

**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 FITZROY CROSSING
THURSDAY, 29 JULY 2010**

SESSION ONE

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 10.15 am**BURVILL, MS SHARYN ELIZABETH****Area Manager, Shire of Derby – West Kimberley, examined:****DIVER, MS HAYLEY****Regional Training Coordinator, Kimberley Mental Health and Drug Service, examined:****MALONE, MS SALLY,****Regional Coordinator KCDST, Kimberley Mental Health and Drug Service, examined:****STEWART, MR SHAYNE LINTON****General Manager, Crossing Inn (Leedal Pty Ltd), examined:**

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and for your appearance before us today. I would like to 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 in Western Australia. At this stage I would like to introduce myself and the other members of the committee present: I am Janet Woollard; next to me is Mr Peter Abetz and then we have the Mr Ian Blayney, Ms Lisa Baker and Mr Peter Watson. Our research staff are with us: Dr David Worth, Alice Murphy and Grant Akkeson—who is also assisting us. From Hansard, we have Judith Baverstock and Keith Jackman.

The Education and Health Standing Committee is a committee of the Legislative Assembly and this hearing is a formal procedure of the Parliament and therefore commands the same respect given to proceedings in the house. This is a public hearing and Hansard 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 that we have for you today, I need to ask you a series of questions. Have you completed the “Details of Witness” form?

The Witnesses: Yes.

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

The Witnesses: Yes.

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

Sally, are you having a third bite of the cherry?

Ms Malone: Yes.

The CHAIRMAN: In that case, would you confirm that you have completed the “Details of Witness” form and that you understand the notes at the bottom of the form and that you have the information for witnesses briefing sheet?

Ms Malone: Yes.

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

The Witnesses: No.

The CHAIRMAN: In that case, starting with Sharyn, could you please state your full name and the capacity in which you appear before the committee today?

Ms Burvill: Sharyn Elizabeth Burvill. I am the Fitzroy Crossing area manager for the Shire of Derby–West Kimberley. I am a four-year resident of Fitzroy Crossing.

The CHAIRMAN: Area manager—is that for local government?

Ms Burvill: Yes; for the shire.

The CHAIRMAN: Thank you.

Ms Diver: Hayley Louise Diver. I am the regional training coordinator for Kimberley Mental Health and Drug Service.

The CHAIRMAN: Thank you.

Mr Stewart: Shayne Linton Stewart. I am the general manager of the Crossing Inn. I have been at Fitzroy Crossing for three years.

The CHAIRMAN: Is the Crossing Inn a tavern?

Mr Stewart: No; it is a hotel–motel.

The CHAIRMAN: A hotel–motel.

Ms Malone: Sally Malone; regional coordinator of the Kimberley community drug service team. We provide in-reach services into the Fitzroy.

The CHAIRMAN: Right. We might start with you first, Sharyn; if you are comfortable.

Ms Burvill: Sure.

The CHAIRMAN: You have all been sent a copy of the terms of reference for this inquiry. We are looking at alcohol and drug problems throughout Western Australia—that is, alcohol, cannabis and other illicit drugs—but during the hearings this week, we are specifically focusing on those issues in your communities and on the issues that affect people who take up alcohol and cannabis and other drug use. We are here today for you to help us paint a picture of the problems in relation to those drugs. Hopefully, you can make some suggestions as to what the answers might be—be that for children, children in school, and for health professionals and allied health professionals working with the people who have problems with alcohol and drugs, including what strategies and programs are available, and of those, which ones are effective; which ones have closed down but that were effective and should maybe be reinstated; and, also, we are interested in the social costs to the community resulting from alcohol, cannabis and other drug use. Sharyn, if we hand over to you first then.

Ms Burvill: Sure.

The CHAIRMAN: Sorry; butting in once again—we will go through and let each person speak. As you are making your presentations, the committee members will jot down any questions they have for you and then after you have all presented we will come back and maybe ask you to clarify or to explain a bit further the issues that you have put to us.

Ms Burvill: As part of my role here in Fitzroy Crossing, I have a fair bit to do with the children in the town: we run the local library, we run after-school programs and we certainly see a lot of children who have not been to school, who have not had breakfast or who have not had a decent meal. Talking to other people around the town, I believe a lot of that has to do with the transience of parents. They are not necessarily moving to other areas, but will go out of town drinking for three or four days at a time, leaving the kids with their grandmas. We have a lot of grandmas in town who are overwhelmed with children because people are leaving the town for two or three days—sometimes more. They may leave on pension day and not come back for a fortnight—until their pension is paid again.

In my opinion, there has been a huge social cost with the alcohol restrictions in Fitzroy Crossing. I do not think that anybody in our town would say that we should not have them. Although I think that there should be some restrictions, personally I think they went too far. There has been a huge split in the community between those who support the bans and those who do not. People feel very marginalised in terms of their ability to make decisions for themselves—so that has been taken out of their hands. Sly grogging is an issue and I know that our police work pretty hard on it. It has had a big toll on local businesses. Take the local tradies —

The CHAIRMAN: What do you mean when you say a big toll on local businesses?

