

**EDUCATION AND HEALTH
STANDING COMMITTEE**

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE
TAKEN AT BALGO
TUESDAY, 27 JULY 2010**

SESSION TWO

Members

**Dr J.M. Woollard (Chairman)
Mr P. Abetz (Deputy Chairman)
Ms L.L. Baker
Mr P.B. Watson
Mr I.C. Blayney**

Hearing commenced at 11.36 am.

LEE, MR BEDE

Chairman, Palyalatju Maparnpa Health Committee, examined:

CRESP, MR CHRISTOPHER A.J.

Chief Executive Officer, Palyalatju Maparnpa Health Committee, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee I thank you for your interest and your appearance before us today. I acknowledge and pay respect to the traditional owners—past, present and future—of the land on which we are meeting today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. This committee is a committee of the Assembly of Parliament. This hearing is a formal procedure; therefore, it commands the same respect as proceedings in the house. Given this is a public hearing, Judith will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to your submission and the questions we have for you today, I need to ask you a series of questions. Have you completed the “Details of Witness” of form?

Mr Cresp: Yes, we have.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Mr Cresp: Yes, we do.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the “Details of Witness” form today?

Mr Cresp: Yes, we did.

The CHAIRMAN: Do you have any questions in relation to being a witness at today’s hearing?

Mr Cresp: No, we are quite happy to be part of the process.

The CHAIRMAN: You are aware of the terms of the reference of the committee. We are looking at both alcohol and illicit drug problems throughout Western Australia, but this week we are focusing on issues within the Kimberley. There are some unique problems here. We are looking at what is being done to help school children. One of the problems that we were asked to focus on in Broome was providing assistance to get children to school. We are looking at health professionals and other professionals. Are the health professionals who are attached to the community able to get across, as part of their role, the message about alcohol and illicit drugs? We are interested in what programs and what treatment services are available and whether they are working. We are considering what funding will be useful for programs that have worked in similar situations. We want you to tell us about the social costs to the local community of alcohol, cannabis and other drugs. You know our ambit, so I will leave it for you to make a presentation. Are you happy for us to interject during your presentation or would you like us to wait until you have finished?

Mr Cresp: We are more than happy for it to be at a discussion level, because there is better understanding that way and you do not forget stuff that has gone previous.

To start with, I will give a brief overview of Palyalatju Maparnpa Health Committee. We are an Aboriginal corporation with a group of directors who run the corporation. We are an incorporated body under the ORIC rules of operations. We were elected some 15 years ago as a representative

health body to ostensibly set up more of a dialogue between traditional and modern medicine and to get the two to talk together a little more effectively and to understand and respect each other as respective forms of medicine. On top of that since I have been the CEO we have added more roles and functions to the corporation.

The CHAIRMAN: Are you based here in Balgo?

Mr Cresp: Absolutely. We are based here in Balgo, but we have a regional responsibility to Mulan and Billiluna. We are funded through the Office for Aboriginal and Torres Strait Islander Health in Canberra. We also receive state health funding for environmental health services as well. We run a series of programs ranging from programs based around nutrition, men's programs and environmental health programs, health worker education programs, bush and traditional medicine programs, health for life programs and every other program that anyone would need information for when they come to these regions. We have been the only stable corporation in this region for the past eight years. Wirrimanu has gone through a series of CEOs and administration and has been out of administration for a bit over two years. It has been functioning with its own group of directors. From a Palyalatju perspective, that is extremely encouraging because when you are the only corporation on the ground, you tend to have to wear a lot of responsibility because of the dysfunctionality of other corporations. There is a group of 14 directors at Wirrimanu, so it is very difficult for them to get a group together out of the 14 to have operational meetings. Balgo is a hotchpotch of five or six different language speaking groups. It is a mission that was put together that collected Jaru, Walmajarri, Kukatja, Indinany—a lot of different language groups.

Mr I.C. BLAYNEY: Would they have originally been able to communicate with each other?

Mr Cresp: Yes, but there has been a strong source of conflict in the past.

Mr I.C. BLAYNEY: I am sure. But they could talk to each other as in they would know each other's language? Were the languages similar?

Mr Cresp: The dominant language is Kukatja. People understand Walmajarri and Jaru and a few other languages south of here. The most common language for this region is Kukatja. It is more understood by the three communities.

