



## LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

### 12th Assembly

#### 'Ice' Select Committee

##### Public Forum Transcript

12.00 pm – 1.30 pm, Tuesday, 14 July 2015

Katherine Town Council

Mr Nathan Barrett, MLA, Chair, Member for Blain

**Members:** Ms Lauren Moss, MLA, Deputy Chair, Member for Casuarina

Mr Gerry Wood, MLA, Member for Nelson

**Apologies:** Mr Francis Kurrupuwu, MLA, Member for Arafura

Charmaine Briant: CatholicCare NT

Corinna Pope: CatholicCare NT

Donna Fraser: CatholicCare NT

Resham Pachai: CatholicCare NT

Commander Bruce Porter: NT Police Service

Casey Bishop: Venndale Rehabilitation Centre

Andy Blaney: Wurli Wurlinjang Health Service

Eric Thomas: Wurli Wurlinjang Health Service

Stuart Duncan: Victoria Daly Regional Council

Jill Kelly: Community Member

Douglas Kelly: Alcohol and Other Drugs Service

Brad Dyson: Good Beginnings Australia

Angela Nish: Good Beginnings Australia

Fay Miller: Katherine Town Council

**Witnesses:**

Robert Jennings: Katherine Town Council

Steven Rose: Katherine Town Council

Peter Gazey: Katherine Town Council

Jo Allan: Anglicare NT

Karyn Cook: Anglicare NT

Rachel Morris: Anglicare NT

Miranda Halliday: AADANT

Michelle Kudell: AADANT

Natalie Ellis: CDU Katherine

Cheryl Govan: NT Department of Housing

Eileen Pugh: NT Department of Housing

Willem Westra Van Holthe MLA: Deputy Chief Minister

Jane Quinlan: Community Member

Nicole Stoburt: Community Member

David Forder: Somerville Community Services

Kerry Bettison: Centre for Disease Control

Emily Ball: Community Member

**Mr CHAIR:** On behalf of the committee, I welcome everybody to this public forum into the prevalence, impacts and government responses to the illicit use of ice in the Northern Territory. We appreciate you taking time out of your day to discuss this important issue with the committee.

This forum is to be an open discussion on the impact of ice on the Katherine region and what can be done about it. We will be holding a similar forum in Alice Springs next week and have also held hearings in Darwin.

At this stage, the committee is due to report to the Legislative Assembly on this inquiry by 17 September 2015.

While we run this forum in a fairly relaxed way, this 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 what is said so we can make a transcript for use of the committee, and it may be put on the committee's website.

Each time you speak, could you please state your name and where you are from. For this forum, the committee members will ask questions as we go along, but we will be largely guided by the issues that you raise. We want to hear from you how you are affected by ice, what you think the solution could be and how the government could assist in those solutions.

**Mr CHAIR:** We will start now. Would anybody like to make an opening remark on how, in their opinion, ice is affecting the Katherine region?

**Ms BETTISON:** Yes, I will. My name is Kerry and I work at the Centre for Disease Control Katherine. One of our services is a needle syringe program, which means we do up FIT KITS for harm minimisation for people to come in and collect. It is a confidential service and our funding is based on statistics. We supply the accident and emergency section with FIT KITS so people can come in after hours to obtain a FIT KIT free of charge to cut out dirty needles and all that. I have been working for CDC for 12 years. When I first started doing the FIT KITS a lot of the drug used was morphine or speed, but I would say probably 90% is ice now.

On average, when I get my sheets - because I get sheets every month and they go to Darwin for their statistics and all that, and a lot of the sheets from accident and emergency have got ice on them.

**Mr CHAIR:** Numbers like 90% ...

**Ms BETTISON:** That was just a rough guess.

**Mr CHAIR:** That is okay, but could we get an idea of the numbers not the percentage change? Are we talking three to six or 50 to 100 people?

**Ms BETTISON:** I have not counted them, but we but probably in accident and emergency, some months you can do maybe 20 but other months it might be more. They would gauge. They would come over and say they need a new supply of FIT KITS. I have spoken to the lady today and she said they need some more. So the FIT KITS are being used more and more people are going to accident and emergency ...

**Mr CHAIR:** So about 20 a month?

**Ms BETTISON:** Probably even more. It depends. You can tell when there is a new drug in town because people will come, and then there is nothing. Then people come again. So ...

**Mr CHAIR:** You have seen a more consistent approach?

**Ms BETTISON:** I do not work at accident and emergency. The nurses do it after hours, but I get the sheet.

**Mr WOOD:** Is the issue the people who used to use morphine moving onto ice, or you have a general increase in ...

**Ms BETTISON:** A general increase of NSP FIT KITS that are being used. When they come and get the FIT KIT they register the drug they are using. On there, it says it.

**Mr WOOD:** Right. So has there been any corresponding decrease in the FIT KITS being used for other drugs?

**Ms BETTISON:** You would probably have to speak to the person in Darwin about it, but our FIT KITS for morphine and that have decreased on our site.

**Mr WOOD:** I suppose what I am getting at is, I have asked before whether we have existing drug users using ice, therefore it appears as though more ice is being used, or do we have a new clientele, above that, using ice?

**Ms BETTISON:** I believe it is new clientele because when I first started I never saw it on there as a listed drug, whereas now it is on quite regularly.

**Commander PORTER:** Can I ask a question. Your FIT KITS are predominantly just needles?

**Ms BETTISON:** It is needles and the syringes. Then they get swabs, water and condoms ...

**A WITNESS:** And a sharps container.

**Ms BETTISON:** And a sharps container.

**Commander PORTER:** The thing I look at is, ice is predominately not used through needles. I am wondering how or why they are using ice as their drug when it is not predominately used through needles, which is your FIT KITS.

**Ms BETTISON:** I am not sure but that is what they list on the ...

**Mr CHAIR:** You see that change because it is a bigger, better, faster hit when it is injected. That is what ...

**A WITNESS:** It is better injected.

**Commander PORTER:** We have not seen much of it at all.

**Mr CHAIR:** In Darwin ...

**Ms BETTISON:** It can be used through needles

**Mr Blaney:** I am the AOD coordinator at Wurlli-Wurlinjang. I have currently five clients who are ice users and they all inject.

**Ms BETTISON:** You can either smoke it or inject it.

**Mr BLANEY:** They do smoke it too, but predominately they inject it. If they cannot get clean KIT FITS then they smoke it.

**Ms BETTISON:** It is a quicker effect if they inject it.

**Commander PORTER:** It is just that we have not seen much of it, that is all, from a police perspective. Do you want me to talk about what we are seeing in the Northern Command?

**Mr CHAIR:** Sure.

**Commander PORTER:** For those of you who do not know, I am Commander Bruce Porter. I am in charge of the Northern Command, which is not just Katherine it is basically the whole top half of the Northern Territory except Darwin and the Tiwi Islands. I look after 28 districts which are from Borroloola across Lajamanu and basically right up. I have a fair grip on what is happening across the Top End of the Northern Territory.

I have also been in conversation with our Drug and Organised Crime Squad which predominately has responsibility in relation to illicit drugs.

From our perspective most of our reported and known users of ice in Northern Command is predominately Katherine, Groote Eylandt and Nhulunbuy. Talking about Groote Eylandt and Nhulunbuy, most of our incidents in those locations is predominately with fly-in, fly-out workers in the mines.

We have anecdotal evidence that ice is being used in a number of remote communities throughout the Top End, albeit the number of new users which have been reported to us is less than 10. The majority of those reports is when they have been attracted they use ice sprinkled on a cigarette or on a joint, using it in that form. We have not had too many reports of actual incidents within the remote communities. But as I said there is anecdotal evidence there.

We have had numerous meetings in recent times, the most recent being the 110<sup>th</sup> Northern Land Council meeting. We have also met with the Roper Gulf Regional Council, the Victoria Daly Regional Council and also with the Indigenous network affairs office in Katherine called the Department of Prime Minister and Cabinet. They keep giving us anecdotal evidence of use in communities, but we do not have any significant reports of use in those communities. We encourage community members to provide us information, but we are still not getting it. Whether it is there or not – it has to be there in some form, but we do not know to what level in those communities.