Ms Burvill: With our supermarket and other things: people are travelling to Derby and to Broome to get their alcohol and while they are over there they do their grocery shopping and their clothes shopping as well. So that has taken significant resources or significant money out of the town. In terms of our local builders, plumbers and electricians who are out there working in 40 degree heat, it has almost become part of the employer's responsibility, if you like, to make sure there is a slab of beer in the fridge on a Friday—so there is the impost of doing that. There has been a shift in the sharing arrangements within families. I am not by any means saying that the way it used to be was good because the fights on a Friday night in Kurnangki or Mindi Rardi, our communities here, were horrendous; nobody would question that. But whereas we used to have more of a culture of sharing—you know, Joe's got a slab of beer and 10 people will sit around to drink it until it is gone. Now that the alcohol has become more of a scarce commodity, people are saying, "It's mine and you're not having any." There have certainly been break-ins all over town—for anybody who is known to have alcohol in their home. The fire station has been broken into, I think, four times and the locked fridges have been jemmied open just because there is a few beers in them for when the fire fighters come back. So there has been a lot of opportunistic crime—that is, if you know there is grog there, you get it.

Mr P.B. WATSON: Sharyn, do you think that not enough support services were put in?

Ms Burvill: From day one—I am sure you will hear this from the other drug and alcohol committee members as well—even before these restrictions were put in place, we all said that we would need resources: we need the drug and alcohol counsellors and we need the support systems. I know that Hayley and others have been working really hard around this, but there is nowhere near the capacity that we need. Having somebody like Hayley coming in—is it one week out of three?

Ms Diver: I am not doing drug and alcohol counselling when I come in.

Ms Burvill: We just do not have people on the ground. We did have a female drug and alcohol counsellor for a while, but the men would not go to her.

Mr P.B. WATSON: Would that make a difference, Sharyn?

Ms Burvill: It would make an enormous difference: not just in drug and alcohol counselling, but in—how do I put this? I guess it goes back to the reasons that people drink and a great deal of that is that there is a dirty great hole in people's lives and they have filled it in with alcohol. Now the alcohol is not there, that dirty great big hole is even more obvious.

Mr P.B. WATSON: What about the extra infrastructure that is coming to the town with, was it the swimming pool?

The CHAIRMAN: There is a new pool.

Ms Burvill: Yes, and the swimming —

Mr P.B. WATSON: Things like that for sport and recreation will help in the long run, but how long have the restrictions been in?

Ms Burvill: The restrictions have been in—it will be three years in October. But the actual process of bringing in restrictions started months before that. Yes, you are right: we have a fantastic new school, but it is half empty most of the time. We have a beautiful new swimming pool. In the first eight weeks we had 8 000 kids through it. That gives you an idea of the lack of services—and we do try pretty hard. In terms of family support, all the agencies are working really hard and are trying really hard, but —

Mr P.B. WATSON: The lack of resources.

Ms Burvill: Yes; the lack of resources. It is not actually part of my job, but I am also a justice of the peace. I am often called on to witness documents for the Department for Child Protection when kids are being taken into custody, and a great deal of it is around exactly that—parents are not available. It is not just that they are not good parents, it is that they are not around to parent their kids—or they are, but sporadically.

The CHAIRMAN: Because of the time—it is 10.30—we should let everyone speak. You can jot your thoughts on a piece of paper and if someone else does not cover the issue, we will come back to you.

Ms Burvill: Sure.

The CHAIRMAN: Members, please ask questions only if you cannot understand. Sorry, Sharyn.

Ms Burvill: No, that is fine.

The CHAIRMAN: Hayley.

Ms Diver: I am employed by the Kimberley drug service team and I work across all of the drug and alcohol agencies in the Kimberley in a training and capacity-building kind of role. I was employed in Fitzroy by a local Aboriginal service before, during and after the period of the restrictions. I think there is a fantastic model in place in Fitzroy to deal with these issues. Obviously, it is under-resourced, as happens across the region. I believe it is a good share–care model in which the local Aboriginal cultural health organisation is working in close partnership with the hospital to employ a drug and alcohol counsellor. I believe they are coming to talk to you later on and they will probably explain that in a great more detail. As an in-reach service, we have been supporting that position and the role that person plays. We have two male counsellors. They have been visiting Fitzroy Crossing fortnightly during the period. Unfortunately, like Sharyn said, the position based in Fitzroy has been vacant for a number of months, so we increased our visiting service to try to cover some of that.

Some of the conversations that I have had with people certainly indicate that restrictions have not fixed the problem, but the alcohol management committee never had the idea that restrictions would fix the drug and alcohol problem in the town, but that they would perhaps buy some time for the community to start to put some things in practice and in place. I think from that point of view it really has worked. I think that the social fabric of the Fitzroy community has changed. Some programs that the Aboriginal health organisation and the hospital and women's resource centre in town have been able to run around foetal alcohol spectrum disorder and around some of those other types —

The CHAIRMAN: Sorry, around what?

Ms Diver: Around foetal alcohol spectrum disorder.

The CHAIRMAN: All right.