The bringing together of a group of 14 directors for Wirrimanu was a big step forward especially for this community. Unfortunately, we do not have the same stability in Mulan which does not have a CEO at present. The CEO resigned a few weeks back. We have a temporary measure in Billiluna with the CEO and her partner. There is a constant changeover of personnel or dysfunctionality of the corporations. But we are coming out of that. Eight years ago when I got here it was diabolical, I can assure you. Alcohol was through the roof; petrol sniffing was absolutely diabolical. What you see today is a vast improvement on that, but it is not where we need to be either. It is still not acceptable. Over the years there has been a reduction in alcohol because of policing, but there has been an increase in other drugs in the region as a replacement. The alcohol bans in Halls Creek have had a significant effect out here from different perspectives. The perspective that affected health from that decision was that people were now travelling further distances to get full-strength alcohol. The social disruption was greater because of family members being away from the family group for longer periods of time because they had to travel further distances. They travel in unsafe vehicles up and down the Tanami and in and out of Kununurra and Broome and different places. The money going to families was less because of the cost of travel to get in and out. Some of the dysfunction in family groups increased rather than decreased. We had a situation in which a group of Aboriginal people who, when restrictions were put in place in Halls Creek, did not know who to turn to get support to come off alcohol and to come off their addiction. There was nothing put in place at a community level to help them to deal with their addictions. People agreed with the decision that was made for Halls Creek. The majority of people here agreed with that decision. But there was no help for people who had a genuine problem with alcohol and who wanted to make an effort to come off alcohol. From a health perspective, that was the biggest impact we saw. As Sargeant Risdale

said, a group of people who had been away for long periods of times have come to the communities. They were obviously addicted to alcohol. They ended up in the communities with no support services. No-one from the government came out here and asked how the government could help the communities to cope with the people who used Halls Creek to access full-strength beer when the bans were put in place in Halls Creek. That did not take place. The decision was made and the traffic on the Tanami increased both north and south, which is unfortunate. Yes, positives came out of it, but from a health perspective the supports were not put in to help people. The support is not there at present.

The CHAIRMAN: What support should be put in?

[11.48 am]

Mr Cresp: The supports of alcohol education. Going back a bit from that statement, an organisation based in Halls Creek called Jungarni-Jutiya has received funding to provide alcohol education services and supports to the Kutjungka—this region. I have not seen one visit in my eight years. I have not seen any compulsion from their funding partner, who funds us as well, for them to come to deliver the funded services to this region.

Mr I.C. BLAYNEY: Are they federally funded or state funded?

Mr Cresp: Federally funded—OATSIH funded. Part of their argument is that they see Aboriginal people from this region in Halls Creek and that they will assist them in Halls Creek. But you are assisting people who are already in the grip of alcohol; you are not assisting people when they are trying to come off alcohol and to be part of their own communities—something which is sadly lacking out here. As I have said, that organisation has been funded out of Halls Creek to deliver a service. We have drug and alcohol services that come from near and far and wide—normally from Kununurra, Broome or Derby. It is the same for mental health services. They are very poorly coordinated services. They tend to turn up sometimes quite unannounced—you might get a fax the day before with the names of the people who they want to see. So confidentiality is an issue when it comes to these sorts of things: people do not like their names to be put on a fax and sent to an organisation because someone from mental health wants to talk to them. There are a whole lot of confidentiality issues that they do not respect before they come to these regions. We have tried to make them do it and they are getting much better. The previous person spoke about the issues including the time that it takes for them to get here; their effectiveness on the ground; the fact that they do not have designated office space in which to do any work; the fact that it takes a long time to develop relationships with communities and the people who might seek to use the service; and seeing different faces each time or seeing them sometimes at a minimum six-weekly visit—normally we might see them three times a year, if we are lucky. That is a fly in, tick the box and fly out or a drive in, drive out and tick the box to say yes, we have been and we have delivered what we said were going to deliver. We have found that when things are funded that way, the service tends to be that diluted as to be ineffective on the ground, because it is not on the ground. A case in point is when Palyalatju was looking at environmental health services: environmental health services were historically funded through the Shire of Halls Creek and historically had very, very minimal effect in remote communities. Through our chairman, we lobbied the then state health department, the Office of Aboriginal Health, and applied for funding to run our own dog health and other different environmental programs, even through to trachoma screening and all that sort of stuff. We did that; mind you, the Halls Creek shire was not too happy about it, because it impacted on the funds that were going to the shire. However, politically it did not impact because the shire still received the funds and we still did not receive the service. So we took funding from the Office of Aboriginal Health for our own program to cover Mulan, Billiluna and Balgo—Balgo being the bigger community—and you can see the difference. The funds come to the corporation that is resident here and that understands the dynamics on any given day and whether the program will work or will not work. And you can see change. If you were to fly in here eight years ago, you

probably would not have got too far without the dogs attacking you. To external people, the dog situation does not look good now, but I can assure you that we do not have anywhere near the number of dog attacks or dog issues that we had eight years ago before we took on the funding.

Mr I.C. BLAYNEY: Do all your houses up here just have septic tanks?

Mr Cresp: All three communities have a sewerage set up —

Mr I.C. BLAYNEY: Do they?

