LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

13th Assembly

SELECT COMMITTEE ON A NORTHERN TERRITORY HARM REDUCTION STRATEGY FOR ADDICTIVE BEHAVIOURS

Public Forum Transcript

6.00 – 7.00 pm, Tuesday, 6 November 2018

Andy McNeill Room, Alice Springs Town Council, 93 Todd Street

Members: Mr Jeff Collins MLA, Member for Fong Lim
Mr Paul Kirby MLA, Member for Port Darwin

Witnesses: Eric Neil
Dr Bernard Hickey – Central Australia Health Service
Nick Guthrie
Sally Underdown – Alcohol and Drug Foundation
Margaret Borger – Holyoake Alice Springs
David Dwyer
Nikki McCoy
Tom Neville – Anglicare NT
Philippe Perez – Central Australian Aboriginal Media Association (CAAMA)

Mr CHAIR: On behalf of the committee, I welcome you all to this public forum into reducing harms from addictive behaviours.

My name is Jeff Collins. I am the Member for Fong Lim in Darwin and I am the chair of the select committee. Paul Kirby, the Member for Port Darwin is one of our members, and Kezia Purick is here somewhere. She has gone out to meet with one of your local members, Chansey Paech, but she should be back shortly. Kezia is the Member for Goyder and the Speaker of the Legislative Assembly.

We appreciate each and every one of you taking the time out of your day to come here and discuss this important issue with the committee. The forum is to be an open discussion on harm reduction for addictive behaviours and what we can do about it. We have already held public forums in Darwin and Tennant Creek yesterday, and we will be holding similar forums and public hearings in other regional areas, including Nhulunbuy, Katherine and the Tiwi Islands.

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

While we will run the forum in a fairly relaxed way, it is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. We are recording—you will see in the middle—what is said so we can make a transcript.

If you have not already signed the form that is going around, please fill in that sheet with your contact details. We can then send you a copy of the transcript so you can check it and correct any errors in the transcript before it goes onto the committee's website.

To ensure we capture your comments, would you please state your name each time you address the forum. If you do not want your name to appear in the transcript there is a box to tick on the form. Just tick that box and you will not be included. Okay?

For this, committee members will ask questions as we go along, but we will be largely guided by the issues that you raise. Okay? We want to hear from you how you are affected by addictive behaviours and what you think government can do to help.

Anybody feel free to kick off. I will let you know a little about the select committee. It is on harm reduction strategies for the Northern Territory. It largely came about from a trip I took to Portugal last year to have a look at their decriminalisation model. In 2001 they decriminalised the personal use and possession of all drugs across Portugal. They treat the personal use and possession of drugs as a health issue, as opposed to a criminal justice issue.

Drugs are not illegal in Portugal. I understand sometimes it is still illegal—the approach to the production, distribution and sale still remains exactly the same. Police pursue those people in exactly the same way. It is purely the possession and use for personal purposes that has been decriminalised. You no longer go into the criminal justice system. You are treated as someone with a health issue and directed into treatment and education and the like.

That is where it came from. When we decided to set up the committee, government looked at expanding—what happened in Portugal over the year was they set up their national drug strategy which led to the decriminalisation law. That drug strategy lasted through to until about 2007. It was then they came up with a new one, effectively just re-established the first drug strategy.

Then in 2012 they recognised that the treatment facilities they had been setting up for drug addiction, addictive behaviours and the treatment of the addictive behaviours were generally the same. So, their drug strategy morphed into their addictive behaviour strategy. It is now the national addictive behaviour strategy in Portugal.

We thought we could look at that and take that as a first step. We are looking at the broader range of addictive behaviours as well. We understand that alcohol is still our number one addictive problem and the government has implemented—also the Riley review—is now in the process of implementing the recommendations of the Riley review which is specifically into alcohol.

We are really interested in issues around other illicit drugs, tobacco, gambling and the like—a bit of an opening statement for you. Feel free to have your say as you see fit. There are no wrong answers remember. We are looking for experiences, opinions, ideas and the like.

Yesterday we were in Tennant Creek and we heard from a number of groups. Not just about alcohol but also a bit about cannabis. Today we have heard from a number of groups here in Alice Springs as well, but this is just an opportunity to be a little less formal about that whole process.

