they would melt it down and mix it with something. I do not know what.

**Mr CHAIR:** That would show up in your teeth, wouldn't it?

**Ms PURICK:** Yes. So, where there is a will, there is a way. That might be something to take up. Getting those products that are still available for people but, it is like most Supercheap places have their spray paints somewhere where you have to be an adult to buy. Even if you go Bunnings and buy spray paint ...

**Mr CHAIR:** It is the same thing with hydrocarbons.

**Ms PURICK:** ... it goes ding, ding, and someone has to come over and swipe their card. It is about prevention. It is just the way of the world. Essence is one of the them that needs to be looked at because Palmerston people said there was—I do not know exactly where it was—a group of people who had been drinking—I think it was during parliament it was on Facebook—and a big pile of Listerine bottles and essence bottles were at some place where people just camp in and get a bit charged up.

**Mr VASHIST:** Thank you, Madam Speaker. To pull up on that, there are a lot of products that are alternatives. You have your nail polish removers as well. You have your normal paint that you can get from the hardware shop. There are alternatives that have been used in the history. Even when I was a youth worker, I have come across these alternatives they have been using. They are more dangerous than liquor and ...

**Mr CHAIR:** Cannabis and all that ...

**Ms PURICK:** Yes.

**Mr CHAIR:** Have you noticed much recently?

**Mr VASHIST:** My last gig as a youth worker was mid-2016. After that, I would have said alcohol was the trend, where things are in decline and they rise again. So, I am not in a position to answer at the moment what the current statistics might be. Last year, they were on the decline. I do not know if ...

**Mr CHAIR:** We did hear a bit about volatile substances through the day, but not about the other products you are talking about. It was more about petrol and the low aromatic fuels and things like that. Thanks, Sid.

**Mr VASHIST:** Thank you.

**Mr CHAIR:** What else.

**Mr McCARTHY:** Thanks, Sid, for that contribution because the VSA we see in cycles. I lived in the gulf country for 12 years. Six of those years were in Borrooloola. We never experienced the really high-level activity of volatile substance abuse that was reported out of Central Australia in communities like Papunya and the big name communities you would associate with a very active volatile substance usage.

I often wondered why we did not suffer the same impact in Borrooloola. I always put it down to in those days we had a pub that operated seven days a week. There was always access to alcohol. Then, of course, the illicit drugs entered the scene as well. But I am going back into the 1990s. That pub seemed to dominate the misuse of substances in the town. The other stuff never took hold.

The other places I have lived where I was on cattle stations and I never saw volatile substance abuse and then coming back to Tennant Creek in the 2000. You do see evidence around here when a cycle of this has emerged.

Sid, you could probably give us some more information around the human dynamics of this. Generally the older teenager that influences a younger cohort that gets a group together in terms of that mentality. In public places you will see evidence of where plastic bottles have been cut up to use for sniffing petrol, a collection of cans or as Madam Speaker said, other substance containers.

The latest round that I was aware of—some youth workers tipped me off and we went and had a look—was butane lighters. What was quite evident in some of these hoards with the young kids was a collection of lighters and they had the top dismantled off them and were sniffing the butane.

**Ms PURICK:** The cigarette ones or the ones for a camp stove?

**Mr McCARTHY:** Yes, the cigarette lighters. They were sniffing the butane gas. It supports the debate that product shifting is something to be very cognisant of in terms of the addictive behaviours research because as you start to zone in on one area, then people will explore.

Madam Speaker, I will share something with you to take home to mum. When the government in New South Wales decided to dye metho, then the alcoholics—most of these people were war veterans in the bus shelters and railway stations—they figured

out that they just had visit the bakery early in the morning with the throw out bread, get a loaf of square bread and pour the metho through the bread to filter out the metho without the dye at the end of the loaf of bread.

In terms of product shifting there is also a lot of science that goes into getting around these—as Mr Mayor said the prohibition approach.

**Mr COLLINS:** You are aware and others may not be but from a trip I did to Portugal last year and had a look at their decriminalisation of drugs over there. They decriminalised all drugs and that is something that I support.