Mr Cresp: — but they have septic before sewerage to try to stop solids getting into the system. So these communities are seweraged, but with a septic in between because of the issue of solids getting into the sewerage system. That in itself is at times as effective as it is ineffective. I have had many an argument with regional service providers in relation to sewage and water quality, and different things. Recently, we were able to put enough pressure on to get the manhole systems in Balgo changed at a huge cost, but the rest of the system did not get much work done to it. So you fix half of it, but you do not fix the whole problem. It seems that unfortunately at times you get money to do half the job rather than the whole job. You take it on and —

The CHAIRMAN: You spoke about a problem with solvents.

Mr Cresp: Yes.

The CHAIRMAN: Is alcohol no longer your number one problem? Is it now cannabis or —

Mr Cresp: Our number one problem according to Bede and our committee is ganja.

The CHAIRMAN: Ganja—cannabis.

Mr Cresp: Absolutely—ganja.

Tossie, who used to be our chairman and is now our deputy chair, said that we have stop people selling ganja in Halls Creek because our people go into Halls Creek, buy ganja and bring it back out to the community to sell to the local people.

The CHAIRMAN: What are the ages of the people they are selling it to?

Mr Cresp: We have discussed the age groups and Bede informs me that it is being sold to anyone from the age of 12 upwards.

The CHAIRMAN: Young people can buy the ganja.

Mr Cresp: Yes; it costs them \$100 for a little bit, so it is very expensive.

The CHAIRMAN: Is it the locals who go to Halls Creek to buy it and bring it back or is it —

Mr Cresp: Now it is; it was being imported by a few outsiders in the past but the police have sorted out that issue. Basically, the local mob goes in to buy it and brings it back.

The CHAIRMAN: What does Bede think the punishment should be for people who are found with cannabis on them?

Mr Cresp: What do you think should happen to people who have cannabis or who bring it in? What should be the punishment? What do you think?

Mr Lee: The police.

Mr Cresp: The police?

Mr Lee: Yes.

The CHAIRMAN: But what should the police do?

Mr Cresp: Tossie and Bede said before that they wanted the by-laws applicable to this corporation—the Balgo Hills by-laws—to be able to be policed by the police, and that includes for alcohol and illicit drugs.

The CHAIRMAN: Okay; but what about the amount of cannabis? At the moment someone might be able to have 10 joints before they get a criminal conviction. That number will go down given the legislation before Parliament at the moment. They may have to have—depending on the strength of the joints—only five joints to get a criminal conviction, but for less than five joints they may not get a criminal conviction but instead have to go to an education session. Is there, in a community like this, another alternative? I am asking Bede what the alternative might be.

Mr Cresp: Are you asking what the group here can do?

The CHAIRMAN: What can be done? I do not believe that you have people here to supervise community work orders, so what are the other options for cannabis if it is the biggest problem? It is one thing for the police to pull over people but what should be done?

Mr Cresp: Bede says health education: in other words to have programs available not only at the school level—because we have to start pretty young; some of these are schoolkids, but also —

Mr Lee: Smoking and young kids.

Mr Cresp: Bede says smoking is also an issue with young kids.

Mr I.C. BLAYNEY: I am curious: do they sell cigarettes at the shop here?

Mr Cresp: Yes.

Mr I.C. BLAYNEY: Do you have a rough idea what percentage of the people here smoke?

Mr Cresp: Bede is an ex-smoker; he has changed his ways over the years. He has been employed by us for about six years as well. The percentage of the population that smokes here is very, very high. I would suspect that it would be 90 per cent—honestly. Cigarettes cost nearly 20 bucks a packet. The legal drug of cigarettes takes a huge amount out of disposable income each week. For instance, if our organisation provides a purchase order to anyone, we always state that they cannot purchase cigarettes or tobacco as part of that order.

[12:00 noon]

The CHAIRMAN: Christopher, could I ask you to possibly go back to the directors and, if cannabis is the number one, explain to the directors about the new legislation that will come in? Currently, the option for the legislation is that if someone has less than 10 grams in their possession, they will have to undertake a counselling session; and if they do not undertake the counselling session, they will get a criminal conviction. I have actually moved an amendment—I do not know whether it will get up in Parliament—that they can choose to have a work order. In fact, I would prefer it was a work order and that there was counselling as part of that work order, because some people just will not listen to the counselling. But if they are found with more than 10 grams, they will go to prison, which has a big effect, particularly if, for lots of people here, cannabis is your number one drug. So what I would like you to think about is either the community work order or other control mechanisms and punishment mechanisms. It is an illegal drug. There is no way that anyone is going to support being soft on drugs. We agree with Bede; there should be education so that people do not get into the drug, but there has to be, particularly for those people who are selling the drugs and carrying them, a punishment. Are there any other punishments that could be put into effect within the local area that would be —

Mr Cresp: Effective.