As I said, talk about experiences, family experiences, personal experiences, work experiences or concepts that you think might work.

Ms UNDERDOWN: I am happy to kick us off, if you like. Mine might be a bit left of centre. My name is Sally Underdown and I am from the Alcohol and Drug Foundation, which is a national not-for-profit independent organisation. I am based in Adelaide but I am the state manager for South Australia and the Northern Territory and I am fairly new to the role.

I have a long history in working in the Commonwealth Government across, health, Indigenous affairs and support. I have actually been here all of today and congratulate

the committee on such an important inquiry because clearly it is an issue nationally as well as the Northern Territory. It is great that you are taking the time to do such broad consultation with the community as well. Congratulations.

Today was a really good discussion about some of the challenges that services are experiencing and actually making changes to addictive behaviour and trying to get across or head off the curb.

The Alcohol and Drug Foundation has been around for over 50 years. We are a primary prevention organisation. We work off a strong evidence base and we design our programs with communities. There are two community programs that we run in the Northern Territory. One is Good Sports—we work with local sporting organisations and, through their committees, we work with them around tobacco, alcohol and policy changes.

That program has been running for about 15 years. We have 200 clubs who are accredited in the Northern Territory. A randomised, controlled trial shows that it has been effective in changing behaviour and reducing or improving safe travel, alcohol management plans and reducing smoking in clubs, and we have recently introduced tackling illegal drugs as a module of that program which we have just started to implement. We have one club in the Northern Territory which has just recently developed a policy around tackling illegal drugs.

Another program which started in 2017 is Local Drug Action Team where we provide grant funding to communities, members of the community or organisations in community around them designing some actions that they want to take around managing drug issues or preventing drug harm in the community. We have three communities in the Northern Territory involved in this program.

Mr CHAIR: Successful on those ones? Have you got feedback on those?

Ms UNDERDOWN: Yes. The longest one has been—we have been working with the Red Tail Pink Tail Right Tracks Program. We have invested some funds as well as the Northern Territory Government and the Congress have contributed some funds. With that program they are using sport to engage five communities around Central Australia. They have had 22 employment outcomes. They implemented some policy reforms through their local sporting organisations through connecting with our resources and our Good Sports program. It is very successful in Central Australia.

The other two—one is on Tiwi Islands and one is in Palmerston. They have had good engagement, but they have not yet commenced any of their activities.

Mr CHAIR: Welcome.

Mr NEVILLE: Tom from Anglicare here. I thought I would mention gambling. Gambling is also an addictive behaviour, as we all know.

At Anglicare, we saw in the past—not so much anymore—it takes someone to come forward to admit they have a problem. We did—and we still do—a no-interest loan program where we ask for the client's bank statement. They are low income earners and quite often—not so much anymore—you used to see casino, casino, casino the moment payday came in.

Just to put some awareness on there, it is probably not at the top of the government's agenda, possibly because gambling can be taxed and there is a revenue income source. Those taxes go towards good causes, Community Benefit Fund and that kind of thing. I put that out there.

Mr CHAIR: It is specifically mentioned in our terms of reference, so, yes, we recognise gambling is an addictive behaviour. It can be as damaging as the other addictive behaviours. It ends up draining families of money, so it leads to that perpetuated poverty cycle that seems to lead to so many of the other addictive behaviour problems. We have had a submission from Menzies School of Health. We have had about 35 submissions so far. One of them was from Menzies specifically on gambling.

Mr NEVILLE: Yes, great.

Mr CHAIR: Thank you.

Mr NEVILLE: Thank you.

Mr CHAIR: Anyone else?

Ms McCOY: My name is Nicki McCoy. I run a number of peer support groups for Alcohol and Other Drugs in Alice Springs—one at the prison and one in town. I am now guiding someone who (inaudible). The experience I am having in engaging in community is that because we are running groups out of prison, the prisoners cannot get to rehab. They often come, so that is really …

Mr CHAIR: Yes.

Ms McCOY: … they know me so they have that connection. But it is very difficult to get people from the rehabs to come. I have asked the rehabs why that might be and their usual response is that they cannot afford the staff to go around and bring them to the meetings. That is an opportunity missed, because they are free for a start and key supporters and other evidence—there is a lot of research that shows that it works and provides a community of people who are not using or drinking.