We do constant roadblocks. Of course our primary targets in the Top End are kava, alcohol and cannabis, so we work constantly with our Northern Substance Abuse Intelligence Desk and also our Northern Drug Dog Operations Unit and do numerous roadblocks. We have had significant seizures of ice on the main highway, but that is predominantly intercepting vehicles going to Darwin as the major urban centre for distribution. On outer routes into all our communities we have not had any significant seizures of ice going into communities whatsoever. That is from our perspective in Northern Command.

We are not saying it is not in the communities, we are just not detecting it and not getting credible direct information as to who is using it in communities or supplying it to communities.

**Ms MOSS:** You talked about there being about 10 users you were thinking of. What generally is bringing you guys into contact with people who are using ice? Is it the roadblocks or is it ...

**Commander PORTER:** No, that is generally when we have to attend a domestic disturbance-type incident where – because we know ice - people become violent and that is as a result of attending those types of incidents and where we get the information from. Our recording - we have a data gap obviously with how we record ice because we have all these indicators in place, especially with health and other organisations in relation to alcohol, but the data gap for capturing use of ice or other illicit substances - there are that many gaps and that is something we need to look - trying to breach that gap so we can capture some more relevant information to give us an idea of what the real issue is.

**Ms FRASER:** Donna from Catholic Care. Bruce, is there an age in that 10 persons – is there a particular age group that is focusing on ice usage?

**Commander PORTER:** Sorry, I do not have that information so I cannot tell you.

**Ms GOVAN:** Can I ask something?

**Commander PORTER:** Yes, sure.

**Ms GOVAN:** Is there a contact person in town that you make contact - police - when you witness ice coming in?

**Commander PORTER:** Yes, we always submit information reports to our Northern Intelligence or Territory Intelligence Division and also work with the Drug and Organised Crime Squad in relation to that intelligence, but when it comes to referrals we introduced a support link in Katherine in December 2014 where, if we have incidents involving persons with drugs or other things like domestic violence, family violence, homelessness or alcohol - when we have incidents we can refer it through support link and it gets referred to - the group basically contracted to support the link in Katherine is the Alcohol and Other Drug services and we also have the YMCA for youth. Whenever we have contact with a person who wants referral, we refer it through support link to those organisations.

**Ms GOVAN:** Is there a police officer in town who you may have contact with when you see ice coming in?

**Commander PORTER:** Yes, it can be done through any police officer, but we have our Northern Substance Abuse Intelligence Desk and Sergeant Ian Kennon.

**Mr CHAIR:** Are there any parents here who have issues with kids? Are there any people here who are aware of incidents happening or information coming through? Is there anyone here from schools or perhaps the YMCA who might deal with a lot of young people or are seeing young people talking about it a lot or gossiping about it a lot or saying, 'That guy over there is doing this or that'. Is the rhetoric around this drug picking up in town?

**A WITNESS:** It seems to be the same people selling all the time and nothing is done about it. To me, anyway.

**Mr CHAIR:** Is there ...

**A WITNESS:** I am dealing with one now.

**Mr CHAIR:** Can I get back to you in just a second?

**A WITNESS:** Yes.

**Mr CHAIR:** When you were asking the question before, I thought you were asking if you are aware of something happening who you ask as opposed to asking the police officer who then ...

**Ms GOVAN:** It is a matter of who you trust.

**Mr CHAIR:** Yes.

**Ms GOVAN:** You can see – I am with Housing and go out a lot and you can see when ice is coming in, but do you feel comfortable about ringing a police officer and giving your name and stuff?

**Commander PORTER:** You do not have to give your name. You can do it anonymously and you can do it through Crime Stoppers, as well. You do not have to go through a police officer per se. Any information we ...

**Mr CHAIR:** Is there a particular place in town people can go to?

**Commander PORTER:** No, it is just the police station. If you are having an issue you can always approach me. I do not have an issue with that whatsoever, because every part of information we get in relation to drugs we do information reports to our intelligence section so we can build an intelligence picture which then talks to how we put an operation in place to address the issue.

**Mr WOOD:** Are you saying you have reported incidents and nothing has happened?

**Ms GOVAN:** No. I basically did not report it. I gave it to somebody else who reported it because I did want my name given.

**Commander PORTER:** You are able to be anonymous.

**Mr BLANEY:** I think one of the main issues I – and I get that I have a client I work with whose neighbour is dealing and he knows this guy has done gaol for significant violent offences and he is terrified. He is being woken up at 2 am or 2.30 am and his dog barks when people drive into this guy's driveway. That is what he has his dog for and this guy goes off tap at the dog. He is terrified to say anything, and I am trying to encourage him to put it forward but he will not because he says if the police rock up there - the police cannot be there 24/7 - this bloke would kill him. That is just one thing. Overcoming that is an issue - the fear - because as you know, people who use ice can become physically violent in most cases so these people are too terrified to report it.

**Ms MOSS:** I want to put out to the room if there is general agreement that relationships and proximity to some of these incidents is causing under-reporting in Katherine?

**A WITNESS:** Yes.

**A WITNESS:** Yes.

**Ms MOSS:** All right.

**Ms ELLIS:** I know of one person who has been doing it for years and years. He is caught and goes to court and his sentence is pretty minimal towards the impact of what he is doing to our community.

**Mr CHAIR:** Do you want to talk about your story? Also, if you want to say something, give your name first otherwise we will have no idea who said what when.

Would you like to share your story with us?

**Ms ELLIS:** Yes, I am Natalie Ellis. I am dealing with a child who has been on ice for a couple of years now. I have had to intervene to get my grandchild and have had her for two years now. It has been a really long journey. My – it is a circle. Everyone is talking about remote communities and Indigenous people but it is the whole of town - it affects everybody in town. I have children in different circles of friends and all those circles are affected somehow, you know what I mean? I think the Indigenous people on the streets are targeted and the rest of the people are just let go to do what they want. That is my personal opinion.

**Mr CHAIR:** How old is your grand-daughter?

**Ms ELLIS:** My grand-daughter is eight now. My daughter did not start this problem until she went to Palmerston. Palmerston is rampant. Palmerston is the ice capital of the Northern Territory as far as I am concerned. There are huge problems there and just about every young person in the 16 to 25 age group, I reckon, are suffering from this - and families.

My concern is families do not know where to go to get help. The violence and the stealing - she has been in gaol a few stints - and the things that come with it are never-ending. One problem I had with her was that she went to gaol and she gets let out on these conditions, and it is never ever followed up. I am saying that the assessment and the - she goes through that detox period in gaol, so therefore she should just come straight out of gaol and go into rehab. But they let her out to hit the streets, and expect her to get assessments and all that sort of stuff on her own back, and it just does not happen. Once they hit the street, coming out of gaol, it is just over and over again.

So, my issue would be to treat the problem better in gaol first, because they say that detox period is the key to going into rehab. The first two weeks they go into rehab, if they are wanting to go through the detox in gaol, put them straight into rehab.

**Mr WOOD:** We have heard from - I hope I am not speaking out of turn - Banyan saying that basically they are set up for it but prisons are not set up ...

**Ms ELLIS:** Well, they go without the drug.

**Mr WOOD:** Yes. But you need qualified people who are able to do the detox and do the rehab in prison. The impression we got from Banyan is that that program in prison is simply not the standard you would require. That is an issue we would have to look at – how people are dealt with in prison and is the program sufficient to turn people's lives around?

That is one of those issues and reasons we exist as a committee; to look at those issues.

**Mr CHAIR:** Banyan did say they do rehab programs with prisoners, but it is not mandatory unless a court orders them to do it, they have to self-refer ...

**Ms ELLIS:** The drug court needs to come back.

**Mr WOOD:** That is a good point. We had a drug court and it was scrapped. It is not just for ice, it is for all the drugs, alcohol especially. We used to call it the alcohol court, I think, originally.