The CHAIRMAN: Yes.

Mr Cresp: I can certainly do that; absolutely.

The CHAIRMAN: You have said cannabis is number one. What would be number two?

Mr Cresp: I want to talk to you about prison as an issue, as a deterrent. The rates of recidivism here are extremely high—extremely high. Prison is not seen as a deterrent to anything related to alcohol,

related to domestic violence. Unfortunately, at times it is seen as a bit of a holiday camp: you get fed three meals a day; you are in a clean environment; you have got access to televisions; you have got access to sporting facilities. You access stuff that is far better than what you have got in your own communities.

Mr I.C. BLAYNEY: Have you got TV here?

Mr Cresp: Yes, we have TV. We can even get Foxtel because of satellites these days, believe it or not, but the cost of those things is expensive. So, unfortunately, the issue of prison being a deterrent, I think you will find —

The CHAIRMAN: So prison is a holiday camp rather than a deterrent.

Mr Cresp: It is a holiday camp, yes. I remember on a few occasions when we have had to support different people through the court system through our men's program, if there is an order written by a magistrate, they must attend Palyalatju with Bede and our men's health program to do counselling, to do contact—parole officers and all those sorts of things—so we do try to have an effect. We see firsthand that prison is not a deterrent, and it is, unfortunately, for this part of the world seen as a way of getting out of your community, getting away, getting fit, getting healthy for 12 months and then coming back, and going through that cycle again and again.

Mr I.C. BLAYNEY: It becomes a rite of passage to manhood, does it not?

Mr Cresp: Yes—and my friends are also in prison. Remember that; that the group that is the most dysfunctional group tends to be in prison, so you get to see your mates, your group, within Broome prison itself—you know, offenders for whom it is not a capital offence-type stuff.

The CHAIRMAN: Going back to you, Christopher, could you, with the committee, discuss what other mechanisms could be introduced, because prison costs the community? You would like money out here for programs, but each person from this community who goes to prison is costing over \$1 000 a day, and that money could be well spent in the community.

Mr Cresp: Absolutely.

The CHAIRMAN: So please discuss with the community what other —

Mr Cresp: Effective measures that could be had here.

The CHAIRMAN: Yes, could be used.

Mr I.C. BLAYNEY: Do you take much notice of what happens over the border? Do they do anything better over in the Territory than we do it here?

Mr Cresp: We tend to be so self-absorbed in what we do that we do not. I know that from a health perspective we still have issues of cross-border stuff with STI infections and cross-border information transfer. We have recently started or been allowed to send people via RFDS to Darwin as opposed to Perth. Historically, we put people in the RFDS plane and sent them to Perth at a cost of about \$35 000 per trip. We have recently been able to access six beds in Darwin to be able to send people to, because, for our mob, heading to Perth is a totally different environment; it does not work. Just by way of IDs, because you were talking about IDs before, we produce an ID so that people who do have to fly in and out of the communities can get on and off planes, because if you are a patient flown to Perth via RFDS, you cannot get back on a commercial plane to come back if you do not have an ID. We understand that our IDs have appeared in Rabbit Flat and other places as a form of ID. It was not set up for that purpose; it was set up to try to assist the people to get in and out for health reasons.

The rollout of Opal fuel—we recently sent a letter to find out why the rollout has not occurred through Halls Creek, through Rabbit Flat, through south of us. But our volatile substance use here is spasmodic, as we know, but it is disastrous.

The CHAIRMAN: So you sent that letter to whom?

Mr Cresp: OATSIH, the mob that has been tasked with rolling it out.

Mr I.C. BLAYNEY: What is that?

Mr Cresp: OATSIH—the Office of Aboriginal and Torres Strait Islander Health in Canberra.

The CHAIRMAN: If you would like to, by way of supplementary information, provide us with a copy of that letter —

Mr Cresp: Absolutely; yes.

Mr I.C. BLAYNEY: I know that Senator Judith Adams was on the committee that looked into that.

Mr Cresp: Yes. She has been out here before.

Mr I.C. BLAYNEY: Has she? I thought she had, yes.

Mr Cresp: The reasoning I got back was that they did not have the storage capacity in Darwin that could handle Opal fuel. There was resistance at Rabbit Flat to install Opal fuel because of the cost. Okay; fine. It is interesting that the company that supplies Opal fuel to the region—and I put this in the letter to OATSIH—can negotiate million-dollar contracts in Iraq but it cannot sort out a storage facility in Darwin. It can be delivered—we can deliver it out here; it is no problem—but whilst vehicles are still within a tank's distance of unleaded fuel to this region, our petrol sniffing will not go away; it cannot go away. There are no barriers to people buying Opal fuel, because it is the same price, and we got assurances from the companies that it does not cause any damage to vehicles. But whilst it is available, even in Alice Springs, people can fill up jerry cans and bring it back to the communities, and, unfortunately, we have had incidents of petrol being sold to minors in the community, which is not an offence in law.

