

Submission to the Inquiry into the impact of illicit drug use on families.***House Standing Committee on Family and Human Services. 23/3/07***

I am writing regarding problems relating to drug and alcohol use. I have become aware of these issues as a result of my involvement in an indigenous urban community in Darwin. Through this community of many different indigenous tribal groups, I have also met a large number of other indigenous people from remote areas, when they come to visit their relatives in town, to attend hospital or to attend the many funerals that take place. I have also on invitation, visited remote communities.

My husband and I became involved in voluntary work with indigenous people five years ago, and we have daily contact with our Aboriginal friends. We have been accepted as 'family' by many of the people through the trust that has developed as a result of being of service to the people through the community's non denominational church. It is out of concern for the welfare of our indigenous friends that I am now writing.

I am a nurse, and my husband is a medical practitioner. My husband has opportunity to provide medical consultations in remote communities from time to time, as well as daily interacting with the many aboriginal patients at a major Northern Territory hospital. From time to time we have aboriginal people who are recovering alcoholics /drug users living in our home. Through this daily contact we are learning to understand some of the many dilemmas indigenous people face daily.

Medical concerns:

Alcohol (especially moselle) and cannabis (often used in combination with tobacco in 'roll your own' cigarettes) are the substances that are most frequently used in the urban communities of Darwin. Heavy users of cannabis prefer a bong or bottle to inhale. Paint is sniffed by a few young people in a couple of Darwin communities. Fortunately, **paint sniffing** has been very much discouraged by community elders to good effect. The community regards paint and **petrol sniffing** as contagious, and will generally evict people indulging in such behaviour.

Cannabis is known to cause psychosis, amotivational syndrome and violent, irrational behaviour causing the person to attack family members through delusion / or when they are 'hanging out' and craving cannabis. They will violently demand money to supply their 'ganja' habit. Users experience suicidal thoughts and hear voices telling them to kill themselves and sometimes they do suicide.. Cannabis users become unreliable, lose concentration and also lose interest in school, sport, work and family. Sadly there have been young indigenous sportsmen and sportswomen whose great potential has not come to fruition because of cannabis. The user's physical health suffers. There are families so affected by cannabis, that the father is in and out of gaol. Often the wife will never testify against her husband in court, because she loves him and because she fears reprisal from him and/ or his family.

Sadly, when an addicted person can no longer afford, or force their family to supply money for their alcohol/drug addiction they may prostitute themselves to obtain

money. For that and other reasons, prostitution should be unlawful in order to prevent further harm to the person and to society.

Kava is a drug that has unfortunately been introduced into Arnhem Land where unlike Fiji, it had not been used ceremonially prior to its introduction.. Those who introduced Kava naively believed that it would 'pacify' the Aboriginal people, and that it would be preferable to have them 'stoned' on Kava rather than with alcohol, in the belief that it would lessen alcohol fuelled domestic violence. However, it has been reported by a medical practitioner in Arnhem Land, that young people are combining AV GAS with KAVA and are becoming crazed and violent, and risk brain damage. Indigenous people speak of Arnhem Land and Gove indigenous communities where much of the money is spent on the legal NT Government 'regulated' Kava as well as the black-market Kava, which they say is coming through South Sea Islanders who have access to 40% of the legal 'regulated' Kava. Many indigenous people say that the Kava is bringing about starvation amongst children who are not being fed by their parents who also look like skeletons, because all their money has been spent on Kava. Apparently the people are so incapacitated by the Kava that they have been drinking, that they feel too numb to do anything. I have been told by Kava drinkers, that once the Kava takes effect, they just keep on drinking, and forget about everything else. A man from an urban community in Darwin said that he had been employed to remove rubbish at a community in Arnhem Land near Maningrida. He said that outside workers had to be brought in because so many people in the community were so affected by Kava that they were now incapable of removing the rubbish themselves. Other former Kava drinkers describe how the kava made their skin itch and it fell off them like a crocodile skin. A white Australian delivery man who has travelled through Arnhem Land delivering goods, says that people he has known for years and who have commenced drinking Kava now have a negatively altered appearance, both facially and skinwise, and seem different. Furthermore, there are anecdotal accounts of Liver transplants for liver failure due to Kava being performed at the Austin Hospital, Melbourne.

It seems tragic that the NT Government should permit the importation of Kava and profitably sell Kava Licences for \$45,000 in Arnhem Land to the detriment of the indigenous people, who already have so many other issues in their disadvantaged lives. Apparently further Licences are being touted for sale throughout Arnhem Land! The indigenous population is already sick, and have a short life expectancy, and now Kava is making them sicker. Kava toxicity has already been responsible for indigenous deaths at the Royal Darwin Hospital. It is an underlying cause for other deaths, through its debilitating effects through starvation and liver damage, also affecting the immune system, making indigenous people more vulnerable to other diseases. It was known that Kava is a toxic substance at the time of the Kava Regulation Act, and for that reason it is not legally available to white Australians for that reason. However, regardless of the knowledge of its toxicity it has been made available to indigenous people. It seems at least on the surface to be a rather discriminatory and racist approach to lessening alcohol use, to supply a drug of addiction (Kava) to indigenous people. Consequently there is now a flourishing blackmarket supply that is apparently growing because of the opportunity to supply the increasing number of Kava addicted indigenous people. Predictably Kava is now overflowing out of the licenced areas into other parts of Arnhem Land and the consequent blackmarket is flourishing.