Mr CHAIR: Yes, we have certainly heard that today. Again, this lacks funds. When you say the rehab groups …

Ms McCOY: Yes, we approach… We go in there as a representative of NA. I go in there and give talks about what we do, share our knowledge. Normally, what happens in Victoria and other states is they regularly bring their clients to meetings two or three times a week, but not here.

Mr CHAIR: Not here.

Ms McCOY: The reason that was given to me was that they cannot afford the person, the staff member, to bring them to the meeting or to bring a bus to the meeting. I have one meeting (inaudible).

Mr CHAIR: Yes.

Ms McCOY: I have to make sure because I have done this a lot in Victoria as well. I was chair of the Australian Recovery Academy. We have been advocates of recovery for quite a number of years. I was certainly involved in most of the rehabilitation services. I have a mandate regardless on whatever the program make up is, whether it be SMART recovery or 12-step it did not really matter, they would still give the clients opportunity to experience that. It has not really taken off.

Mr CHAIR: We have heard a lot about the lack of funding from so many groups yesterday and here today.

Ms McCOY: I guess one of the rehabs is walking distance. It still would be preferable if I am following the Victorian model to the staff when they come because that keeps it within the program and the rehab.

That is just my experience having—I have been here about three years—but I have been in drug and alcohol 12 years.

Mr GUTHRIE: Can I pick up on that? My name is Nick Guthrie, concerned community member. I want to pick up on the funding. I spent some time with Carole at DASA, she is the CEO, and they are talking about a lack of funds. There are two young men looking after their ice program, which is an increasing issue is this community and I want to press that, but they are screaming out for funds as well, and their workload is increasing.

Mr CHAIR: We heard that today.

Mr GUTHRIE: I just wanted to push that.

Mr CHAIR: Yes, I understand.

Mr GUTHRIE: It is getting worse. People used to describe it as a tradies drug but now it has got much wider. My understanding speaking to people throughout the community, particularly Indigenous. It is getting through in to the kids and it is hard. At what point—stepping it up?

Mr CHAIR: All of the treatment providers, DASA from what we heard today, are doing a great job but under resourced. We appreciate that.

Mr GUTHRIE: These two young men—what did they say—they have worked with 90 clients. That is just not good enough, but they do an amazing job. They are taking on new staff—I think there were two that she was talking about.

They have not even scratched the surface with this. This is much wider and as I stress the kids are taking and it is playing out on some of their behaviour, which is interesting because I would have thought that the media would have picked up on this. They have been held back on a lot of this and I have been a little disappointed with that to be honest with you.

The media have not really made much of an issue of it—the ice.

Mr CHAIR: Just here locally?

Mr GUTHRIE: Yes. It is a bigger issue than six pages. They often mock people's situations.

Mr CHAIR: What do you think the media can do? All you hear about is the ice epidemic and you watch on media—we heard from Carole today–when you see it on TV you see the violence and the examples of ice addicts particularly violent, and as she said that is not normally the case. Yes, it is a problem. I am not saying it is not a problem. The way it gets portrayed is often problematic.

Mr GUTHRIE: The media should consult—go speak to Carole at DASA. I spent 45 minutes with her the other day and just gone wow! I see this. I work for the committee—thank you for confirming this. Get the media to consult.

A lot of these people are functioning—like if we go to the tradies as is being termed—these people function at a level that they can keep their jobs.

Mr CHAIR: People do not understand that and because of the way it has been reported there is this sort of general assumption if you are on ice you are an ice addict and you are absolutely useless and all you are doing is going and beating up your grandmothers and steal the money—but it is not the case.

From what I understand from the police in Darwin there are high functioning ice users. Part of what I would like to see in this process is the ability to get to those people early on. We are not talking about excusing the behaviour of violent addicts—somebody who commits a violent crime—but if someone is picked up with ice—this is what I would like to see is the concept to get them in to some education and provide them with treatment options early on so that they do not come back as a dangerous person.

Mr GUTHERIE: The inconsistency with the courts.

Mr CHAIR: The concept of decriminalisation is to take it out of the courts as you are only talking about use—and addiction where there is no other associated criminal activity—but to get them in to treatment and provide them with education so that they do not continue on.