**Ms ELLIS:** That needs to come back.

**Mr WOOD:** I was going to ask a general question. We came to Katherine. People think it is a nice tourist town. I read the *Katherine Times* every now and then, just to see what is happening. What is the general feel?

Katherine is a great town and I do not want to see Katherine diminished by a problem perhaps - is it worse than it is said? Is it a really bad thing? The issue of alcohol has been a problem. I read the last *Katherine Times* saying that the number of people being picked up for alcohol now is reduced because of the people standing outside the bottle shops. But cannabis has risen, and perhaps ice has risen.

It would be nice to have a feel of what Katherine people think about the issue. Is it a big issue? Is it something that we...

**Ms ELLIS:** It is growing.

**Mr BLAIN:** My name is ANDY Blain and I am the AOD coordinator of Wurli-Wurlinjang. There is a council. I do not have any Indigenous ice users, the five clients I have are all Caucasian. Casey made the point earlier that it is very expensive. The clients I work with pay \$250-plus a point. There is 16 points in a gram, so it gets very expensive. People I work with have usually been dealers to support their habits.

I moved here from Victoria where ice has been a horrible thing since – I think 1998 was my first ice client in Victoria. Ice destroys lives more than any other drug.

You only have to go to Mildura on the Victoria/NSW border and have a look what ice does. It is horrific. Ice brings with it that element of fear because it is such a difficult drug to work with clients to come off the drug. Clients often do not believe there is a problem, but they believe they are in control. It makes them feel so good and the come-down off it is horrific. I knew a man who swore he would never use it, but he did and his statement was the come-down was horrific.

**A WITNESS:** Can I just add to that? The reason it is becoming so addictive is because it laced with smack. Smack is highly addictive; therefore the drug has the chemical content of it. So you will see a lot more people becoming more and more addicted to it.

**Mr BLAIN:** The way the methamphetamine interacts with the brain with the dopamine and serotonin is highly addictive anyway, even without opiate. Opiate just adds another dimension to it. But on its own it is probably more addictive than opiates, so it is highly addictive.

From my point of view, I have not seen it - as I said, I have five clients. My personal experience is I have teenage children. Teenage children talk about it and have heard about. Other people and the guys that I work with as clients tell me where it is. They tell me that it is everywhere. They tell me who is dealing and where they go to get it. I have had clients tell me they have made that information very apparent to the police. One guy was a user but he stopped using; his partner is still using. They have separated. All the arguments and fights were about her using and he is not using. There is a DVO on him so as soon as the police come- he is gone. And nothing seems to happen.

That is just one person. That is what I am hearing. My clients tell me it is everywhere. I do not see it. I have five clients; that is it. Whether it is or it is not, but the evidence from my point of view is the counselling is not there. It does not seem to be as big an issue. Given my history as an AOD counsellor, what I have seen in Victoria, you do not want it here.

**Mr WOOD:** Another side to this. Especially when we know how many young people are on it - I know there are programs to say be healthy - but are we putting enough emphasis into 'we do not need to live with drugs, we need to live a good healthy life with sport, theatre and singing, being active and looking at positive approaches, more than just looking at this side of it. Do we need to put more emphasis on trying to make young people and older people live a life without the drugs? We used to have a program – was it Living with Alcohol ...

**Mr CHAIR:** Living with Alcohol.

**Mr WOOD:** It was funded by the alcohol industry, but that seems to have slipped by the wayside. Do we need also positive messages going out and a bit more emphasis on that?

**Ms FRASER:** I am from CatholicCare. We have worked and we receive information from a lot of the young school students - not just in Katherine but we also manage programs in 47 different communities across the NT - in relation to what we have noticed is the more prominence that our health clinics and the police on remote communities are talking about it, it is a real no-no for kids. We team that up with sports and positive encouragement and things like that.

We have found that the kids are very open to 'that particular drug is very bad' or 'this causes mum and dad to fight'. We do not have the information remote-wise on how we keep using ice. In fact, I would be surprised, from what programs we operate, if there were any conversation around the police department. We work closely with them and they have been fantastic.

Education is the secret to getting kids to be more aware, but appropriate information for the kids. In Katherine the kids come to CatholicCare and will tell us. In turn, we will ring officer Young and if kids will not talk to the police, we will talk on their behalf, and the police will accept our information quite readily and they are quite happy to work with us.

Having the youth police officer, officer Dani, going into schools has been very beneficial. But I would like to see more information continually being fed into communities and community schools about ice. They are aware of it but if we do drop the ball, that is when it is going to explode.

**Ms MOSS:** The gentleman at the back.

**Mr DUNCAN:** Thank you, committee. Stuart Duncan, CEO of the Victoria Daly Regional Council. I would like to talk about what you mentioned about the other side of the problem. I acknowledge the clinicians in the room, but from a local government point of view in the last 12 months we have had a significant rise within the local government sector in remote communities with people attending the workforce clearly under the influence of a substance. The difficulty for us is how to deal with that. We send them home of course, or we ask them to make an appearance, or if they are feeling ill we say, 'Please attend the clinic' of course which they will not do, so it ends up as an under reported problem. It is destructive to employment outcomes in the community as well as you can imagine and local government is the largest employer in any remote community.

We get people appearing for work who are clearly under the influence of a substance. That is normally, I guess, alcohol or cannabis or the two. How we deal with that is a very difficult problem from a local government perspective, so I would be interested in any feedback I can get on that.

The second point that I would like to raise is probably the least funded activity in the community - sport and recreation and diversionary programs for our youth. In the last year we have seen almost nil funding for sport and recreation. The Commonwealth youth engagement program is no longer funded in the community. If you want to look at some serious solutions as opposed to "putting a big ambulance at the bottom of the cliff", I think we have to revisit these things. We really are running on fumes. We have great facilities in the community, we have great communities, and we have great kids who can represent the Northern Territory in great sporting achievements, if we can engage them and get them there.

They are the two points I would like to raise.

**Mr WOOD:** One of the big issues, of course, is unemployment. Local government is in the middle of those areas where there is some of the highest unemployment. Do you see the role of local government as being able to turn that around? I do not know how many programs we have had training people to go nowhere, but do you see that as part of the role - if we employ people they are not bored and they do not get into trouble. Do you see that as a role local government can look at?

**Mr DUNCAN:** I think, without running afoul of politicians in the room, there are serious issues - I came to the Northern Territory two-and-a-half years ago and have worked in other states, and I have been doing remote – General Management in local government now for 35 years. I have operated in other states and there are some great examples of how things can work better to enable better employment opportunities in remote communities, and that is government starting to work together and breaking down the silos and working through a single conduit to enable a service provider to create employment – it does not have to necessarily be local government, I am not pushing the local government barrow, although I should be. You have seen communities disenfranchised of local employment programs recently - housing maintenance and a few other things - and that has happened for various reasons and I do not argue against some of those reasons. However, we have seen too many jobs leave our communities.

I think the elephant in the room is there are no jobs in communities and we have to create them. That is just fact, and until we get on that on the bus we will be breaking traction till the cows come home. When I say create jobs, we have good people in communities, some of whom will get into high sports achievement, we have good people in communities who are trained to death. In fact, we have evidence of some people getting a Cert II in Carpentry four or five times because there is no independent record keeping of their

achievements, or permanent record of post school scholastic abilities or any documented trade training outcome. We have trained people in community that end up not doing anything as a reward.

You have fencing, painting, roads and transport; you have housing and an endless range of trade requirements. We are looking in our area to get back some of those traditional activities that used to occur in communities – block building, pavement making, getting interest and some ownership back into community because there is just nothing happening to get our community workforce out of bed – it is just disenfranchised in the Northern Territory in my view.

There are great opportunities. Can local government play in that space? Of course, we can and we are doing it. We already hold two contracts for the RJCP program and we are working with Minister Scullion to change RCJP back to a program that works. People can improve their own community for themselves as opposed to contractors coming in. I have seen it before. I live for the day that one of my managers based in remote areas does not ring me and say, 'This has broken, I need a contractor'. They ring me and say, 'I need four litres of paint, half a dozen nails and a hammer'.