Part of the reason is because people will change so you cannot just pick one drug and say we are going to do this because they will change. It will be cannabis this year, next year it might be heroin and the next year it will be ice or whatever. So you have got to take broad approach and provide the same education and opportunity for everyone regardless of what drug is used.

Something you might be able to tell us, Steve—somebody asked me this recently, number of people who are in prison because of drug related convictions and my thought is probably originally do the first one, two, three offences, you end up in the justice system not with a conviction. You end up with a record but is eventually dismissed, it will lead to something else because you are in that criminal justice system.

When you start piling up your convictions you will eventually end up, but it might not be for a drug conviction. You might have some sort of feeling about how many people end up starting on that process and ending up in prison.

**Mr EDGINGTON:** I headed up the first juvenile diversion unit back in the 2000s. That was at a time when the government of the day introduced mandatory sentencing. The federal government stepped in and provided \$20m at the time to introduce the first juvenile diversion unit within the police force in 2000. That was a significant change to policing where the police already had a system of cautioning young people but this brought in a whole new way of doing business from verbal, written cautions, verbal and written cautions, formal cautions and victim offender conferencing.

At that time the challenge was not about giving the cautions but how to divert that young person who might have been about to enter the system away from the system all together.

The key to it in my view is that there still are young people entering the system but a good case management approach to dealing with young people is a way to go. It is not just case management of young people because it is the family situation; it is all of these other factors that we know about—overcrowded houses, it is young people being exposed to risky behaviours in overcrowded houses where there are drugs,

alcohol, could be child protection issues, safety issues all of those things happen in overcrowded houses. There is no doubt about that.

Dealing with young people to keep them out of the justice system needs a case management approach. It needs expertise to set up a case management plan, to work with the young person, work with the family, get that person engaged in other activities whether it is back to school, vocational education training, other employment or off to university or whatever.

Unless young people—even adults—have a purpose in life and involved in activities, work or educational training they are going to get involved in other things, whether it is drugs, volatile substance abuse, alcohol, other risky behaviour or whether it is crime generally a lot of the people involved in that sort of stuff are the ones that are exposed to all of those elements that we spoke about—the overcrowded housing, the grog in the house, the drugs in the house, the other risky behaviour that goes with it.

In my view it needs to be a case management approach at a very early stage in that persons offending and that case management approach followed through with the young person, the family and monitored for quite some time.

Unless there is a really strong focus on early intervention prevention and diversionary activities we are going to see people ending up in gaol for years and years to come. That case management approach to young people we need activities in places like Tennant Creek, we need activities in communities.

I get it that there is a shortage of funding for a whole range of things and you will hear me talk about that there is not enough sports and rec programs in the communities—you will hear me say that and I do not make any bones about that because I will keep going on about it—but the early intervention and prevention is the way to go with some of these young people.

I still believe that the majority of the people in the community, including young people are good people. You will have a very small percentage that people go off down the wrong track. The overwhelming majority of people in this region and right across the Territory with proper assistance can get on the right track.

**Mr KIRBY:** I was saying before about how the communities have changed over the last 50 years from when my parents grew up. Religion was very strong for keeping a community together. Sports has stepped in and has taken up a bit of that gap and it probably can, particularly through the Territory. We are sports mad. There is a real link and we need to invest—look at the Clontarf programs and the success they have.

**Mr EDGINGTON:** There is a whole range of things. I still believe that the federal government intervention back in 2008, breaking up all of the community councils, getting rid of CDP, all of those things have had an impact on the structures of

communities. The whole leadership structure in communities has disappeared. That all disappeared when we got rid of community government councils in the communities.

There is no pathway for leadership in communities now apart from nominating for a seat on a regional council. Within that community, yes we do have local authorities but it is not the same as having a council controlling that community. There is no pathway to strong leadership in those communities. There is no aim for some of the young people to aspire to be the leader of their community but there are cultural ways of leadership in communities.

I have been visiting communities for 30 years and I am sure that the Member for Barkly will agree with me, but when I visit communities, well before 2008 the first person that I would always look for is the president of the council.