Once they become problematic and once they have committed other associated crimes then they are going to have to be dealt with by the courts. That is probably where the opportunity for COMMIT type programs or the SMART Courts and that sort of thing to rack those people up and get them in to …

Mr GUTHERIE: Yes. Something that Carole said the other day is that if we do not deal with it or treat it with the seriousness that we need to—she is projecting three to five years it is going to be worse than alcohol. Think about that for a moment. That is horrific. Really scary stuff.

You can see it with some of the kids. Not a lot of them. Some of them can function. Some of this is motivated by drugs—property crime.

Mr KIRBY: It is certainly something that came up in Darwin when we first started and we knew it would be a discussion we would have to have. It has been interesting speaking to people about how far and wide out in to communities it has reached.

It is probably fair to say that people yesterday did not think that it had—not to really prevalent numbers and uses out in smaller communities. Places like Tennant Creek they knew it was an issue but did not think it would swamp the town. The people that were involved knew that people in Tennant Creek can get anything if they want it, they were under no misconceptions.

The treatment and the models that you can use—Carole, and the stories she has told today about the work that those lads are doing is amazing. I spoke with her afterwards. My family had some grief in Darwin.

My brother had to take his teenage son out of Palmerston—they live in South Australia now and the lad lives a great life, has a young kid and holds down a permanent job and is really well respected by the people that he works with, but that is a rarity to

hear. If his family had not taken him 3000 kilometres away probably would not have ended up that way.

Family and communities is probably a big part of what we have to rely on to help change where we are at with particularly alcohol and ice and how marijuana sits in with alcohol. We have some work to do but we have a good opportunity to hear from people about what the significant issues are—to find that you sit in Darwin and think you know what they are—but until you come out face to face with people and find out exactly what they are. It is nice to hear from you all.

Mr DWYER: My name is David Dwyer. Going to the media, you have to remember that the media comes with their own agenda and every part will have their own agenda. Part of it is that a lot of times we are talking at cross-purposes with different agendas and definitions. We know they are looking for the quick grab headline—grab the attraction. They are looking for big (inaudible). Recognise they are not there to educate and seek the right treatments or solutions. Part of it is to get a story and sell.

How do we work the media? The answer is playing their game and getting (inaudible). A lot of the times those stories—we all agree how the ill people's stories are always either inspiring or devastating. Conversation becomes emotional. When emotion gets into it, then it touches you personally and therefore, it is not inappropriate that emotion comes in. But often, you get a perspective of (inaudible) is the best approach.

We have to remember that emotion is important, but when emotions come too much to the front, we decide what we are actually talking about sometimes. They are all talking about the same thing, saying their positions and parameters.

I missed right at the beginning. You mentioned Portugal and Denmark and whatever is happening in different parts of America. I wonder whether there is a danger of thinking perhaps it worked there and it would work here. International parameters and things might be different, although I wonder whether we do not want to read that it will expend a lot of energy to do what is already done. What is unique or different in the Northern Territory that is different to perhaps other parts of Australia and what we are looking to do differently, or can we take what is effective already and apply it here, rather than using up a lot of energy and resources doing what has already worked.

Mr CHAIR: I agree. That is part of what this process is about. It is a recognition that, yes, the Territory is significantly different from Portugal. You have a relatively small country of 93 000 square kilometres and a population of about 10 million people, as opposed to the Territory where we have 1.6 million square kilometres and 235 000 people.

Fundamentally, that is what this process is about—talking to people and finding out how we can provide this. We do not have the money. We do not have the budget of

the federal government. We have a relatively small budget and we have heard plenty about that today and yesterday about service providers being underfunded and having their programs cut and chopped around.

What we are trying to find is how. The Portuguese concept, I believe, is correct. People who use drugs at a personal level are not criminals and they should not be treated as criminals. That is just a pure humanitarian approach. The logistics of how we can actually provide the same sort of services they provide over there—they have 16 different districts and groups set up in those districts to provide treatment facilities and residential treatment facilities.

We simply cannot do that. We cannot provide residential treatment facilities in every remote community we have. We have to find a better way that suits the Territory and our Indigenous communities, how we deal with addiction as a problem in those communities and how this system can best do that. That is what this select committee process is about. It is to try to inform us as to how to move forward in that sense.