Ms Diver: They have happened because the community now has the space to be able to step back and to have a look and think, and to take some of these things on board, whereas before there was such a wash of alcohol in town that everybody was just dealing with one crisis after another—including the service providers; we were just dealing with one crisis after another. There was not time to think a bit more proactively and a bit more strategically whereas now there is. I think it takes a few years for that new way of working to be taken on board. We are perhaps in that place now where we are starting to get some of those programs running and working quite well.

I cannot think of what else I was going to say!

[10.30 am]

Mr P.B. WATSON: We can ask you questions.

The CHAIRMAN: Would you describe whether drugs or alcohol is the main problem now? What is it that is —

Ms Diver: Alcohol.

The CHAIRMAN: And cannabis?

Ms Diver: There is certainly cannabis use in the town. We have a number of people referred who seek treatment for cannabis, but it is very low when compared with alcohol. Alcohol is certainly the main drug that we receive referrals for and treat across most of the Kimberley and certainly in Fitzroy.

The CHAIRMAN: And other drugs?

Ms Diver: We do not have many referrals or treatment cases for other drugs in Fitzroy.

Mr P. ABETZ: Who refers? I want to understand how that works. Can you explain how the system works?

Ms Diver: Sure. Anybody can refer to the drug and alcohol counsellor. The main referral sources would be the hospital and other health service providers. The courts provide a number of referrals. And then other agencies across the region—the women's refuge, the women's resource centre, the school and other sorts of agencies—provide referrals as they come across people.

Ms L.L. BAKER: Hayley, is the service you are involved with based in Fitzroy or do you cover the whole —

Ms Diver: My particular project works across the whole of the Kimberley, yes.

The CHAIRMAN: Shane, would you like to tell us a bit about the Fitzroy Crossing Inn and also about the issues that I said the inquiry was looking into—that is, what is available; what is not available; where the problems are; and what needs to be done.

Mr Stewart: I have been in Fitzroy Crossing for three years. I was here for three months prior to the restrictions being imposed on the Crossing Inn. The hotel went from a tavern operated one way to a tavern being operated another way. Prior to the restrictions, the main sales were of takeaway alcohol. Obviously, that was cut down to Hahn Premium Light and it created a whole new style of drinking. Prior to the restrictions, we would open the bar in the morning at 10 o'clock and probably 50 or 60 were waiting to come in. As soon as the takeaway window was open at 12, the bar would completely empty out and that is pretty much how the hotel would stay for the whole day until the workers knocked off work at five o'clock. Once the restrictions were imposed, the whole thing changed. Now, we open the doors at—we have actually reduced our trading times—12 o'clock and we can have anything up to 100 people outside the doors waiting to come in to drink. Those

100 people plus extras will pretty much remain in the hotel until we close or they become intoxicated and we kick them out or we go on restrictions and they leave. Up until we —

Mr P.B. WATSON: What time do you close, Shayne?

Mr Stewart: We call us drinks at 8.30 pm, but that can vary depending on the mood of the people in the hotel at a particular time. That can be attributed to a number of factors: for example, there could be a funeral happening. What has that created? It has pushed six communities into the one area to drink but that does not necessarily mean that those communities get on all the time. It has created a big management problem for us with regards to how we manage the hotel. Prior to the restrictions, we had very, very little need for security—if at all. Now, we have anything up to three or four on any particular night. It is a very big expense to have them and it is very hard to get them up here to work in a town like Fitzroy Crossing where everything is pretty limited.

Once we were dealt the restrictions, we obviously had to rethink how we were going to manage the hotel. We tried a couple of things. First off, we started closing the hotel for two hours in the afternoons to try to give them a breather in their drinking. That did not work, because obviously all they did was come up to the lodge to drink. We rethought the idea and we now go to mid-strength alcohol every day for two hours—from three to five. On a busy day, we can extend that to six o'clock or seven o'clock, or remain on it right throughout the evening. This obviously has a bit of an effect because a lot of them will leave the hotel once we go on to mid-strength beer and wander home. They may come back at five o'clock if we go back on to full strength or they just end up getting in a taxi and going home.

Some of the other strategies that we put in place include a zero tolerance of misbehaviour in the hotel, which can result in them being barred for 24 hours or a bit longer depending on the problem that they have. Once they are allowed back into the hotel, we only allow them back in for three hours for the first week—from 12 till three. It is a sort of probationary period. After that, they are allowed back in.

One of the things that we have found since the restrictions have been imposed, is that we can open at 12 o'clock in the morning and we can have 20 or 30 people completely intoxicated waiting to come in. We know that the last drink that they had from us was probably at 8.30 the previous night. It is our understanding that the amount of alcohol coming into town is probably under-exaggerated. We know for a fact—talking to our punters who tell us—that a lot of grog is coming into town. One of the reasons the hotel empties out at a certain time of the night is that they know someone is coming to town with a big load: someone has done a run to Derby or Broome. We envisage that, because the amount coming in is not controlled and it might involve 20 or 30 cartons delivered to one house, that is where the problems come from. The house becomes a meeting place while they wait for the 20 or 30 cartons to arrive. The intention might have been to make that alcohol last four or five or six days, but we do not think that that is the case. We think of it in terms of binge drinking. That is pretty much what I think the restrictions have done to the drinkers at the hotel: it has created a culture of binge drinking. Some of them will come down there just because that is where they come now. Even if they do not have any money, they will come and just sit in the bar and hope that somebody might buy them a drink.