Until we get the real support – I am talking about the political support – to move back in that space and manage it better - local governments will not be able to do it better. I came on board with this council when we had a housing maintenance program. Yes, we did not do a very good job at the time. That does not mean to say it cannot be fixed, but these programs are a big part of the solution.

**Mr CHAIR:** I guess where we are going with this elephant in the room - this is something that I have learnt through the process of this committee - is that one of the first delineations that had to come into my mind was why people are using this drug. You have a cohort of people who are attracted to this drug as a response to human misery. There is some kind of misery created in their life - and that does not mean they are some poor homeless person in the street; they can be some rich kid with daddy issues. There is some source of human misery and they are turning to this drug because, as you say, the dopamine and serotonin response in the brain from this drug makes it so addictive.

The Tour de France guys have been using smack since the 1950s for that same reason. The issue is because it makes people feel so good ...

**A WITNESS:** Can we just not emphasise it is only people who are in absolute misery ...

**Mr CHAIR:** No. I am getting to that.

**A WITNESS:** ... this is everyone.

**Mr CHAIR:** This is what I am getting to. Much of the work we do tends to be in the space where we are looking at people at the human misery end. Evidence I have seen is that the people using on the human misery end of the spectrum is this big, and there is this whole other spectrum of other people who are using this drug quietly, not telling anybody about it, 'I am not a problem, I am not violent, I go to work every day and I do not have a problem with this drug but I take it'. The actual volume of drug that is being ...

**Ms BETTISON:** Functioning drug users.

**Mr CHAIR:** Yes. Functioning drug users is where people are using it to do a job, to stay awake at night on a night shift. Then you have people doing it just for fun. The functional and the 'I am just doing it for fun' users vastly outweigh the human misery end. What ends up happening is it is easy, it is creating a market. They make this drug very available for the people who are vulnerable because of human misery issues.

We can talk about 100 ways to fix the human misery issues, and that is to the heart of where you are going, where people have jobs and direction and have somebody to go on in their life. It fills that human 'I have purpose' element.

The reality is, in disrupting this market, if we can get this drug to be \$1000 a point we have stopped the people who do not need it, do not have to use it. They only use it because it helps them stay awake at night. 'I can have a cup of coffee but I choose to have ice instead', or 'I could drink a beer ...

**A WITNESS:** The statistics have shown that you can disrupt the distribution but you will not disrupt the supply of it.

**Mr CHAIR:** This where we are going to things that can do that. We can look at the demand, supply and harm reduction as three distinct elements of how you deal with any drug. In the demand and supply, we see a role for the community in the community banding together, as Adelaide has through old mate, Kimberley's dad who was the coach of the Adelaide Crows. If this has anything to do with ice, you watch what happens to the backlash on ice in South Australia in the coming months.

But where the community sits down and says, 'Enough is enough', and suddenly that person is not scared to say, 'That guy is dealing drugs, and instead of me being scared of that guy because he is violent, it is time for him to be scared of the community because the community is that angry about the effect of this drug'.

**A WITNESS:** The thing is it is so socially acceptable. It is a socially acceptable drug and it does not take the form, like old school junkies where they used to be intravenous addicts and no one wanted to have anything to do with them. This is acceptable in that people sit around and smoke a pipe at parties or on the weekend or whenever they are sitting down having a good time.

**Mr CHAIR:** That is what I am saying. They are in this big cohort of people creating this market. If we can address that - there are lots of things in place to address the other stuff where they are under-funded, we do not do a really good job and there are things we can do better, but what about the other end of this issue where the community comes together and is courageous enough to say, 'Enough'..

**A WITNESS:** If you have a transport hub anywhere in Australia - Cloncurry, Kununurra, Mount Isa, Katherine, anywhere there is a transport town you will have a drug problem. You need to address that first, and the method of transport trucked around the country. You need better ...

**Mr CHAIR:** Did you want to speak about the recent stuff we have been doing there?

**Commander PORTER:** Yes, I can. Most of you will be aware that there is a national multiagency ice task force. We have our task force Nemesis which works with the Australian Federal Police, border force, and also the Australian Crime Commission. It has been recognised that supply is the link to reducing the harm of ice in the Northern Territory because our data indicates that production of ice is not really occurring in the Northern Territory, it is the supply into the Northern Territory itself. We are working towards – we have numerous amendments to parliament to try to strengthen laws to give us more powers in relation to targeting supply routes so we can declare a road as a declared drug route and can then just stop vehicles without warrant and search them. We are also looking at enforcement through the *Firearms Act* where we can get prohibition orders for firearms for anyone related to drug use or organised crime. They are not allowed to be on any premise that has firearms because we know, especially when it is through organised crime, most of these people have firearms. That will give us more stringent powers to deal with those people and for those ways as well.

We are strengthening our borders. We are constantly doing searches of the transport routes such as barges, planes and the road. It is pretty vast and it will be more difficult, especially with the increased population, because when you have an increased population you obviously have increased transport routes, increased trade and increased demand. We have to keep ahead with the population, as well. There are a lot of things we are putting before government to try to strengthen our powers for border patrol to stop supply, and we are working significantly with our international and national agencies as well...

**A WITNESS:** Do we have one of the most heavily-policed international borders in the world?

**Commander PORTER:** We do.

**A WITNESS:** What is going wrong?

**A WITNESS:** Is there any evidence that there are local cooks?

**Commander PORTER:** No, we do not really have much evidence of that at all. As I said, most of our information and evidence is that it is being transported in. This stuff can be made dirt cheap overseas and the profit margin is huge in Australia. Our information is that most of it is made overseas and then it is transported here because of the profit margin, but the ice task force is working on that. They are trying to increase the legislation around precursors predominantly as well because we have strict precursor rules in Australia other countries do not have.

**A WITNESS:** Like our close friends in Southeast Asia.

**Commander PORTER:** Yes, they have no real legislative barriers to precursors whatsoever, so it is a matter of working with our international agencies to try to tighten that to reduce production and supply.

**Ms KUDELL:** Picking up on what you said around that socially acceptable moment, too, I think supply is definitely an issue.

However, when we talk about scare tactics, they do not generally work for the people who see it as a party drug. That is where we need to apply education to say it is not beneficial because right now the rhetoric is it is acceptable in a party, it will improve your sexual function and it will make you happy for a short time. The buzz you get - that is probably what you have to debunk and say, 'Yes, that will happen for sure', but the effects are the violence and the negative aspects of your family relationships etcetera. We do not articulate that strongly or break the social acceptance that is growing, particularly in that party scene which we alluded to before, and I think that is really important to focus on that as well.

**Commander PORTER:** That has been the need to educate and communicate, and, of course, we need to honestly deglamourise the use of ice. People use it as a party drug and think it is socially acceptable and all great, but when you look at the ugliness of the drug itself, it destroys lives and causes irreparable brain damage.

**Ms KUDELL:** It is also the increase of potential STI and HIV through the social elements.

**Mr CHAIR:** Can you please try to remember to say your name

**A WITNESS:** To explain that from a health point of view ice is predominately smoked, and with the rates of tuberculosis increasing in the Northern Territory and the far north of Queensland, it becomes an epidemic. A lot of people at risk of tuberculosis are also partaking in this risk-taking activity and it will be like a bonfire.

**Mr WOOD:** Personal use of amphetamines or ice, is possession of the drug an offence?

**Commander PORTER:** Yes.

**Mr WOOD:** The issue Nathan was talking about - if we have two cohorts of people using it – recreational, and people down on their luck and become addicted and have all sorts of problems in their life. AADANT were saying we should not look at people being punished so much for use of the drug ...

**Ms KUDELL:** We did not say do not punish, we said the demonization of it. When we use scare tactics most people associate that with a junkie. That is what they are thinking.