There are those issues about reinventing the wheel but fundamentally I firmly believe that the humanitarian approach to this problem is how we have to move forward as opposed to treating people like criminals and effectively throwing them on a trash heap and stigmatising them for the rest of their lives—you are not solving the problem.

Mr DWYER: One more thing before I forget which is, and I am not disagreeing with any of it all, but I mentioned the personal stories and the emotion. There is an organisation in a small town (inaudible) in Victoria and it was a couple of individuals where their family members were impacted and they basically organised within the town, totally self-funded, supported by the church networks that they happen to be involved with called the Ice Meltdown Project. To my knowledge at this point still have not got funding, but they have been very effective.

Down in Drouin in Gippsland, being a small community they have been able to keep it contained in that area and community support with its own community resistances as well. Driven by a couple of concerned and very devoted community family members and yet it has been running for about three or four years and they have had some very good successes and stories. Grassroots driven and they would love extra funding but the dollars do not stretch or they have a log in.

A lot of this stuff often you can have it chopped down but you can be very effective from the bottom up.

Mr HICKEY: Bernard Hickey. Speaking to that funding model—that sounds like a community mutual support program. There are the other mutual support programs we have heard that rehabs cannot get people to, but then we have heard that the meeting is just around the corner or nearby. I know the geography of the town and I know CAAAPU people will need transport in but others will not.

The outpatient program that they are running, people will have their own transport means there—and the power of the mutual support groups that are self-sustaining and do not rely on any outside contributions and provide an ongoing support network and to remake those connections that we have heard a lot about as well where people are estranged from their families and the families have lost trust.

Families cannot just trust a person straightaway. It takes time and evidence to rebuild that trust and families certainly need to be involved in educating what is going on, but you cannot trust someone in addiction (inaudible) in recovery—that is the nature of the illness.

I have worked in rehabs that are 12-step facilitating. I have been to Hazelden rehab and did a supervision week—that is the original 12-step rehab in Minnesota in the States where the Minnesota model comes from—it is allied with the Betty Ford Clinic.

Most rehabs in the United States are strongly 12-step facilitating as the core part of the program if not the way they started and the illness model really comes from that. The illness-model of addiction which, with subsequent research, has been found to be validated on what is genetic, environmental and aerobiological research since, and such are not used—that model which again has been found to be the thing that is correlated.

Frequency and duration of attendance of meetings is the thing that is correlated from 12-step recovery to not use that. The cost really is marginal to not make it a core part of the program to insist that people actually do it. Rehabs I have worked at, if you refused to go to one of the 12-step meetings they are going to, you would get exited from the program because if you are not compliant it is the same as using whilst in the program.

Step around that and try to do a whole lot of other things that are not costing a lot more money, the person will not necessarily be able to use to leave rehab. Mutual support meetings with AA and NA are available all over the world. We are a big outfit—and is something people have with them for life. Severe addiction is a lifelong disease. The neurobiology of the brain has changed so the person will always be susceptible. Yes, to not use a really effective intervention that does not up the cost to services and is self-empowering and community empowering as well… I guess it is a thing that keeps on frustrating me.

Mr CHAIR: Do you think they are able to be adapted into communities?

Dr HICKEY: Well, I think so. The peer support/mutual support model—and we have heard a bit about Congress as a group, which I do not think talks about addiction specifically, but there would be papers. There are other models, the Living Room in England.

There is a program that was set up that was a fairly cheap program. People could come in the morning, a bit like the one Congress is doing, talk about their problems, have lunch and then talk about the solution. It was a day program. It had low costings. There was quite a lot of cost models. In fact, the ice program that those two fellows are running is a low-cost model.

I spoke to the benefits of having them, as former ice users, who understand and made a success for that. That support model works. For a newcomer to walk into a meeting and have a group of people who have five, 10 years of abstinence and recovery telling them what the model meant to that person involved in that to be welcomed with understanding also was a powerful preventative.

Ms BORCER: My name is Margaret Borcer and I am here on the board of Hollyoake, which is a small organisation in Alice Springs. It has been here for 30-odd years.

I do not want to talk about cashed-up tradies, I want to talk about families. When the previous government was in, there was a lot of emphasis on, and money floating around, juvenile justice. Hollyoake is a family program and we got a little carried away and all our work went into juvenile justice. Nobody could deny it was not worthwhile.