What else was there? I have covered binge drinking.

Certainly, it is not the hotel's or I think the company's intent to have it ever go back to how it was prior to the restrictions. We have put several submissions in as to the ideas that we think might stem the flow of people travelling to other towns to source alcohol, taking money out of the town, being away from their children for a long time —

The CHAIRMAN: Could you describe some of those for us?

Mr Stewart: Basically, we have thrown a couple of ideas around about a window of opportunity—whether it is five days a week or three days a week for maybe two or three hours a day—for these people to buy alcohol to take home to drink.

We would obviously limit the amount that they could buy: it would be one sale per person, whether it be a carton of beer or half a carton of spirits or something like that. It would obviously have to be fine tuned. We think that that may give an opportunity for some of these parents who are down the pub from 12 o'clock to 8 o'clock to at least spend a bit of time at home. Whether they are at home with a carton of beer or down the pub having a carton of beer—I think if they are at home with their kids having a carton of beer it might give the kids half a chance of having something to eat. Otherwise, they are at the pub and the kids are at home unattended while mum and dad still have whatever grog they want to have.

The other issue we find with the restrictions is that prior to them they could, for instance, buy a carton of beer to take home and it cost them \$50. Mum would have 12 cans and dad would have 12 cans. Now they come down to the pub and mum still wants 12 and dad still wants 12 but it is \$6.50 a can. So the money is going a lot less further to achieve the same result. Obviously, that reflects right back down through the family—mum and dad are down the pub spending all the money.

As I stated before, it is definitely not the company's ideal or want to ever go back to how the town was before.

Just a bit of a brief history, in case some of you are not aware, but the Crossing already had self-imposed restrictions long before these restrictions and long before any other town in the Kimberley and probably WA ever had any sort of restrictions. It had banned cask wine and big bottles something like 19 years ago. During footy games the hotel would not sell any full-strength takeaway alcohol—it was only sold in the bars. During funerals, we would cease the sale of alcohol. I think for the restrictions to be imposed so severely on a town without more investigation was, in my opinion, a bit unfair. The other view—and it is my own personal view—is that the Director of Liquor Licensing, being one person, should not have the power to make such a big decision for a whole community. I think it should be put to a panel. It should be discussed by a panel and the decision then made.

The CHAIRMAN: Could you tell us about the numbers of people coming to Fitzroy Crossing on a daily basis and —

Mr Stewart: To bring alcohol to town?

The CHAIRMAN: No; the clientele that you have; the numbers —

Mr Stewart: Who come into the hotel?

The CHAIRMAN: Yes.

Mr Stewart: We could open on a pay Thursday or Friday and probably have 100 people waiting outside.

The CHAIRMAN: But then between 12 and —

Mr Stewart: It could go up to 150 or 180. We get to the stage where it is one out, one in.

The CHAIRMAN: And the percentage of Indigenous and non-Indigenous?

Mr Stewart: About 99.9 per cent Indigenous.

Mr P. ABETZ: Shayne, where have you previously worked?

Mr Stewart: I worked at the Roebuck hotel in Broome: I did two stints there. I did two stints as the manager of the Mangrove hotel in Broome. I did one stint at the Palms Resort. I have spent most of my life working in the Pilbara and the Kimberley.

The CHAIRMAN: Because you have already had two bites Sally, we might let some of the committee members ask a few questions and then come back to you. I know a few of the committee members are dying to get some questions in.

Mr P.B. WATSON: Shayne, I was here a few years ago—3.5 years ago—when I came up for the first meeting. Driving in this morning, the town looks a hell of a lot better, although I have had only a quick look. Do you think that you are just looking at the negatives of the restrictions? We heard it said earlier that the people are going out of town for a couple of days to drink. Do you think that they will get sick of that after a while; that if we put these barriers in front of them, they will get sick of doing it? I can understand where you are coming from and where the shire is coming from, but the stats that I have seen in Perth is that the bashings are down, sexual assaults are down and the town is a better place to live. I just want to get your point of view on that.

Mr Stewart: Sorry; I did not get the whole question. Do I think the town is a better place since the restrictions have been imposed? I think it has turned into a better place. I do not think the restrictions have solved the problem. I do not know exactly the statistics and how accurate and correct they are. I have personal experience of being in a situation where somebody has attempted suicide adjacent to the hotel. The police attended when one of my security guards spotted a young lady trying to hang herself. The police attended and I was there. The police asked her had she been drinking. The answer was yes. They asked if she had had a drink that day. She said yes. There was no mention about her taking drugs until I raised it with her. I raised it with her and she said, “Yes, I have ganja’d up today.” I think that is where a lot of the statistics are wrong. If you ask somebody whether they are drunk or drugged they are going to say they are drunk because it is not illegal to be drunk but it is illegal to be drugged.

The CHAIRMAN: Good point.

Mr Stewart: I do not think the right information is being gathered. I am not sure about the procedure when they go to the hospital or what they are asked. But I am pretty sure that if I went to the hospital and I was out of it on some sort of drug and I knew there might be a possibility of them going through my bag or something like that, I would say I was drunk to take away —

Mr P.B. WATSON: No; I am talking about assaults and family violence and things like that.