**A WITNESS:** Look at heroin and the Grim Reaper. It needs a really ugly stigma to go with it.

**Mr WOOD:** That is what I was trying to work out because people say we should put more emphasis on rehabilitation rather than punishment. However, if people are only using it for recreational use should there be a punishment to put them off using it as a recreational drug compared to people who have become drug addicts and cannot control it who really need rehab rather than people who are using. I think two cohorts ...

**Ms KUDELL:** I think it has to work together really well. I do not think you can have one without the other, and you cannot apply too much punitive action, if there is not the associated rehabilitation or education to go with it. It really needs to be balanced, but you need to have - personally - definitely a punitive approach needs to be applied, as well. You cannot ignore the treatment services and you cannot ignore the rehabilitation. People need a chance to rehabilitate themselves properly.

**Mr BISHOP:** It is still an illness.

**Mr BLANEY:** People who are using any substance, whether it is kava, cannabis, alcohol, methamphetamine, opiates or whatever, to feel good are not concerned with the side effects when they use. That is the last thing on their mind.

**Mr CHAIR:** How do you deal with those cohorts is almost completely opposite. If I could find everybody that was doing it for the hell of it that is creating this market that is wrecking lives. (inaudible). That is not what you do when you are trying to get somebody to rehab.

**Ms KUDELL:** There is a level of crossover. When you think of the people having issues - we often point a finger at an Indigenous community down on their luck and disadvantaged. We also have people with high

mortgage stress and issues like that, they are Caucasian, are in really good jobs and using it to burn the candle at both ends. There is a crossover between the two cohorts you need to acknowledge as well.

**Ms BRIANT:** Charmaine from CatholicCare. Do not underestimate the domestic violence or family abuse that happens in that cohort. The dangers in that Top End are still horrific. There is still huge abuse on children and partners. I am from Mildura and have only been in the Northern Territory for about a month, but what I witnessed in that community is people might have started taking it as a party drug but are spiralling out of control and the dangers of what that leads to in domestic violence, depression and other mental health issues are horrific.

It is an epidemic in Mildura, and I think Mildura has the worst ice crisis in Australia at the moment. It just spirals out of control so we need to approach it as a whole community and have rules for everyone, not just the vulnerable communities.

**Mr BISHOP:** Casey from Venndale. I do not know if ANDY could comment on this as well. Going on what you are saying, and you guys touched on it before, my three guys have all said to me, 'We used speed or ecstasy every weekend or every second weekend. When we were just using speed and ecstasy we were right, we did not need it during the week.' They started doing it with ice to get the bigger high and they have all said, 'But eventually we had to take it every day just to feel normal.' So what you are saying is spot on; it touches on what you were saying before.

**A WITNESS:** And then that affects another generation of children that mimic their parents' behaviour when they are on drugs. Then you have two generations touched by it, not just one.

**Mr BLANEY:** I worked in Victoria at a place called Gunganaru, which is (inaudible). It is just (inaudible). Some of my clients never had police involvement in their lives. They never had any drug use or issue in their lives. Yet, they started using ice recreationally and then 12, 18 months down the track had horrific police records, lost their houses, lost their marriages. It just destroys lives.

**Mr BISHOP:** That is who I have now, three (inaudible).

**Mr BLANEY:** My staff at AOD - there is not a lot than can keep control of it. I know a lot of people believe they are in control of it, it is not in control of them. But ice has far more damaging impacts, in my experience. These people had never had police involvement. I work with a 32-year-old who had just lost everything - absolutely everything.

**Ms ELLIS:** And they go under the radar because they are not the target group. There is a heap of them out there. There is a heap of them in Katherine; I can tell you that now.

**Ms MOSS:** I have a question for everyone based on some of the things we have been talking about. Community education has come up quite a bit, and bringing the community together to recognise there are different kinds of users. There is obviously a national campaign around ice happening as well - television and radio ads have restarted. Do you think they accurately reflect the issue? What would you like to see some of these community campaigns focus on?

**Mr DYSON:** Brad Dyson from Good Beginnings. Thank you, committee. There are a few of us in the room here that went to the reference group that came from Darwin recently regarding ice, to do some TV advertisement that was targeted at youth and the mums, dads, adult section of the community. We had to watch through what they had presented.

We are waiting for some feedback on that. There are some changes that we would have all recommended through that reference group opportunity, but it has to be tailored to the community, too. I do not think you can fit Katherine in Mildura's box or in Sydney's box or anywhere else. We have some unique perspectives here that need to be recognised, as opposed to just a stock-standard message.

**Mr FORDER:** I went to that. Sorry, David from Somerville. You are asking how the community can support it. You had two or three people here today who said that - I think we all know this - certain houses that are selling ice, dealers, everything like that. We ask where we go to get support to highlight where these houses are. Everybody said, 'Well, I do not really know.' Do you know what I mean?

**WITNESS:** Then what is the process ...

**Mr FORDER:** There is a particular person who has said that a client is not game to say where the ice is being sold because they are a neighbour. Maybe, as a community, we should highlight and get people ...

**A WITNESS:** And give the community the address. We all need to get together, as a community, to say we do not want this shit in our town.

**Mr FORDER:** In our town. We also need somewhere to go, as a community, to feel safe to bring these people to justice. That is an issue at the moment. You ask what the community can do ...

**A WITNESS:** My husband – I do not feel proud to admit this ...

**Mr CHAIR:** Can you say your name? I am really sorry. We are going to have to type all this out and we have no idea who you are.

**A WITNESS:** Emily Ball. My husband used to be one of the largest amphetamine suppliers in this town until he was arrested and sent to gaol, so I know exactly all about it and the impact it has on the domestic violence - the whole nine yards.

Fortunately I was wise enough to realise I needed to get off the bandwagon before it severely impacted on my children. I have had one friend who has died from this, a week after he was married. I have had many friends who have in domestic violence relationships that started out as party drugs, but then got to the point where they used every day.

I am wondering, as it has been in town now for a good seven years, is this all a little too late because the personal cost of it is starting to mount up already. I do not feel ashamed to say that I dobbed my husband in. I was quite happy to tell Ken Bradshaw about the supply routes and how it was getting here to the Territory. But I feel I cannot do much more than that. That is why I agree we need to act as a community to address this.

**Mr FORDER:** Where we can go as a community to – there are people in place. What supports are involved for us? At the moment, I know houses around town that probably not so much selling ice but have been selling marijuana for a long time.

**A WITNESS:** That is what drug dealers do. They sell a lot of marijuana to support their ice habit.

**Mr FORDER:** Yes. Everybody knows where the houses are.

**A WITNESS:** In a small town ...

**Mr FORDER:** You wonder why they never get busted.

**Ms ELLIS:** Cheryl touched on it before.

**Ms GOVAN:** Same thing when you report. What is the process from the police? I have been out and you see it coming in, and it is there in your face, happening. I reported that to management who reported it ...

**Commander PORTER:** Who say they report it.

**Ms GOVAN:** Sorry?

**Commander PORTER:** Who say they reported it.

**Ms GOVAN:** She has; I have seen the e-mail. At the same time, from that point of view, how long – is that an instant thing or is it that you have to have more evidence? You have to have this, you have to have that, and you have to get a court order – is it a ...

**Ms ELLIS:** You have to look at it realistically. You have to wait. Say someone will be under surveillance. That has to involve a court order. That has to involve phone taps ...

**Commander PORTER:** I cannot go into specifics of police business but ...

**Witnesses** interjecting.

**Commander PORTER:** ... it all down to functionality. It will depend on the level of information and the credibility of the information.

**A WITNESS:** Yes.

**Commander PORTER:** Honestly, we have to get the information and make an assessment. Depending on what that information is, I cannot really tell you what our (inaudible). But without the information, there is nothing (inaudible). That is the simple fact. That is why we keep encouraging people to provide us information, whether it is anonymous or not. At least then it provides us with trends of certain locations, which then gives us evidence to go to magistrates for search warrants and those aspects because it all leads up to that information.