The CHAIRMAN: When you say “sold to minors”, how young?

Mr Cresp: Our petrol sniffing starts from young kids—five, six upwards.

The CHAIRMAN: I heard that some young mothers would actually walk around with a can to keep their children —

Mr Cresp: When I first got here, because unleaded was freely available throughout the community—Opal fuel was not here—there would be kids walking around with cans strapped to their faces all day, walking around the community. It was disastrous. We do not see that now like we did before.

The CHAIRMAN: So you do not see the small children now.

Mr Cresp: No, we do not see the level of sniffing now that we did before.

Mr I.C. BLAYNEY: Are the effects of that obvious to those kids now, because they would now be eight or 10 years older?

Mr Cresp: Yes, it is. Unfortunately, we have still an unconfirmed case in Halls Creek of one of our young lads who we think—it still needs to be DNA tested to prove that it is the lad in question—was someone that we sent down to Ipurla, which is down in the Territory, to try to get some assistance for him. We think—and the family is currently in sorry time—that he was found at the Halls Creek tip three months after he succumbed, they think, to petrol sniffing, in a state that cannot be identified. He is the result of those years of sniffing. That is the result. We had, just last year, a young lad hang himself at the arts centre here, who through our youth program we supported for years—a result of brain damage from repeated sniffing. We had a young 11-year-old boy suddenly commit suicide for no reason, and we could not find a reason. We think that was more family issues as opposed to a solvent issue.

With the rollout, because it has been stalled now since 2005, as I say, we are still vulnerable to unleaded fuel coming into this community. As I say, the argument of not having enough storage capacity shows a total lack of social responsibility by the companies that make money out of this

region when it comes to fuels. So I can supply that letter and that response to the committee. Should I do that through David via email?

The CHAIRMAN: Yes, through David. Does Palyalatju have a similar youth program to that of the Yiriman in Fitzroy Crossing?

[12.10 pm]

Mr Cresp: We ran a youth program for three years and Bede was the lead youth worker in that program, with two other people involved with that. Because of the situations that we were faced with, as I say, seven or eight years ago, we tried for a very, very long time to get funding for youth programs for this region. We failed dismally. No-one wanted to give us any money. Government did not want to give us any money. We eventually got funding through Caritas and St John of God and a very token amount from the Office of Crime Prevention and the Department for Child Protection. We had a budget of \$280 000 a year to run programs across the three communities. We did that for three years. Our program had only a three-year life, because when it is external funding, you get a commitment from donors for a period of time. The pressure on Palyalatju was to find someone else to take over that program to lobby to get government funds as opposed to private funds. When Wirrimanu came out of administration, they approached Palyalatju and asked whether they could take over the program, knowing it was coming to an end, which was in June last year. We said, yes, we would support them taking the program over, because realistically it should sit with a corporation such as Wirrimanu, a community corporation. Although it is part of the health responsibility, it better suits this type of corporation. We assisted Wirrimanu to access, through the Attorney General's department, funds to support two youth workers just for the community of Balgo, not Mulan and Bililuna at this stage, but there is a youth worker in Bililuna and Mulan. It was a bit of a shame game, I must admit, because we could show that you can have effective programs, once again, funded here on the ground that can reduce the issues of solvent abuse, drug abuse and suicides, which we did.

Our program with our youth services was basically 90 per cent counselling. It was not an issue of having diversionary activities for the group of kids we were dealing with; the group of kids we were dealing with were not even participating in activities at that stage. They were at a stage where, as I say, we were pulling them out of trees every weekend, and it was not very nice. The attempts themselves far outnumbered the successful conclusions to that. The majority of our program was confidential counselling, supporting kids, trying to get them to school and all of those different things—family dynamics, the desperation of the community because it could not control the problem, the desperation of parents who were turning to alcohol and drugs as a way of trying to overcome the family difficulties associated with that substance abuse we were having at the time. The focus for the new project now is more activity-based youth services through Wirrimanu. I believe youth services should be at both levels equally—at the counselling level and at the activity level.

Mr I.C. BLAYNEY: Where are you at with that now?

Mr Cresp: Wirrimanu has its own youth services program that has a different focus. As I say, it is more the activity-based, diversionary-type stuff, but it does not cater to kids; it is more of a teenager program as well. It should not really be called a youth service; it is for anyone from school age through to 17 and 18-year-olds basically, because there is a whole gap we have now of young kids who cannot or do not want to access the services at Wirrimanu. You get tired of being a babysitter and all of those different things, which is another problem.