[10.45 am]

Mr Stewart: I do not know. I see quite a bit of minor domestic violence at the hotel where it is based a lot on jealousy. That is obviously because all these communities have been pushed in together and somebody looks at someone’s spouse the wrong way and suddenly there is a punch thrown. I would say that probably at least two-thirds to three-quarters of our assaults that we have within the hotel are spouse against spouse and it is pretty evenly divided between the two, male and female.

Ms L.L. BAKER: I was going to ask a question about what the situation is like, not so much for you Shayne, you have already referred to it in part, but for the other guys who are involved in NGOs or whatever, can you just talk to me about how easy or difficult it is to actually staff the programs for drug and alcohol that you have, that you would want to start up or that you are trying to put in place? Can you also in that response comment on what the issues are that you are facing?

Ms Malone: Can I take this one? It is extremely difficult to staff drug and alcohol problems.

The CHAIRMAN: Sally, maybe do that one and then carry on and give us a few minutes, because there were obviously some things that you wanted to present today.

Ms Malone: It is very difficult. Finding housing is probably the primary issue, but also just the logistical difficulties of getting someone to live in a place as isolated as Fitzroy. Ideally of course you would like to have local people trained up and you have to take a longer term view of that, which is why we have capacity-building projects and things like that. But the difficulties are

collegiate support, supervision, day-to-day line management—unless you actually have a base here, it is extremely difficult to do. I have been involved with the Fitzroy community for 10 years, from my previous job and for the eight years that I have been in this one. I have worked with Nindilingarri Cultural Health Services; they have allowed us to use their premises as much as possible because we do not have a base here in Fitzroy. If we come here to see clients, we have to have somewhere to work from. So we have built a relationship over that time and I have to say that my impression of the restrictions is that from a service perspective taken over a long view, I am looking at a community that has been empowered relative to what it was before. Can I just ask the committee: have you seen the evaluation report from the liquor restrictions; has that been given to you?

The CHAIRMAN: We do have a copy but not everyone has had an opportunity yet to read it.

Ms Malone: That has been researched at several points along the way—I think three months, 12 months, two years—and a lot of what is in that research report I guess is not consistent with some of the things that we have heard today. I know that the researcher has spoken to community people, service providers, publicans, and has shared the information at every step of the way with the alcohol management committee. So things like people doing the runs out of town specifically to buy grog, the supermarket has burnt down so they leave town to buy groceries and other supplies as well and perhaps source grog incidentally while they are there. Even before the restrictions people used to do that if they had to leave town for any reason—for funerals, cultural reasons, family business, that sort of stuff—so that is not something new that is entirely attributable to the restrictions. The report of the evaluations indicates that things like school attendance have improved and, certainly, assaults and violence have gone down. Presentations for counselling for alcohol and drug support have increased. I know our service stats have increased and even more so with the departure of the alcohol and drug worker who left at the beginning of the year. There are some difficulties around recruitment processes and finding appropriately qualified people who understand the ways of working with the cultural groups and all of that, so that is yet another difficulty that has to be addressed. If you cannot find the right person, it takes time to help shape them and work with the community and that is where it —

Mr P.B. WATSON: Are funds available, though, Sally? You say that you want to get people here, but are the funds available in your budget for that?

Ms Malone: No; not in my budget. There are some redirected funds that sit with Nindilingarri and they have a partnership agreement with the hospital, but I think I am probably not the best person to speak to that; probably the hospital and Nindilingarri would be the best people to talk about that. But just in terms of the improvements and the types of referrals and as a member of the management committee, the restrictions were put in place to try to manage some of the problems. The whole point of having people go to the licensed premises is so that when they do consume alcohol, they consume it under the relative safety of the terms of the liquor act. So if there are 30 intoxicated people lined up to go into a licensed premises, they are already intoxicated and they should not be getting through the door, and it is the same with spending eight hours in a hotel drinking. I think under the terms of the act they are required to stop serving people once they get to the point of intoxication, anything past that I think should not be happening. So there is certainly some room for the issues and further discussion and the things that need to happen, but the whole point of having people consuming in licensed premises was so that licensed premises could take control. Certainly, there is increased need for security and things like that now, but people were drinking in a public place where there was no security, there was no safety net and horrendous things were happening, and that is reflected —

Mr P.B. WATSON: Just taking what Shayne said, do you think it can be finetuned a bit so that you get some flexibility? Most things like this you do on a trial basis to see how it goes, then you come

back and look at it to see if it is working, do you think there should be some flexibility to look at whether there are any cracks in the system?

Ms Malone: I do not think anyone had the expectation that it was going to be an unflawed system. Part of the review process is having the monitoring and research in place to track it to try to identify those cracks and fix them as we go, because there are always going to be cracks and where one is addressed, a new one might arise further down the track. But certainly just in terms of the community and also I think it has really helped the agencies involved who are local community people, they live here, they have grown up here, their families are here, the sense of achievement and empowerment—I just cannot put a value on what it has given to them. That will be something sustainable; that is something they have learnt and some learning that they can pass on to those who come after. A really good significant outcome of the liquor restrictions is the partnerships and the effects that it has had on the people.