**Mr WESTRA Van HOLTHE:** Can I make a comment on that? Willem Westra Van Holthe, the member for Katherine. Every bit of information that comes into authorities helps to build a picture. You are trying to back up what Bruce is saying. Information is always at a different level, has different levels of detail. I know this from having worked in the police force for many years. Every bit helps. I encourage everybody – anybody - who has information about drug dealers, particularly the ones we are talking about today with ice, to contact the police. Let them know the information you have. It can be done anonymously. It can be done in all sorts of ways that will protect you. Honestly, I cannot think of a better way to deal with that information other than to pass it to the coppers.

**Mr BISHOP:** The police have to emphasise that protection element of it. At the last ice summit, someone mentioned the Breaking Bad syndrome, which glamorises the use of methamphetamine. But the Breaking Bad syndrome also emphasises ratting out somebody or telling on somebody. Correct me, Cheryl, if I am right or wrong here, but what you are talking about is if you dob someone in, you are going to end up with three bikies on your doorstep with baseball bats ...

**A WITNESS:** They do not trust.

**Mr BISHOP:** If you are talking educational packages, there has to be education and promotion in promoting that the public are protected for giving information and you need to give a guarantee...

**Mr CHAIR:** My community is where that little fellow got run over by that idiot who had ice in his car. He had ice in his system when he ran the kid over. That kid died. That kid was a really nice kid went to the local school - beautiful kid. That united my community like nothing else. Everyone is rah-rah-rah, ice is bad, but it was not until something triggered - and often sadly, it is when the really bad things happen.

When something bad happens in your community it galvanises people into one area. That is when the tables turn and people are not scared anymore because people say, 'I do not care if you bash me because you killed a kid'.

The number of busts, people moving out of houses and police all over certain houses happened in my community as a result of everyone getting mad. It happened on Facebook. People wrote their names next to stuff. People would go on a Facebook page and could tell who was - they look at the photo – click - on that idiot and that idiot - click - there and here is his car rego number. They found the guy who did it before the police did. The community knew where the guy was and had photos of his house and photos of his car up before the police got there. It happened in my community - hit a tipping point – so I want to tease this out. If you want to deal with it we can make recommendations, but until the community gets onto it you are fighting it from a sit back in your armchair general and mix pit bulls over the fence.

**Mr DYSON:** Brad Dyson from Good Beginnings. We work with a broad and diverse range of social dysfunction, social disorder, and personal and emotional issues with our clients under the child protection/DCF framework. We get to see a lot of this right at the coalface. Talking about interrupting the supply chain, about three-quarters of us in this room would know one person we could point to who has a very good network around Katherine, Katherine south, Katherine east, Katherine north with his web of people where gunja and ice flow freely.

I know Ian Kennon personally, and I have discussions and am happy to report I have no bones. If you want to knock on my door and have a crack I do not care, but I will still report. I know what effect it has on our clients and their little children and it is horrendous. We want to interrupt it. There is the old saying, 'You never send a swan down the drainpipe to catch a rat, you send a bigger rat'. I do not know why we are even bothering with the bigger rat. Let us just get the rats we have and then watch our borders and boundaries and shut this stuff down. It is living large in life, from public servants through business owners

through employees - it is everywhere in Katherine. I know people who have been fired for jobs in this town because of their ice fix.

**Ms MOSS:** I want to make one comment on what people are saying. That reporting is so important. One of the things we have heard in every session pretty much is the lack of reliability around data in this area. We need that information, it is so hard. Gerry has asked everybody so far if it is anecdotal, what is the problem and how do we get a sense of the context? That data is important for people to target responses, but in saying that it is important for all of us and other agencies in the room to acknowledge where you are all coming from in regard to what barriers there might be to do that. That gives us food for thought about how we overcome those barriers so people feel comfortable reporting and know where to go - to the police and make that report. There are so many people in this room, but there is a whole town of people out there that might be wondering how to report and what they need to do, so that is really good feedback for us.

**A WITNESS:** That is what I was trying to bring up before. I was not having a go at the police or anything like that, I was just saying a lot of people do not know where to report and do not feel comfortable reporting. Maybe you should put some ads around that.

**A WITNESS:** Can we have a 24-hour phone line?

**A WITNESS:** He is saying that people are uncomfortable because of what could escalate from you reporting it.

**Ms ELLIS:** As an Indigenous person and a parent, I know a lot of people being affected by this. We have no faith in the police, no faith in the welfare system and no faith at all. It will come out that if you report this, you will make things bad. You look at this latest (inaudible) now, we will get together as a community but you will not get to hear about it.

**Mr DYSON:** You have to have the evidence to prosecute. I can tell my story to one of our drug officers in this town, but unless he has any genuine proof or evidence what can he do? I am certainly not going to stand in the drug lord's house taking photographs and doing a full on interview to get that information; I will walk out the door. I can only tell my story as my client (inaudible) what I witnessed with my client and how that is coming together. I do my own research just to understand, but is it enough evidence? It is enough proof so Bruce and his crew can do their job? Seriously, from a service provider's perspective you feel as if you are up against a wall, 'This rooster is still here. We know what he is doing, but where is the evidence? How can we capture that evidence in a tangible way that can help us report it?'

**A WITNESS:** How many times has this rooster been caught already? Seriously! Come on now!

**Witnesses** interjecting.

**A WITNESS:** What is the result?

**Mr BLANEY:** Talking of social media and the use of it, one client I have who was a dealer and user, said that when he stopped using, he told the police who his network was, where they buried their ice, their main supply, because they do not keep it handy, so they only get busted with a couple of little bags rather than their whole supply. He told police that, that etcetera, and nothing happened. I do not know whether that is factual or not, but that is what he told me.

He puts that out there on social network. Everybody he knows now knows you report to police, nothing happened. Heaps of people are saying these guys are dealing, you gave everybody up and nothing happened. All those dealers who were dealing when he was dealing are still dealing.

Surely, if it is coming from the mouth of a dealer and nothing is happening, why am I going to tell you? That is the perception in the community. That is what I hear. That gets on social media: do not bother, nothing happens.

We are not silly enough to understand that police go and bust him and he has half a gram or something, he is going to get a slap on the wrist. It is not the police's problem. He goes to court, he gets a slap on the wrist and he goes out and he starts dealing again. If you are going to get him locked away and stopped, you need to find him with substantial amounts obviously, and that is just not going to happen.

It is about collecting evidence. If somebody is doing over and over again, that is what the community says. All you do is get flogged, and nothing happens.

**Mr WOOD:** It might be a too hard question. Natalie said she has no faith in the police. But if that is an issue - and this is not against the police, either - it would be good to get the facts of why that is an issue. As a committee, we can say, 'you mentioned a number of cases of a person coming out of goal and going straight back into the system'.

Under the drug laws, a person manufacturing or using a premises for an amount of drug that is saleable, can lose their premises, their car. There are severe penalties for people selling drugs and using premises for the selling or manufacture of drugs. All I am saying is I would be really disappointed if groups of people here do not have faith in the police. If they are saying that, I would like to know what is backing up that statement and I would need facts from people to say, 'If that is the case, then we will put it back to the police and find out why'.

So, if you have reported something, and you say something has not happened, perhaps the system is not working and they are not reporting back to you why something did not happen. There might be very good reason why something could not happen - the evidence, or the bloke left town, etcetera.

If there is an issue here, I would hate to see it fester. If there is some way this committee can get some feedback from you people saying, 'This is what we have done, this is why we have a concern', we can enable the police to say, 'Okay, this is our response'. I would like to see a way of solving that, not making it worse.

**Mr BLANEY:** Absolutely. I do not think there would be any one of us here, Gerry, who would not agree with you. We want it fixed. But, I am just saying, in my conversation with a client, the client told me, 'This is what I have done'. I am always going to encourage clients to report to the police. But what I get back from the clients is ...

**Mr WOOD:** Even if confidentially you were given information to say that this is what we did, we can go back to the police and say, 'This is what we have been given'. We would do that in confidence. We would find out whether that was true or otherwise, and if there were reasons why it was not followed up. That would be good to have. I do not want to see people - and obviously it is a difficult area to do someone in. That is why the community has to be the doer. So, it is not just picking on one person being the doer ...