Now, our money has been hijacked by the schools. We are in every primary school in Alice Springs. We run sand play programs for the little kids. Nobody is denying the need for this, to give children a little safe space in all of those things is brilliant.

Nobody in this room denies that prevention is better than the cure. With prevention every time you mention it everybody goes—oh God, where do we start.

I am putting it out there that we start with mothers because while we work with children in schools all of the time they are powerless. If you are working with the user they are not wanting to go anywhere really, unless you get them into a Hazelden program and really punch it to them.

The person in a family system—and I say female, mothers but it can work the other way—is the only one who can perhaps make change. Unfortunately because we have been hijacked by the schools our programs have been deliberately out there looking for the head or the person in the family who wants to make the change, we have lost a bit of direction in that area.

I would like you to consider that this is a lynch pin that is greatly undervalued. If we went to preschools, if we went to childcare services and educated those people on how to pick up on mothers who had a husband who was using ice, alcohol or whatever that that might be one way that we could make a difference.

Mr CHAIR: Thank you. That is a good thought.

Mr NEIL: I am Eric Neil. I came to the Territory in 1989 as bank manager, escaped that lifestyle and a couple of jobs I have had—I have worked for Lasseters Casino, Lasseters online for a number of years as the financial controller—and I had to get an understanding of gambling because I was not a gambler so I did not understand it. I still do not understand a lot of it—and ended up as a financial counsellor along with Tom and a gambling financial counsellor as well.

As a financial counsellor you are dealing with a lot of different people, including going to the gaols, going in to Arrernte House and talking to those people when something has happened. A lot of times that is when they actually seek help.

Even other times as Tom was saying, you identify someone with casino, casino, casino and they are spending all their money at the casino. Until they actually admit they have a problem they will go away. However, on the other side of the dollars and cents is the family. Someone is missing out because they are spending all the money. It is the same with drugs—you have people on ice and they come to you because basically they are going to lose their house because all their money is going on ice.

A lot of times working with the families is as important as working with the person or the addict because you can often—whilst you may lose the addict you might save three or four other people.

A good program—I do not know if it is still going—that only just started before I retired was the police had a referral service. Is that still going?

A witness: Yes.

Mr NEIL: When the police where attending, and a lot of times it would be domestic violence, if they could identify or there was an identification of money as an issue then they had someone they could refer that person to or they could do the referral—and that is very important. In some cases those people had someone to refer to.

Going back to the families is awareness and understanding. I do not understand the drugs. I have never been offered drugs …

Mr CHAIR: You look like a bank manager.

Mr NEIL: Yes, perhaps I look like a bank manager. I never understand it …

Ms BORCER: Do not knock it.

Mr NEIL: Yes, well. I can never understand it. I was involved in the high school here as the chair of the board. We brought a police person up from Victoria to do a session with all the kids. To make sure the parents were involved, the teachers rang every

parent in the school to say he was coming. I had different sessions for the parents as well as the kids.

Talking to one of the teachers who spoke to a few of the parents, they basically said, 'Oh, we do not have a problem. I do not need to come along.' We felt like saying, 'Well, if you had seen your daughter on Saturday night like I saw her, you do have a problem.' In a lot of cases, parents have no idea what is going on—whether they are schoolchildren or 30-year-olds living at home, or whatever. That can be all sorts. It can be gambling that is an issue. It can be all sorts of things.

That is where I sometimes feel that some of the effort should be. We talk about the addict, but a lot of the time it is the family that goes with it that suffer from the problem

Mr KIRBY: We have had family brought up a lot in meetings and I am sure we will again over the next few we do. It has rarely been put like that about the worst case scenario is the family might lose the addict. It might save the family from further trauma they are about to go through for whatever reason …

Mr NEIL: Yes, and the …

Ms BORCER: There are no programs for families. Hollyoake is the only program in Alice Springs to talk about this. They will take the whole family in with our clients because the kids come because they are referred through the teachers, quite often. Then, families come along. The program is all there.

I was just thinking, as long as there is somewhere you can get in.

Congratulations on adding gambling into this scenario because so often it is just overlooked. We do work with gambling.

Mr CHAIR: That is all right.

Mr NEIL: A lot of times the other addictions will be involved in gambling, or one cause the other. They are interrelated.