Mr I.C. BLAYNEY: Did you put in any applications for royalties for regions?

Mr Cresp: No. Royalties for regions was not around when we were trying to find funds for our youth services program.

Mr I.C. BLAYNEY: There have been two rounds, I think, of RFR money. So no-one from Balgo has put in for any of that?

Mr Cresp: The Wirrimanu corporation, as I understand, has done it through the Attorney General's department, seeking funding for its youth programs.

Mr I.C. BLAYNEY: Royalties for regions is through Brendon Grylls. It would be through the Kimberley Development Commission.

Mr Cresp: No, we have not accessed that. It is interesting that you say that because we are aware of funds that exist somewhere out there in the void. Invariably, that information does not get to the corporations or the organisations that are physically based in these areas. We are not as big a lobbyist as Broome or Kununurra or those bigger areas.

Mr I.C. BLAYNEY: We can get that information to you. I am interested in the program because it runs in my electorate, so obviously I am very keen on it. All kinds of things get funded under it. I understand that some people are keen that you have a football oval here. That is something that might fit under it.

Mr Cresp: I have had Mal Brough and a few other politicians fly into the place in the past and of course they fly over the oval, as everyone does a lap of town. The first thing they say when they get off the plane is that we should green the oval. But I assure you that there are far more important issues than greening the oval that we need to address.

Mr I.C. BLAYNEY: Point taken.

Mr Cresp: First, we live in the desert, for goodness sake. Greening the oval does not make a lot of sense. It is not a lack of goodwill or intention to try to do things; it is more the appropriateness of what is tried to be done. It is more the inappropriateness of asking someone in Broome, Kununurra or Halls Creek what they think is best for this region, as opposed to coming and talking to the separate committees that try to run the different corporations.

The CHAIRMAN: Can we come back to the petrol sniffers? You have one school in the area here?

Mr Cresp: There is one school in Balgo, yes.

The CHAIRMAN: Is drug awareness part of that? Are children made aware of the effects of sniffing on their brains?

Mr Cresp: Yes. Through our program, we ran regular sessions at the schools on petrol sniffing.

The CHAIRMAN: So you go into the school and teach about alcohol and illicit drugs.

Mr Cresp: No. I need to clarify this. We have made it part of our role and function at present to do that. We are not funded to do it. We have trained people to be able to do it. When I go out and ask our major funding body, OATSIH, whether it could assist us to deliver this stuff, I would never even get a response to that stuff. I have a men's program, which Bede co-coordinates with Anton, our men's program coordinator. They would love a few dollars to actually be able to do stuff related to men's health. We have just successfully completed the last camp at Sturt Creek. We did not use it as a health-based camp; we used it as a camp where guys could sit and talk. Over the years that we have been running these programs, we now have the men coming to us and saying, "Listen; we need to do something about domestic violence" or "We need to talk about alcohol". That never ever happened in the past. We have seen that there has been a huge gap there that men and women want to talk about, but there has not been the facility to do it. It has taken a bit of rejigging by me to be able to employ people to do this, but it is not part of our role and function.

The CHAIRMAN: Will the community pay towards these facilities? I was quite surprised at the amount of money—400 people and \$100 000 per week in the local store. Plus, I believe, gambling is a problem in the area. That is a lot of money that is coming into the area.

Mr Cresp: Money has always been an issue. If you look at the amount of money, as opposed to the usage of money, we get classed out here as being poor financially. We are not poor financially. We have a very lucrative art business in the region that brings in millions of dollars to the community and to artists. We have royalties for regions that brings in countless tens of thousands of dollars to the region. We have a social security system that still supports those families that have quite wealthy artists and do receive royalties; they still receive social security benefits. It is how the money is used. You are right; gambling is an issue. Buying cigarettes is an issue. If you smoke two packets of cigarettes a day, there is 40 bucks out the door straightaway. If everyone in the family smokes the same amount, you are looking at massive amounts of money spent just on that issue alone. That impacts on your ability to buy eggs, meat or milk.

The CHAIRMAN: Should there be tobacco restrictions?

Mr Cresp: It is interesting that you should say that. I have only recently found out that there has been a tobacco control position allocated to this region—to Balgo. But for some reason the funding has ended up in Broome.

The CHAIRMAN: Can you explain that to me again?

Mr Cresp: Federally, there was a tobacco control position that was allocated to this region. It was federally funded. I know there is some state money somewhere doing the same thing, but federally there is some money there. I found out at a regional health forum that Bede and I attended that rather than that money coming to the region to a corporation such as Palyalatju, which can mobilise people and has people on the ground, they have decided to give it to a group in Broome so that they can run a program from Broome to here. As I said to you before, that is as good as useless; it is a waste of money.