Mr I.C. BLAYNEY: I am curious: where do your security staff come from?

Mr Stewart: I have two that I have employed from out of town —

Mr I.C. BLAYNEY: Is that from the Kimberley or south?

Mr Stewart: One is from Perth and one came from Queensland. I put four of them through a security course for Indigenous employees through a security course here. It was a pretty long process to gather their details and references et cetera. I put them through the course and I think the longest lasted 12 months and the rest all left up to that. One of the issues we faced with employing local Indigenous guys to do it was family being in the bar and having to deal with it. That sort of created a bit of conflict when they got home or whatever else as well. I might add to that that we do run a very strict hotel; we do not let intoxicated people in if we know they are intoxicated out the front. We do evict any intoxicated person or anybody looking like they are intoxicated.

Mr I.C. BLAYNEY: Have you had any of your security people seriously injured?

Mr Stewart: Yes, I have had nearly every security guy assaulted there. I had one guy come in with a lump of wood and bash one of my security guys over the head. I had another one who was not even working; he was actually standing at the bar on Sunday afternoon having a drink and someone walked up with a pool cue and rapped him around the head with it. I had another guy come in, and luckily one of my other security guys got him at the door, who had two carving knives. He did not even get into the hotel but his intention was to stab one of the Indigenous security guys who was working for me, so, yes.

Mr P.B. WATSON: In the city you have to have a certain number of security guards for the number of people in the hotel.

Mr Stewart: I think it is one to 100. We certainly have more than that, obviously, depending on the day. Even if it is a Monday or a Sunday when it is quiet and we might have only 20 people in there, we will still have two security guards on because we do not know what sort of clientele we are going to get through the door. My security staff are only trained in alcohol; they are not trained in drugs. There is no training for people in the hospitality industry to check drugs. I do not even know whether it is illegal to be under the influence of drugs on licensed premises. There is a big grey area on the drug side of it all. Quite often sometimes I think that a person who is drugged and drunk can be misinterpreted and obviously the licensee is blamed for somebody being drunk on licensed premises when there is a good chance that they could be drugged. But when asked the question, once again, they are not going to say, “I’m ganja’d up”; they are going to say, “I’m drunk”, so there is a bit of a problem in that area.

Mr P. ABETZ: Hayley, just a question in terms of the training: what sort of people would you say are really needed on the ground in a town—actually, how big is the Fitzroy Crossing population?

Ms Diver: About 1 500 in the town and another 2 500 to 3 000 in the surrounding communities.

Mr P. ABETZ: One thing we have heard in other hearings is that service staff will come in for two or three days and then they are gone for a month—they come monthly or whatever—and there is not somebody on the ground who can actually provide that continuity. Having been involved in drug rehabilitation work myself, that really is a huge issue. My assessment would be that residential rehab is the ideal way for a lot of people; others can be at home but where somebody monitors or keeps an ear to the ground in the community who can just informally connect with them continually and so on. How many people would you need in a town like this to really make an impact in helping people to address the alcohol and ganja issue?

Ms Diver: There is a full-time position that is based in Fitzroy, but that position is vacant at the moment, so that is the position between Nindilingarri and the hospital, which they can talk to you about. We then offer an in-reach service on top of that and we try to do some gender balance with that in-reach, so if there is a female worker based here, then we have male in-reach to try to balance that out, and they come fortnightly. On the ground here Nindilingarri have a drug and alcohol team, so they can talk to you I am sure —

Mr P. ABETZ: So that is resident here in —

Ms Diver: Resident here in town. We are also really lucky in the Kimberley because unlike most of the rest of Western Australia, we do have two residential rehabs in the Kimberley—one in Broome and one in Wyndham—which we can refer to and do not have much trouble getting people into on a relatively regular basis, and they offer a full residential program.

Mr P. ABETZ: Are there long waiting periods because we were told that the Broome one is usually chock-a-block full —

Ms Diver: Broome is chock-a-block and Wyndham often is too. They have just, as you have probably heard, undergone some redevelopment, but we have a relatively good working relationship with those guys and can work through that process. Then the counsellors on the ground can continue to work with somebody in the process of getting them into rehab, then they go into rehab, and then we can support them when they come back out again. We need more people on the ground. We need some people doing drug education in a community capacity, the prevention and community development-type programs to support people who have reduced or stopped drinking, to stop people drinking in the first place and to start to deal with some of what everyone has said about the underlying issues that cause the drug or alcohol misuse in the first place. That is a really large area of need to augment the treatment services as well.

Mr P. ABETZ: How many extras would you say are needed here on the ground to really make a dent?

Ms Diver: Nindilingarri are the ones that are running the drug and alcohol kind of programs, so I think we are talking about creating a hub between ourselves and Nindilingarri and we are talking about perhaps six people that we would need to adequately service this part of the region.

The CHAIRMAN: Maybe, Sharyn, when you comment on that because you mentioned capacity and family support—I know Lisa is looking to ask you some more questions in this area—has anyone put together, with the bans, a business plan or a list of what services are now required in this area?