**Mr WOOD:** ...there were reasons why it was not followed up. That would be good to have. Obviously, it is a difficult thing to do someone in, and that is why I think the community has to be the doer so it is not just one person.

**Mr DYSON:** I do not think it is about dobbing, I think the language is wrong. It is about respecting our community and being responsible ...

**A WITNESS:** A responsible community member.

**Mr DYSON:** ... for our community. I do not think it is ...

**Mr WOOD:** I was using a particular drug users - they were using that as a possible way of the community dobbing in a dealer. That was just a phrase. If that is not the right term - it was not my term, I pinched it from someone else. If it is about putting someone away who should be, and the community has - I wanted to clear that up. I have heard the statement and it hurts a bit because I do not want the community to fester on things that we have a chance to fix.

**A WITNESS:** But the community ...

**Mr CHAIR:** The gentleman at the back has been trying to say something for a while.

**Mr KELLY:** Yes, Doug Kelly, AABS Katherine. You talk about people - over here we talk about responsibilities and everything else. There is a lot of fear in this town and a lot of people do not want to stand together. I have seen it. I have been here all my life and I know what it is all about. One of the things I find with the youth in Katherine, they all tell me what is going on in Katherine. The fear is giving me a name. They cannot. The conversation is finished.

How I get the information to the young generation of today, which is different to my generation and probably some of you other guys who are older than me, and the fellow over here from the shire is telling the truth. We actually worked in places and tried to get youth workers, recreation officers through shires and we hit a

brick wall. I do not know if because the older generation has died and no one is taking any responsibility, so we all sit around and say (inaudible). I have been saying for the last 20 or 30 years why does this town not get together and back each other and do something about it. I was sitting over here for the last alcohol meeting and the same mob was here.

**A WITNESS:** Yes, I remember.

**Mr KELLY:** Steve was here and everybody else. Somebody - goes to school and teach them about this, that and everything else. How can you go to school when half of them do not even turn up for school? You have to just – we are talking about drugs and everything else. There are other issues that come in there as well which stuff it up for the rest of us here in our jobs. I reckon you have to do something drastic, put a sign up on those main drags along the road to say, 'If you are caught here you will go to gaol. Do not bring drugs into our town.'

**A WITNESS:** Bigger punishment for the dealers.

**Mr WOOD:** It should be because the law says that if you ...

**WITNESS:** Yes, but they do not.

**Mr WOOD:** ... drive the truck with drugs on it, your truck will go. That is the law.

**Mr CHAIR:** People get caught, and their dealers, and their lawyers tell them, 'Tell everyone you are a drug addict,' and then the court deals with them differently because they are a drug addict. You have to put drug addicts in rehab and look after them, you have to detox them, and then you have to do all this other stuff. At the end of the day they go there, they have no inclination to do anything different, but it is better outcome for them than to say, 'I'm not a druggie, I'm a dealer and will get the book thrown at me'. I know you guys work in that area and probably deal with a lot of people who really need to be in that space, so I am not diminishing your work at all. However, I know the court system almost pushes people towards dealers telling people they are addicts so they get off light. I struggle because this hurts me and my community. You said Palmerston was the worst, which is my electorate.

**Ms ELLIS:** (Inaudible). We call it zombieville.

**Mr CHAIR:** Yes, well ...

**WITNESS:** (Inaudible).

**Mr CHAIR:** We are going all right. It is not as bad as you say. I hear what you are saying and it kicks off when the community gets annoyed and stands up as a community and starts to defend itself.

**Mr KELLY:** Okay. How long before this community will get wild? I have been telling them for 30 years, people out here ...

**A WITNESS:** I can tell you now that it has been talked about ...

**Mr KELLY:** ... mouthing off myself, probably saying the wrong words and everything else that goes with it - a few bad words. Let us be honest ...

**Ms ELLIS:** Will it take the death of somebody being shot in an Aboriginal community, because a police officer made that statement directly to me - it is getting that bad soon someone will end up being shot. Is that (inaudible) bullet? I hope not.

**Mr KELLY:** You talk about your community, I know your community really well. From the day it started to where it is today. It will get worse for you guys I can tell you that now. The thing is, we are talking about our community, and our community does not just go for Katherine, it goes right up to districts and everything else, it is fairly big.

**A WITNESS:** It is 600 km.

**Mr KELLY:** We have people out there (inaudible) and they are worse off than we are and things will get worse. We have to start pushing issues, and somewhere along the line we have to get Indigenous and

white man to come together - we have got to come together. That is the only thing you have to start thinking about because if we do not get that we will not have harmony.

**A WITNESS:** Otherwise we will lose a culture that has been alive for 40 000 years, probably longer in Arnhem Land, nearly 100 000. As an Australian, when that happens I will feel really embarrassed and really sad.

**Ms KUDELL:** Regarding everything I am hearing, a lot of what you are saying I understand a little bit of (inaudible) a lot of processes cannot be revealed to people simply because the criminals, if we want to call them that, are very clever. As soon as they hear how the police operate, they adapt and change to avoid it, so you get that.

What I also find is we hear a lot of anecdotal information and we put forward anecdotal information because that is what we are getting. At the moment data collection is an issue, but problematic – this is going back years of working in government or reporting and looking at funding and talking at government level. We often pay too much attention to data and statistics which often misses a lot of this anecdotal information. People like Doug, saying it for years and years in forums like this and often in consultation - it is not very good and nothing really happens because people say, 'Yes, but the data doesn't support it', so they shut down as conversations.

I think we need to be really clever about paying attention to anecdotal information we hear from people who do not want to officially report or put their name on something. I look at it and say, 'Yes, Mrs Jessop behind a curtain who will just mouth off probably will not give us much that is of value'. There is no reason why people who work in agencies dealing with people with potential issues or non-issues - they have no agenda to lie. They have got an agenda to tell you information unless they are saying, 'Yes, I see 50 a week please give me funding'. I would question if they had an agenda there. Ultimately, there are lots of stories we should gather. Instead of saying it is not quantitative data, actually put some value into that as well and start to listen to it then feed it back as well. We could say, 'We saw you, we heard this, and now we have some real recommendations'.

Yes, it is time consuming on your part, so maybe come back with the feedback session rather than just the information gathering session. Folks are saying, 'We have talked but we don't get feedback'.

**Mr WOOD:** When it goes to court obviously it has to have hard evidence.

**Ms KUDELL:** Absolutely.

**Mr WOOD:** I wonder if police have enough resources for the surveillance they need to bring the proof to court. You move away from the anecdotal to the facts.

**Ms KUDELL:** Yes, for the policing aspect of it, but if we are looking at planning for the Department of Health or Community Services, there is not enough consultation with people on the ground at the coalface. In regard to being able to effectively plan what is required, where the issues are, or who is having this conversation - all this excellent anecdotal information does not get factored in and you just have a couple of bonkers who say, 'We think this and this', and smack that out again.

Policing, yes, I think perhaps we need to look at how they can gather better factual information which is able to pin these people. At the same time, in response to community education for prevention, for rallying a community together - at that policy and planning level we need to be listening to these kinds of conversations.

**Mr CHAIR:** The role of the committee is to make recommendations. I have already spoken to everybody and said I want recommendations to cover demand, supply and harm reduction, not just to focus on the addict or the person who is doing this as a result of misery, but the other reasons as well.

I set up a matrix. I want recommendations in all of these spaces. You will get that report of that. What we are hearing here today is important, not just in the way we form recommendations, because we have heard a lot where you presented a lot of that rehab space. There are a lot of passionate people in the rest of that space ...

**A WITNESS:** But even outside of that ...

**Mr CHAIR:** You do not often see - if I may - proper written submissions to an inquiry that talk about all these other issues. That passionately comes out a forum like this, which is why we have forums. What can

come out of this meeting is that people within the town - whether it is your member or your council - get together and look at how your town deals with it, as well.