The way forward would be to STOP THE LEGAL IMPORTATION OF KAVA INTO AUSTRALIA IMMEDIATELY. AND TO DEDICATE MORE POLICE TO ERADICATE THE BLACK MARKET.

In relation to dealing and couriering drugs to indigenous communities, Sniffer dogs should be used to check the cargo and passengers of every aircraft, no matter how small. Sometimes people travelling to funerals may be coerced into couriering drugs. Even disposable nappies can be used to conceal drugs. More police should be provided to monitor road traffic into communities using sniffer dogs. Increase surveillance by coast guards to protect our shores. Community drug houses should be closed down, by giving greater protection and reward to those who report drug dealing. Drug dealers usually keep addicted indigenous people's keycards and therefore completely control that person's life, which in turn affects the whole of the addicted person's family financially. Some vendors of alcohol do likewise. This also happens at community 'clubs' where alcohol is sold. The person becomes permanently in debt to the grog/drug dealer. From time to time private unmarked vans come into urban communities like travelling salesmen but are selling grog.

Family members are usually afraid to report a relative involved in dealing or using drugs. Increased surveillance must occur in communities to detect dealers and to protect innocent people, children and young people from being introduced to drugs.

Alcohol is a frequent and major cause of premature death amongst aboriginal people. Death may be due to trauma, such as motor car accidents, domestic violence and medical complications of alcoholism such as gastrointestinal bleeding, cirrhosis of the liver and liver failure. Alcoholic dementia and peripheral neuropathy are also common. Alcohol is implicated in many suicides. Alcohol fills the gaols and hospitals.

Alcohol's destructive impact on indigenous family life is very apparent, causing family breakdown, violence, arguments, shortage of money, chaos and the disruption of schooling because of disturbances in the night fuelled by alcohol. People lose respect for a drinking relative, who often becomes a financial drain on the rest of the family. Alcoholism begins early in many young people's lives, as a result of living in an environment where men and women are expected to 'drink'. This social and peer pressure to drink alcohol is very great. So much so, that some aboriginal men say that if they do not drink with family and friends, their family will say that the person refusing to drink "hates his own family", because they would not drink with them. One man, (who is now close to death from alcoholism) said that he could not remain in his community without drinking. Drinking takes the place of problem solving, and demoralised people often turn to alcohol to blot out the reality of living in a very complex and bleak situation

Action should be taken in consultation with indigenous communities to bring about change. Incentives, such as improving the amenities, housing and job prospects should be offered to such communities.

For example:

To declare a community to be 'DRY'. People who are 'drinkers' may choose to drink outside the community, but at least children and young people would not be watching family members drink in their community. This would also reduce the feeling of being coerced to drink when at home with relatives. There would be a reduction in domestic violence.

On site indigenous community rehabilitation services would greatly assist families and individuals affected by drugs and alcoholism. Appointments outside the community are rarely kept by addicted people (without assistance with reminders and transport), because many people do not have clocks, watches or calendars, and therefore appointments may be missed. It should be recognised that people with addictions need daily support and may go 'backward and forward' towards the goal of sobriety. Patience and persistence is needed for the recovering alcoholic./drug user.

Raising the price of alcohol (especially cheap cask wine). This would price getting drunk out of the market, and make grog less accessible..

Re-institute the Indigenous Community Patrol Service. The police are already overloaded, and it would make sense to bring back this excellent service.

More accessible sobering up shelters, to enable family, friends and concerned members of the public as well as the police to bring a drunken person to the shelter to be sobered up.

Compulsory rehabilitation for offending drinkers/drug users eg. Offender must choose between gaol or rehabilitation.

Rehabilitation should be residential and for a period of up to 12 months with family style accommodation such as CAPPs. This would be especially helpful to mothers of children.

Ongoing support for recovering alcoholics and ex drug users in each community after discharge from rehabilitation, is a much needed service.

Re entry to the community arrangements for people released from prison who have been in prison as a result of crimes associated with drugs and alcohol. Programs to assist people not to re-offend and to resettle into the community would be helpful to the person and his/her family.

Prevention is better than cure.: Educate: Institute anti drug and alcohol programs in schools which encourage better health and participation in worthwhile activities and sport.

STOP THE NORMALIZATION OF DRUGS AND ALCOHOL ABUSE. Start televising graphic advertisements that show the adverse effects of drugs and alcohol, such as has been done with anti smoking campaigns. Make drugs and alcohol uncool.

Decrease the supply of drugs by increasing police and customs surveillance.

Submission from Isobel Gawler