Well guess what, that does not exist anymore. That leadership structure has gone and that amongst many other things has contributed to a breakdown in social order in some of those communities.

**Mr McCARTHY:** Can I pick up on the Mayor's point around case management of young people, I totally agree. I would like to swing the wrong for a comment on when things have gone wrong and we are at the rehabilitation end, the new way of doing the rehabilitation program with the whole family entity and the residential nature of that. What do you want to share with the committee about that?

**Mr MILIADO:** What do you mean?

**Mr McCARTHY:** Taking the whole family unit as opposed to taking the addict and trying to rehabilitate them and dropping them back into the family at the end of their program.

**Mr MILIADO:** With the family units we do that with transitional aftercare. We have the guys that come in to rehab for eight weeks and they can go into transitional aftercare sometimes with their family for 3 months. If they are doing well, we will renew their contract for another three months and we will try and get them a job. We will try and get them housing which is sometimes a little bit difficult. Whilst clients are in transitional aftercare they still participate in our program.

That is usually how it works, sometimes they are there for six—it ends up that the client could possibly be with Bradaag for eight months. Sometimes it works out really well for the clients especially if they have family that back them up.

**Mr COLLINS:** But other times it is not long enough?

**Mr MILIADO:** Sometimes it is not long enough at all.



**Mr McCARTHY:** That is the concept. BRADAAG have been pioneers in a lot of different areas over the years but this is something that we are going to continue to support with the new project here in Tennant Creek. For me, in terms of addictive behaviours I will make a negative comment around the boot camp strategy.

For me, the boot camp is taking the juvenile with the issues out of the family context, you dress them up as a commando, march them up a mountain, bring them back down again and drop them back into the environment that almost supports the offending behaviour. That is the boot camp program and it is highly promoted and acknowledged by the corporate sector.

For me, it is about the whole family unit. As the Mayor says, the case management of a family unit which would include the juvenile and anybody else needs to be a new way of doing business around addictive behaviours because it is not just the addict in the family.

It is how it impacts on the family and if we can fuse those, I believe—this is going some of my own research going back to look at Narcotics Anonymous in Sydney and WHOS where I saw significant cohort end up on custodial referrals, this is in the 70s going back a long way. It was the family who had the emotional impact on the addict, they were the ones that were the driving force to start to deal the addictions.

The clinic stuff did a lot of work and it was good but I saw the success stories over periods of about 10 years. I am proud to say I can still visit success stories and we share our stories about grandchildren now, they survived. It was the family structure, support and involvement in that rehabilitation that got them out of that spiral where they were going to Rookwood Cemetery.

**Mr EDGINGTON:** I agree with the local member. Involving the family is about giving the family the skills to be able to support the person that is having the problem. The family needs those skills to be able to be involved in the whole case management approach.

Just touching on the boot camp stuff, our local member is right. There is a role for that type of approach to play in the overall system with young people, there is no doubt about that. The danger with it is dropping them back into the community without that ongoing case management and support.

Boot camps can bring a lot of new skills to young people, such as discipline, leadership, resilience and coping skills with a range of issues. It is important that that does not fall out of the system. It is just one part of what needs to happen with young people—but not every young person. The assessment of young people is the critical part to determine what will work best for them and their families.

Boot camp would have a part with some young people and it might not be as effective with other young people. But it certainly can bring a new set of skills for the young

person, as long as it is reinforced and supported when they are back in that household and community going about their rehabilitation.

**Mr CHAIR:** We are getting close to time. Does anyone else have anything else they want to add?

**Ms PICKLES:** Yes, I will. My name is Sarah Pickles. I am a lawyer with the Central Australian Aboriginal Family Legal Unit. We work with Aboriginal victims of domestic violence. I am very new to Tennant Creek—only since January. I came to this forum more to listen, but I may as well say something now I am here.

I would say 100% of our clients are dealing with alcohol and drug addictions, or impacts from their partners being violent towards them because of their addictions. The one thing that underpins everything is intergenerational trauma. I do not think that is taken as seriously as it should be. Education is incredibly important, but I do not think without properly addressing people's trauma that education will get us very far.