The CHAIRMAN: In that case, can we come back to what I was saying to David before? Are you able to provide us with a list of the current programs that you administer and the programs that are funded externally for people who fly in, fly out or like the program in Broome that you have just mentioned? You may not have the full list, but those that you can give us would be helpful. It is something that we can ask when we go to other places and whether it is a similar problem. We know from yesterday's hearing that some people in Broome were very unhappy that funds were being allocated on a site-specific basis. It seems to be a similar problem that you have here—someone else is controlling it rather than the funds being controlled locally.

[12.23 pm]

Mr Cresp: You are basically told what you have to accept, which does not work in these areas because it is usually inappropriate.

The CHAIRMAN: We have several other visits and a pilot waiting for us today. Maybe not alcohol, but sniffing, and smoking cannabis. Can we come back to the drugs and if money were made available, what would be the three key areas you feel need to be addressed in this area?

Mr Cresp: It is obvious that it is community education. It is also the mental health issues associated with all these problems. It is interesting that mental health services do not see petrol sniffing, do not see solvent abuse and do not see drug abuse as mental health issues. They do not see it being part of their domain—part of what they should cover. We have been asking for years to have a mental health professional physically based in this community and also Mulan and Billiluna. But it is just not one position; it has to be a male and a female—always a shared position over a 12-month period.

The CHAIRMAN: Who have you been asking?

Mr Cresp: State health.

The CHAIRMAN: So, WACHS?

Mr Cresp: North West Mental Health Services. We have been asking about dental services. We have been asking lots of things for a long period of time. We will end up with a visit once every three months from the Kimberley GP division out of Broome. We will end up with a visit once every three or four months from someone from Derby and end up with a visit from someone from Kununurra. Those three groups do not even talk to one another. They do not even know who is coming in and who is going and who is looking after who or where the case study is. There is no case study; it is all just come and do a little bit, walk around and walk away.

The CHAIRMAN: Funding for mental health?

Mr Cresp: We do not have funding.

The CHAIRMAN: That is one of the things. Next priority?

Mr Cresp: The next priority we see is the support programs that we currently run and would like to run into the future. We tried through the alcohol mob to get funding to send people away to do their education and what have you. They are not interested. We tried for years to do that. We have grown our own staff up on the ground through our own programs. We would like to be supported through officially recognised programs.

The CHAIRMAN: It is no good Christopher saying to me that you would like funding for programs. Just as you were saying before, we have to make sure things are effective. We cannot go through all your programs now but by way of supplementary information you can give us more information on which programs are effective and which programs, because they are effective, you would like to see further funding for that you believe can make a difference.

Mr Cresp: That in itself causes a problem because different programs can be effective for different periods of the year. Funding is usually for 12-month periods. If you take on funding you can only produce three months of outcomes because it is not seen as a priority any more, you will not get funds.

The CHAIRMAN: Maybe you need to look at funding for a multi-skilled professional so you can put down the different programs for that professional person?

Mr Cresp: We have to go back before that to have enough infrastructure to get these professionals out here. There are no houses to put them in. I could create 20 jobs tomorrow but there would be no houses to put anyone in so it is a pointless exercise until we can get appropriate housing for professionals.

The CHAIRMAN: There is no accommodation for people to come and live and work in the area?

Mr Cresp: No; we cannot employ any professionals to do anything because we do not have any houses to put them in. There are the logistics of running programs, vehicles and all of that stuff. You will get funding for a position, but you will not get funding to run programs. There is nowhere to rent here. Broome has the same problem. The health department is paying \$1 000 a week to rent houses in Broome for the health professionals. We have fewer options out here.

The CHAIRMAN: Programs and housing?

Mr Cresp: Infrastructure.

The CHAIRMAN: Infrastructure requirements again are something that as Ian was saying about royalties for regions that you can tap into. Third?

Mr I.C. BLAYNEY: Not for housing, you cannot.

The CHAIRMAN: Can you not get it for housing?

Mr I.C. BLAYNEY: No; they will not fund stuff that they see as substituting normal government programs?

Mr Cresp: Just by way of housing, I am now into the third year of frustration in trying to get new health housing built. Balgo is not a designated town site like Mulan and Billiluna; therefore it comes under the ALT, or DIA is the mob that looks after it. The mob that funds us insists now that we have tenure over the land that we put health housing on. We cannot get tenure over anything to do with ALT land. No-one can get tenure over ALT land. The Department of Housing and Works has an agreement with ALT to do AIA, as do the police.

The CHAIRMAN: I am sorry, you are losing me a little bit. ALT?