Ms Burvill: It has been done several times and now —

The CHAIRMAN: It has not been done as part of the evaluation, so who has it been put into and can we have copies?

Ms Burvill: Perhaps I can answer that by taking a step back. Hayley was quite right with the six counsellors or whatever. Across every government organisation and NGO here the underlying problem is generally not getting the funding for these positions, it is housing and it comes up at every single meeting that we have in this town.

[11.00 am]

Ms L.L. BAKER: What is the average rental cost?

Ms Burvill: There is no privately available rental in Fitzroy Crossing. Either your employer provides you with a house—the shire owns the one I live in—or you are in a Homeswest house. That creates a really big problem, because if you have a Homeswest —

Mr P.B. WATSON: What is the waiting list for a Homeswest property?

Ms Burvill: The waiting list? In Fitzroy Crossing 70 families are waiting for a Homeswest house.

The CHAIRMAN: And the time? How long for those 70 families?

Ms Burvill: Eight years.

The CHAIRMAN: How long?

Ms Burvill: Homeswest has told us eight years. So when you have the huge issue of overcrowding, of course it will create social problems. One of our local NGOs, a sporting organisation, was given funding for three years to employ a youth coordinator in this town to try to sort out what is happening without kids. It has had to hand the money back because it cannot find a house for a staff member. And that is not the only case. I know Nindilingarri is the same.

Ms L.L. BAKER: For how long has the job you mentioned been vacant?

Ms Burvill: Since 15 March.

Ms L.L. BAKER: So quite recently.

Mr P. ABETZ: Can I ask: what is the issue about getting housing—is there no land?

Ms Burvill: There are a couple of issues. First, there is actually very little land left in Fitzroy Crossing that can be built on because everything else is below the floodplain. You will have noticed that everything is built up. The only land that is available is on Bunaba ground and the native title issues over that have not been sorted. I believe a lot of work is going on around that at the moment. The other side is that, yes, the federal government is providing a lot of housing at the moment—I think 30 houses are ready to come up to Fitzroy—but a lot of work is yet to be done as to the appropriate housing for people. People in our community want separate sleeping arrangements, but communal living and cooking arrangements. So what is the federal government providing? Four by twos that all need air conditioning that people on social security cannot afford. It is not just about providing housing; it is about providing the appropriate resources for it.

Ms L.L. BAKER: Are these Homeswest or federal government-provided houses?

Ms Burvill: They are federal government-provided.

Ms L.L. BAKER: So they have ordered them and they are sending them to you.

The CHAIRMAN: Lisa, do you have a few more questions?

Ms L.L. BAKER: Yes.

Ms Burvill: I know that we are getting off the actual alcohol issue, but to answer your question about what resources are needed—the number one, right across the Kimberley, is that we could do with another 30 or more houses for government workers, plus housing for NGO staff.

The CHAIRMAN: You have said that lots of reports have been done about what is required here, but that information has not come in with the evaluation of the restriction bans. Where are those reports? Where do we get copies of those reports?

Ms Burvill: It has all been presented over the years to the Fitzroy Futures Forum. Originally, that was run by the department of works but it now comes under Treasury and Indigenous Affairs. I have been attending the Fitzroy Futures Forum meetings for over four years now and that is where all that information goes.

The CHAIRMAN: But what are those reports called? Can we chase them up and get copies or could I ask you, by way of supplementary information, to provide the committee with some copies possibly dating back six or seven years detailing the requirements of this area?

Ms Burvill: We can probably provide quite easily the minutes of all the Fitzroy Futures Forum meetings, from which particular questions have gone back to particular government departments for answers but have not been acted on. And housing is the number one issue. We can provide you with that information.

The CHAIRMAN: Thank you; that would be very useful.

Mr I.C. BLAYNEY: You spoke about the rehabilitation services in Wyndham and Broome. Is there an evaluation of how many people who come out of those services end up going back? Are there some figures on that?

Ms Diver: Not that I am aware of.

Ms Malone: Again, that would be very, very difficult to measure, because by what measure do you say rehabilitation has been a success: is it that they have made improvements in their lives? It depends on whether you are looking for an overall improvement in people's lives or just whether there has been any alcohol consumed? It is very difficult to measure. I know —

Mr I.C. BLAYNEY: We have seen some figures in other situations in which they measure it by whether they have basically gone back onto it in three years. That is the way the stuff that we have seen is evaluated.

Ms Malone: I have no knowledge of any sorts of studies that have been done up here.

Mr I.C. BLAYNEY: The old story is if you do not measure it, you cannot manage it.

Ms Malone: I know that the residential rehabs have recently had some resources added to their resource base for outreach—for post-discharge outreach. I know that the resi-rehab in Broome has two staff to do that, and I think they do in Wyndham as well. But we also have good relationships with those organisations. I think that that is something that can be relatively well addressed once again just by working in partnership and communicating.

Once again, it is very difficult to control. Given that alcoholism in the truer sense—that is a term I am loathe to use up here because I think most of the problems that we see are from binge drinking and intoxication; a relatively small percentage fit the criteria for alcohol dependence—is a chronically relapsing condition and relapse is part of the process, I am hesitant to call relapse a failure because they learn something each time they go through the cycle. It is a cyclic process and in going through it a few times people eventually have some success at the end. But it is different for everyone so I would be really hesitant to say that there is a definitive way to measure that.