When people are stuck in their reptilian brain with fight or ...

**Mr CHAIR:** Fight or flight.

**Ms PICKLES:** I always get that wrong. Yes, you know that alcohol is bad for you. Most addicts know their addiction is terrible for them, but it is not about that knowledge, it is needing that escape with drugs and alcohol. Instead of thinking what is wrong with it, you need to think what is good about it. What is good about ice or grog? It gives you that escape, it makes life okay for a minute. Unless you are addressing that everything is just money wasted.

There are some incredible Indigenous healing programs that are running around Australia. It would be fantastic to get something specific for each region, investing money in something like that, actually working with elders to look inside themselves and connecting with country again. Until then, it will just be the same cycle until people start to heal, so they can make better decisions for themselves.

**Mr CHAIR:** Good. I agree wholeheartedly with you. In our Darwin forum, we had a number of groups talking about similar issues as well. There are some Indigenous groups in areas that do it well. There are some that do not do it well. Finding the formula is difficult because what works for one community will not work for the next. It is something we need to try to work on and towards, I agree.

It also comes back to a meaningful existence. If you do not have that, you will keep falling back into the addictive behaviours. That is one of the key triggers for people falling into it. Education and information is certainly part and parcel of it, but, yes, finding that connection again is fundamental to coming up with the answer. I am not sure if we can come up with one answer that fits all.

I was talking to Paul earlier today. It is not only in remote Indigenous communities, it is in sporting clubs, voluntary associations, whitefella associations. Sometimes you will get a good group of people who work together well and there will be motivated people who will be able to get the association or group, or whatever, moving forward well. It is exactly the same

Sometimes you will get a group of people who are well motivated and they will drive what a good program is and other times you will not, and some people will move on and the next mob that you get coming in might not be as motivated. That is a real struggle we have and that we need to deal with.

**Mr McCARTHY:** With intergenerational trauma, and you articulated that very well, as a core issue—do you see intergenerational trauma still relating to the colonial history and the colonial story or has it evolved in to something that is attached to it but different?

**Ms PICKLES:** I think they are one and the same. Six generations since colonisation which really is not that long, just compounding through every generation. You have people whose parents were part of the Stolen Generation—a lot of our clients. They had that going on which had a lot of violence, frontier wars, a lot of rape, a lot of alcohol dependencies and that has just compounded through every generation.

We have clients that bring their kids in all the time and the things that they are hearing is just appalling and they have all this stacked up on top of them, so I do not think it can be separated. I think it all started from that one point.

**Mr McCARTHY:** Now you hear a commentary about Lajamanu on the weekend, and there was a very celebrated renowned author and film maker and he was asked the question about—first of all I will premise that. It was in relation to a documentary of 40 years at Lajamanu and it was quite interesting. There was really amazing footage of ceremony in a very contemporary context of 2016, the influence of the church and then some contemporary Lajamanu storytelling, and he was asked—do you ever think that Lajamanu will return to the traditional form of those ceremonies?

I thought, what a question—here we go, listen to the answer. The answer from this person who is quite a celebrated identity, an artist said, 'I think we will when everybody stops fighting each other'. So there is no doubt about the colonial impact and the intergenerational trauma that that has created.

As a lawyer, do you see that there is a period in history now where domestic and family violence has really dominated this agenda where it is the catalyst of the trauma for children in to the next generation? Can we deal with something while we are still trying to resolve the Stolen Generation as long return colonial impact?

**Ms PICKLES:** I am not an expert at all on this, but I would say yes. To think that we cannot deal with this current issue until we deal with this enormous issue of

reconciliation would be—where would that get us, just leaving that pile of mess over there until this is fixed... you can definitely do both at the same time.

They are absolutely linked. The reason why there is so much domestic violence and alcohol addiction is because people are dealing with the trauma of their childhood which has come from the trauma of their parent's childhood and so on.