Mr CHAIR: Yes. Maybe it was Bernard who was speaking earlier on today about the triggers for that gambling, that addictive behaviour—they are all the same. They just take different forms in different people. But …

Dr HICKEY: Ka-ching, ka-ching, ka-ching!

Mr CHAIR: Yes, that is right. Then, ultimately, the families and the communities are the ones who do suffer. Yes, the individual suffers. We are certainly concerned about how best to help them before becoming that problematic person, or helping that

problematic person get over the addiction so their families and the community do not suffer as much. You are right, we cannot save them all.

Mr NEIL: The mothers are important. I was always intrigued in dealing especially with the Aboriginal women. In a lot of cases, you would ask about the family issue—they were in for one reason or another—and there was no shame about saying, 'Have you a partner?', 'Oh, he is in gaol.'

That brings a lot of other issues as well. A lot of times she and the family are much better off because the problem is not there. That is why I say work with the families. There are good times to be able to work with families and strengthen what the family can do.

Mr CHAIR: Yes.

Ms McCOY: There is also a wonderful organisation called Family Drug Help. It is a help line, but it is run by families who have experience from the settlements—addiction in their siblings, children or parents. It is a national line, so something could easily be worked out—the organisations speak to the services. It is fantastic support.

Then, if they do get enough calls from a particular region, they will send out a trainer to train the parents to set up their own support network called SHARC and educate them around what is happening and the impact so that they can then continue to provide that in their community then you get another self-support community.

Mr GUTHRIE: One issue has not really been talked about …

Ms McCOY: Then there is an overarching organisation and this is not related to narcotics anonymous or AA but the similar strategic understanding is called the intentional international community support. That peer support model that is run from the international body and they are having a real impact everybody involved and creating the change within the community, again without any cost.

A committee member: What was that called?

Ms McCOY: I have it at home—Intentional peer support—but if I can get your contact I will give you the exact. One other thing quickly—I work as a facilitator delivering drug and alcohol programs, not in Alice Springs, in Melbourne. In prison, I believe, and there is Marngoneet that Lara Prison in Victoria… there is a real opportunity to deliver substantially a good drug and alcohol program here in Alice Springs prison.

It could really affect this place because it is a really great prison in the sense that the prisoners feel quite safe there. They have a real opportunity and capability of room.

Mr CHAIR: Excellent. Thank you.

Mr GUTHRIE: It is the dealers and the big fish that have not been discussed. I admire everyone here is involved in the therapeutics side of things but the policing and the court system—honestly, I felt personally let down by some of the sentences that have been handed out to some of these people.

There was one case just recently that I gave a cheer on—it was on the front page of the *Northern Territory News*, I think this woman was a stripper who was caught up in it 25 years, and I thought yes, that is going to send a message. Particularly some of these drugs like ice and the damage that it does.

The policing side of things and the courts, border security, importation—should close down bikie gangs.

Mr CHAIR: There is a lot of issues. I would not be as critical of the efforts of the police. They do a pretty good job under the circumstances they have. They have an incredibly huge area to police—it is very difficult. They are doing a good job of trying to target as best they can. A lot of the time it is finding one hole and plugging that hole and another hole appearing somewhere else.

I will not comment on it—I am not a fan of mandatory sentencing—that is on the record. I do believe, being a former lawyer although not a criminal lawyer, that our judicial system generally works quite well. Given the ability to actually properly sentence they do a reasonably good job. There will always be the case that you can point out that you think that somebody did not get the sentence that you think they deserved or the media thinks they deserve, anyhow there are courts for those sorts of things.

I am also the Assistant Minister for Police so I get to work a bit closely with them and get to talk to them about these sorts of issues and they do a pretty good job, and we need to provide them with the ability to do that job and, you know, we are now talking about school. There is support amongst a number of senior officers that I have spoken to for this sort of approach to allow them to go and chase the distributors, the suppliers and that. They want to have that ability

Mr DWYER: They prey a lot for a prophet of doom and gloom. I am getting it is either the ambulance or the fence, isn't that the principle with it? Ambulance at the bottom and the fence at the top. All we are doing is looking at more ambulances and higher fences.