The recommendations that come from us are not going to be that Katherine think the police should listen better. It has to be broader and more overarching than that. I guess what I am saying, because we have to close it out, is that there is a good opportunity here. The level of interest and not anger, but passion in the room is enough that people can start to listen. All your agencies can get together and start to work on how we are going to deal with this as a town, then we will be looking at this and how we are going to do this from a recommendation level.

We are going to close it out in a couple of minutes, so we will have some concluding statements. Gerry can go first.

**Mr WOOD:** No, I was just going to say that you are right. We are going to have recommendations but that is exactly right. We cannot write a recommendation for Katherine. We can do all the bits and pieces ...

**Mr CHAIR:** That is what I said, Gerry.

**Mr WOOD:** Yes, it was too long. Doug is exactly right. You need to come together. It is a good opportunity for harmony within the community. I have known Doug for a long time; he is a terrible footballer. He did not like umpires. He is a wise bloke and when he speaks, I listen to him. He was right on the ball; that it is not up to me or this committee to be the focus or the spokesperson for this town. Someone in this town has to grab that and say, 'We are going to go down that path'.

**Mr DYSON:** Brad Dyson from New Beginnings. This is my final word. Prevention and early intervention strategies are the key in any town. In the recommendations I hope that is one of the core features. As Stuart Duncan has said, one of those processes is employment - the opportunity pathway to employment opportunities - and other diversionary aspect. Prevention, early intervention I hope is in your report.

**Mr BLANEY:** On the prevention, there are issues. I love sport. I have 10 children and they all play sport. None of my children have been drug users. If that is lucky, then that is lucky.

One of the greatest difficulties we had when we came to Katherine was getting my children into football. There was only Auskick and nothing else until they were 16. So my younger children wanted to play rugby. The first year we went there all the teams were filled, no spots. So this year we got in early. We got in early and my children are playing rugby. But a lot of kids missed out, because we have one rugby field. That is it.

I coach. I am a Level 2 AGA pastoral coach and a referee coach. We do not have indoor courts here. They have indoor courts at Ngukurr, Palmerston, Darwin and Tennant Creek, but no indoor courts here. We have nothing here.

**A WITNESS:** No.

**Mr BLANEY:** If you try to get kids out there playing basketball in 40°C heat and they fall over on burning concrete, it just does not add up. It does not happen here.

**Mr CHAIR:** So you want more things for people to do ...

**A WITNESS:** Yes, more sport.

**Mr BLANEY:** You talk about the big things. I am a great believer in sport, but there is unbelievably insufficient sporting infrastructure in this town. Do you know what? I have been in a few towns and it is appalling here. When we talk about prevention, we need to look at things like that.

**Mr CHAIR:** Does anyone else have a concluding statement?

**Mr KELLY:** Yes, I have one more thing. With the sporting facilities and stuff like that, that is good to have here. A lot of things you have to worry about is about Darwin. NTFL football, basketball, everything else you want to talk about, will all die if we do not start doing things now about drugs. It is finished. If you went up there today, I reckon you would find half the players would not even be allowed to play anymore. That goes for Katherine, Alice Springs, Tennant Creek and Daly as well. We better do something now before it is too late. Like that bloke there said before, if we do not do it now, it is gone.

**Ms COOK:** Karen from Anglicare. We run a lot of youth accommodation services in Katherine. They are all talking about ice use and it being offered to them. Demand reduction is one of the keys - how we support young people to say no, and still function in the community. That is something that has to be ...

**Ms MOSS:** I had one- do you want to go first?

**Mr BISHOP:** I am Casey from Venndale. I will shut up as well, but this is from my staff. We have talked about this, and the two things they have noted to me is that we currently have the alcohol mandatory treatment act where, if you are picked up three times with intoxication, you are mandated to treatment.

Maybe this should be something for police arrest. I do not know if you can test it on the spot, but for people under the influence of methamphetamine there would be mandatory treatment for that. Also, the other thing is that my staff have talked about making mandatory reporting for selling any drugs where there is children present. These are just the brain-storming things that have come up in my staff meetings - the mandatory treatment act for alcohol applying to drugs, and also mandatory reporting.

**Ms MOSS:** I will let you go first.

**Ms KELLY:** I have one thing. Jill Kelly, community member. I noticed in the paper it was a public forum. There are only about two or three of us who are actually public, the rest of you are service providers, which is great. This is a good turn-up, but it is lacking. The community is not here.

**A WITNESS:** Yes, that is one of the issues I have with all this consultation. How are you going to involve those types of people? You really need to be hearing from the mothers, sisters and the family ...

**Mr CHAIR:** We have lots of stuff that mothers, fathers and sisters have put in.

**A WITNESS:** ... and grandparents.

**Mr BLANEY:** There is a fair amount of embarrassment too ...

**A WITNESS:** But this is – we could get past this ...

**Mr BLANEY:** Yes, I know. I agree with you 100%, but there would be a lot of mums and dads who do not want to turn up because they are embarrassed.

**Mr CHAIR:** It is represented in the information we have. Absolutely.

**Mr BLANEY:** Which is a credit to you for turning up.

**Ms MOSS:** Yes, absolutely. That was the comment that I wanted to make in conclusion, to thank everybody who has turned up today - whether you are representing organisation or are a community member who wants to have a say. Michelle, you are absolutely right. You guys are the barometer of what is going on. You live here, you work here, and you live these issues day in, day out. That is incredibly important to us.

I thank you for being so open and honest about your experiences, particularly those who have shared experiences about their families. That is not easy. I take your point. I have met a group of families in Darwin who support each other ...

**A WITNESS:** It is really the grandmothers, yes.

**Ms MOSS:** It is tough for families to talk about things that you are living. But thank you so much. It has been insightful. I hope this is the start of an ongoing conversation, like others in the room. It is the start of an ongoing conversation for you here in Katherine. We take the point that we need to keep that communication going about what we are doing. I look forward to meeting with many of you again. So thank you for your time.

**Mr DUNCAN:** Thank you, committee. I have probably lost my timeslot to be effective in what I am about to say because everyone else has stolen my thunder in their closing statements, but I want to come back to a point where Commander Bruce Porter has copped a bit of a flogging today ...

**Witnesses** interjecting.

**Mr DUNCAN:** I should not single Bruce out - the police. By the time people come in contact with the police, it has occurred; it has gone, it is finished. It has either potentially occurred or it has occurred, and a criminal offence has been committed. Communities hold all the solutions not the police. We see this all the time.

We have had some real key things in closing statements here - where are the families? The mums and dads are not here. When I am walking around community, more often than not big political decisions are made, or big policy decisions are made and the mums and dads in the houses do not have a clue that decision has been made or the impact that will have upon them. They live their lives sometimes in a bubbled community. When I approach the police in community we more often than not, always chat about local issues and how we can improve the communities, we have a very close working relationship with the police. For example, we may have established a new play facility or something that might be trashed overnight. We know, mums and dads living around the area where the vandalism occurred will know and will observe what happened, and they will know everybody who committed the act but will not say anything. That is what we have to fix. If we can fix that, then the police can do their job, but the communities hold the key. I wanted to make that point firstly.

The second one is, and I go back to this, more money in diversionary activities for children and youth.

**Mr WESTRA van HOLTHE:** I will quickly make a last comment. First of all I want to thank the committee, on behalf of all those here today and everybody else in the community of Katherine, for coming down. We appreciate you giving everyone the opportunity to be heard. Thank you to the public servants who joined us as well from the Legislative Assembly.

Everybody has a role to play in dealing with this issue. When we leave here today we should think about what role we have as individuals, what role we have as organisations, and how we can use what we have at our disposal to influence other people to identify what they can do to help. You create a bit of a cascade effect if you like, if you can start to bring more people on board and get them involved in doing something positive about this. We are all leaders in the community; we all lead in our own particular areas, so it is incumbent of us to bring other people along for the ride. Thank you.

**Mr CHAIR:** Thank you very much everybody for your attendance and your input today, we appreciate it.