They are fundamentally linked but working with individuals within families to work on hearing what is really at the heart of their distress that is causing them to hit their partner and causing them to drink so much that they cannot control themselves, I think we can focus on that at this point, whilst as a nation we work towards being better to each other.

**Mr McCARTHY:** Well this is not a cross examination by any stretch of the imagination. Something at Lajamanu that I also have looked at over a number of years is Kurdiji which is their traditional justice system that they have been building. Lajamanu is probably a couple of steps ahead of other places. We are hearing about models emerging and the government's policy around seriously building Aboriginal justice principles and systems.

Kurdiji at Lajamanu have been doing a lot of work, this is the Warlpiri. My hope is that with a community based approach to justice then we may have a circuit breaker with this domestic violence and the comment from a respected person when we all stop fighting each other.

If we can get that circuit breaker through this system of Aboriginal justice for the Warlpiri at Lajamanu we may be able to just find that important clean air to get to the next step. That is where I am thinking of. Government policy now is addressing it, how we can get there is going to be the challenge.

**Mr EDGINGTON:** I might just make one last comment on that. Just on law and justice, the member touched on a really important issue and back the mid-90s the law and justice agreement was between Yuendumu, Lajamanu and Ali Curung for whatever reason, through changes of governments and whatever. It did work in Ali Curung from 1995 to 2004 or 2005. There was a law and just strategy in Ali Curung.

When I look back on my experience having worked in that community from 1994 to 1997 as the officer in charge of the police station, that law and justice strategy at the time was very effective in dealing with some of the issues that we have just spoken about. Importantly, it brought people together in that community with support from skilled facilitators and people who understood the justice system.

Looking back on that, there are opportunities to not even reinvent the wheel. Some of these things have work and worked effectively. It is good to hear about Lajamanu because it sounds like they may have continued on with some of the learning from the mid-1990s. Government's local decision making policy is an opportunity. I support

local decision making. Law and justice is a big part of the local decision making policy and there is opportunity to explore that further and look for opportunities to work with communities when it comes to law and justice.

The government is taking steps to implement the local decision making policy. There are six key areas in there and law and justice is a big one. I think it can work again in places like Ali Curung and I have written to the Chief Minister about that and the time is right to start moving forward on local decision making policy particularly in that area of law and justice.

Those that live here in this community know that there has been some recent history in Ali Curung, some unsettling incidents there. We need to take action now and we need to get on the front foot and work with that community to make those changes.

They are the sorts of things that I believe—when I spoke about early intervention prevention—that type of policy around law and justice, engaging with the community and people and having a participatory approach to law and justice in that community. The engagement right across the four different language groups in that community will have a lasting impact on reducing the harm caused by things like alcohol, violence and that disconnection that is there at the moment.

These are good opportunities to prevent the overuse of alcohol, substance abuse, domestic violence and all of those sorts of things. It is about bringing people together and they are the type of programs that government can explore more.

**Mr CHAIR:** Maybe just a quick one Sid.

**Mr VASHIST:** Thank you, Mr Chair. With your history with the law, you might have heard about the justice reinvestment?

**Mr CHAIR:** Yes.

**Mr VASHIST:** That is the model that worked quite well in Bourke, New South Wales. The Northern Territory has trialled it briefly with the basic restoring of justice practices. I think that model is a great model that needs to be looked at for the Northern Territory.

**Mr CHAIR:** Fair enough. You can rest assured you have a supporter.

**Mr VASHIST:** Cheers. Both models are working.

**Mr McCARTHY:** I have two lawyers in the room. Would you agree with that, Mr Mayor?

**Mr EDGINGTON:** I do. The justice reinvestment—I have looked at what has been happening in Bourke. There are lots of good learnings around the country. We should not sit around and wait for the outcome of these inquiries or committees. There is

some research that needs to be done and there are some opportunities now to start implementing some of these things. That is what my concern is.

I mentioned the Riley report. There is stuff in there about education, coordination—all sorts of things that need to be implemented now. The Bourke one is a great model. Let us get on with it and do something.

**Mr CHAIR:** Thank you. I wish I had something to do with it.

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The public forum concluded.

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