You mentioned humanitarian approach. There is no problem there. I come from an approach and the fact that (inaudible). You will not teach people this and that. Part of it is—and I do not know if there is a way to turn that around, but our human society is (inaudible) very difficult. You can put a different fence, but people will still climb it, irrespective, and ignore the rules that say that these things are not acceptable. They

will still do it. That has been a moral decline in our society. We will do what we want. It has turned into a very 'I' approach in our society. 'I will do what I want to and you will have to accept it'.

I do not know how to change that. We will keep making bigger fences and more ambulances because people will still defy the rules that are set.

Mr CHAIR: Ultimately, that is a pragmatic approach. If you think—and this comes back to this war on drugs and just say no. The reality is that does not work. Okay? The pragmatic approach is that you just have to accept that there will be people who will take drugs or whatever. You could tell them to say no as long and as hard as you like, until you are blue in the face, but that will not happen.

So, what we need to do is find the best therapeutic way for …

Mr DWYER: That is what I said, perhaps as a prophet of doom and gloom. We need to do some others. Again, why do we have to teach people some of these basic things? We have given up or lost out. It is secondary or coincidental. My car got the windows smashed yesterday. Somebody—not drug related that I am aware of—but somebody has decided it is okay to smash a total stranger's window and do with it as they please. Why has our society got to that point?

As I said, I do not know if we can turn that around. Yes, we are still building bigger fences and more ambulances. Why are people doing it in the first place? How can we take that step back where—it is always the treatment because the cause is somewhere that is in us that says, 'This is okay, I do not care. I will do it.' I do not know how to really turn that around. Our society has changed …

Mr CHAIR: If you come up with an answer on that one, give me a call. I am more than happy to listen.

Mr DWYER: I came from the morality. I am prepared to run out of the room now as I am labelled a Pauline Hanson.

Dr HICKEY: No, there have been studies with these people who are brought up in religious groups with a strong ethic, where it is really a down thing, there is not much access and it is really not an approved thing to do substances. Rates of substance use in those subcultures and groups is much lower.

Mr CHAIR: But they still use them.

Dr HICKEY: They still use, yes.

Mr CHAIR: To get to the point where …

[Several people talking at once]

Mr DWYER: … decide to break the rules of society. I would say that they accept that.

Mr CHAIR: Sorry.

Mr PEREZ: I want to introduce myself. My name is Phillipe Perez from CAAMA radio. I want to make a comment about media that has been talked about here today. I pretty much agree with a lot of people with their thoughts on media. I have just decided to come here as an observer. I was here earlier.

I have only been living in the Territory for around about one year and a couple of months. Without knowing too much about the issues surrounding drugs, alcohol, gambling, and the ways to harm reduction, part of the reasons that media seem a little hesitant to try and report on this is that unwillingness to try to learn about what are the issues that are causing it, and that fact that tyranny of distance really has a lot to do with it as well.

Working for an Aboriginal media organisation one of the most significant things that people can do to get messages out to remote communities is to have announcements or discussions in language with Aboriginal people, particularly so that their mob are speaking to their mob.

That is pretty much all I wanted to say—rather than having messages put out there in English where people may not understand those messages or realise what it may mean—being able to discuss that their own way is probably one of the critical things that would be a good thing to put forward.

Mr CHAIR: In support of your media mob—even while I was in Portugal I had some interviews on ABC Radio and I have had a number of interviews across the country since I got back and through this process—and the media have been very supportive of the concept. They do not necessarily just beat stuff up.

I did make that comment before. They have been very favourably disposed towards this approach, even one of the right-wing shock jocks in Melbourne, Tommy Elliott who I did an interview with finished that up and he was impressed and said—this sounds really good, have to catch up with you next year when it is getting closer to the report time.

They have been very good.

Ms McCOY: There is one other organisation I would like to mention and they are called the Gap Filler and they were established in Christchurch after the earthquake where they discovered that the young teenagers were—there was like an excessive, an increase in use in drugs and ganja—mainly marijuana—in that group between 16

and 25, and this organisation started up Gap Filler and their main role was to create activities in the centre of town for these youth. It has been incredibly successful and they have really good data.

Mr CHAIR: Anybody else? We are running out of time but—our contact details are there. If there is anything else that you feel you would like to add drop us an email and let us know, please.

Thank you everybody for coming along and participating and letting us know your thoughts.

The committee concluded.