Mr Cresp: Aboriginal Lands Trust, sorry. We suffer from millions of acronyms out here. My apologies for that. So there is frustration in trying to get tenure to build on Aboriginal Lands Trust land. The money has been sitting in Canberra for three years waiting to be spent. Now the money is three years less effective because the costs have gone up over that time. I just received tenders back for the proposed housing and the nearest tender comes in at \$800 000 over the budget. The cost of putting it in is massive. A fully furnished donga here will set you back \$380 000 delivered. It is just a donga; it is nothing special.

Infrastructure to support any health service development, good staff retention strategies are vital within the doctor's system at present, with doctors who work remotely. If someone were to come from Melbourne to work out here they get an incentive of \$120 000 just for turning up in these places, quite apart from their salaries and living costs and what have you. No other incentives are given to any health professionals to come to these regions. I am a nurse by trade and have been a nurse for many, many years both nationally and internationally.

The CHAIRMAN: That is why you know my face then.

Mr Cresp: Yes. I worked internationally for a long time before I came here. You get good staff; you cannot keep good staff. As you say, the difficulties of living and working here are difficult for not only the professionals but also the local people. For instance Bede, as an employee of our corporation, has to pay rent because he makes a wage. As a health service provider, I would ideally like to be able to provide a house for him. A house is provided to me free of charge, but we cannot provide a house for our local employees. We cannot own them.

The other important issue, obviously is for decisions to be kicked around long enough in these regions for local solutions to come out of these problems. We are pretty resilient. We do find local solutions to problems but people get worn out; people move on; governments change; contract managers change with different funding agencies and we go back to square one time after time. We have had drug summits, alcohol summits out here run by DIA. The last information they give us was that 120 different organisations claim to have some sort of input or impact into this region. You would not be able to find 120 people put their hand up.

Mr I.C. BLAYNEY: Seriously—120?

Mr Cresp: Yes DIA. That was its last summation of all the different groups that have some input into this region, so it is very, very complex. As I say, I have started on only a few.

The CHAIRMAN: I think you could sit and talk to us all day about the problems and we do not have all day. I am therefore going to thank you for the evidence you have presented to day to the committee. You will be given a transcript of the evidence that you have provided for correction of minor errors. You can make any corrections and the transcript has to be returned within 28 days, otherwise it is deemed that you accept that transcript. You cannot add new material and you cannot alter the sense of your evidence. I know your hands are full. It sounds as though your work is full on anyway but you are able to provide additional information. When you look through the transcript, if you would like—it does not have to be a thesis —

Mr Cresp: It will not be, do not worry.

The CHAIRMAN: As you read through the transcript, if you would like to jot down the areas that were not included today and the areas you would like to bring to our attention, I cannot guarantee results but I can tell you we will do our best to help in the area. If you would like to include a supplementary submission with your transcript, the committee can look at that and possibly when we are the full committee we can possibly make a decision to write to some of the people you might be having problems with, the federal people with housing and about petrol and things. If the committee as a whole agrees, we can write some letters to rattle a few cages for you

Mr Cresp: Good. One parting thing—I do not want to harp on anything—Tossie, who is our previous chair, is concerned with the rates of teenage pregnancy and use of gunga, reducing inhibitions, issue of STIs—sexually transmitted infections—in that environment and the fact that the girls still use it while they have babies suckling at the breast in rooms full of that sort of stuff. We are talking during their pregnancy and after the pregnancy.

The CHAIRMAN: If the young girls are sexually active—I know prevention is better than cure—can they be given three-monthly or six-monthly hormone release implants?

Mr Cresp: It is available through the clinics. Unfortunately, there is an incentive—the dollars.

The CHAIRMAN: That was brought to our attention with an Aboriginal corporation yesterday saying that having that sum of money had had a very negative impact on Aboriginal people.

Mr Cresp: It is unfortunate.

The CHAIRMAN: It is something we need to look into because it was being used not for necessarily the children.

Mr I.C. BLAYNEY: Are condoms available here?

Mr Cresp: Yes; condoms are available. We distribute them through our men's program. You have to remember that sex out here is opportunistic. A lot of the time it can be alcohol, gunga or all three. There is also the physical issue of condoms with men's law. The usage of a prophylactic barrier that is ineffective; it does not work. I cannot explain any more than that. Because of the traditions that the men go through, the condom itself becomes an ineffective tool because of the physical changes that take place during men's law. They do not use women's condoms. They are not available as I understand it.

We thank you for giving us the opportunity to speak. You are right; we could speak for a week on these issues and topics because we deal with them daily. We do not have the solutions to a lot of them but we like the opportunity to speak before these different committees and what have you. If we can assist further with information we are quite open to providing it if it is required. Thank you very much.

The CHAIRMAN: Thank you.

Hearing closed at 12.37 pm