Mr P. ABETZ: I have a question for Hayley or perhaps Sally. In terms of the people coming out of rehab—a very intense kind of context in which to be living and working—back to a family situation involving alcohol and ganja, people really need a lot of support: there really needs to be a sort of halfway coaching or regular contact with these people to help them along. My first question is: what is in place to assist with that? I am also a little surprised that there does not seem to be—in terms of Ian's question—an evaluation of the rehab process, yet in drug rehabilitation people often relapse and come back in. The number of people who are living a drug-free lifestyle two or three years after rehabilitation is something that is quite easily measured. I would have thought that—particularly for the Indigenous people I have worked with—if they had an alcohol problem the solution is not drinking a little bit less, they find that that just does not work for them, but to live life without drinking alcohol. Those who make that break generally succeed. I guess that is the ideal objective of a rehabilitation program. I am just surprised that there is no measurement of that. It is very hard for us to put to government and to the minister that we want an extra \$10 million for rehab in the

Kimberley, if there is no evidence that rehab is significantly changing the lives of these people. I am a little surprised that there is nothing available.

Ms Diver: I cannot say definitively that there is not, because it is not our organisation but a separate Aboriginal organisation that runs those rehabs—it is not our service. Perhaps, the question about exactly what is available needs to be asked of them.

Mr P. ABETZ: All right.

Ms Diver: And the second part of the question —

Mr P. ABETZ: The halfway phasing into normal life.

Ms Diver: I believe that two positions have been created relatively recently, but again I am talking about an organisation separate to us, although one that we interface quite closely with. Those positions support people to make the transition back into the community. They offer an outreach service to clients once they are discharged from those rehab services. They liaise a lot with us because often our community drug service clinicians have been involved in the treatment and care of those people as well. They almost create, I guess, a joint case management-type situation with both agencies supporting that person once they go back home. To my knowledge, both the Aboriginal organisations that run the residential rehabs now have in place the positions to offer that post-treatment support.

The CHAIRMAN: I am now going to give each of you one to two minutes to, I guess, talk about anything you missed during your presentation that you would now like to make us aware of. I am actually going to give Sally three to four minutes because she did not have as much time for her presentation. If you have missed something today—if when you go away and read the transcript—and there is something else that you want to let us know about, you can attach that information as a supplementary submission when you return the transcript. If you want now to bring something to our attention, I will give each of you a quick opportunity to do so. Sharyn, would you like to go first?

Ms Burvill: Thank you. I have to agree with Sally on several of the points she made, particularly about certain people in the community who have been empowered and who have taken back control of their life. The downside of that is that there are also a lot of people who have been disempowered—who have had their choices taken away from them—but that, again, is a very difficult one to measure. My biggest concern about the restrictions and however we are handling them, is that we are not looking at a long-term approach. It has been the case that these restrictions have come in and bang that is it; Fitzroy is now great. Fitzroy is not great and it has a long way to go unless we get the resources on the ground to deal with this. My focus would be—drug and alcohol counselling is fantastic but I think the real work has to be put into the children. It is the next generation that will end up as yet more welfare-dependent kids. Foetal Alcohol Spectrum Disorder is an enormous issue for us and one that needs to be resourced. However, coming in with blanket restrictions in the way that they did, without thought to what happens in two years or three years to the actual community, has, I think, caused quite a lot of damage.

The CHAIRMAN: Thank you, Sharyn. Hayley?

Ms Diver: My key recommendation is that there is a great model that can be built on for Fitzroy in terms of the creation of a hub between the hospital, Nindilingarri and WA Country Health Service. The addition of resources to strengthen that work and to be able to add more drug and alcohol positions than currently exist to work both in the community development and prevention side as well as the treatment side is, I think, really the key way forward.

The CHAIRMAN: Thank you. Shane?

Mr Stewart: I agree with Sharon a little with regards to the younger children. Obviously, the next generation is the one that has to have the most focus thrown at it. I know that in this town there is

no junior football; there is no under-15 football and there must be enough people to make up five or six teams. I think there is that sense of having nothing to do on their weekends; that there is nothing for them except to go down to watch the older people play football. I find it very hard to get involved in any junior sport or anything like that for fear of being perceived as trying to groom potential drinkers by involvement with the hotel.

We have opened up a little movie theatre down at the Crossing Inn and we are trying to put together a kids night from 5.30 on a Sunday night. Hopefully that works. It is away from the licensed area and everybody has to be under supervision. This is just a bit of an initiative that we have come up with ourselves to try to put something back into the town that is not badged-up to the Crossing Inn, but is just to put something in where there is no other funding.

The CHAIRMAN: Thank you. And Sally?

Ms Malone: Overall, the restrictions have had a very positive effect on Fitzroy. I do not think that anybody has said that it has been a problem-free process; there will always be problems that will need to be ironed out along the way. In terms of a bigger picture view, I think it is a forward-looking process. As much as possible, there has been consultation along the way. Of course, you can probably never do enough of that and there will always be people who feel that they have been left out of that process. However, the evaluations along the way have shown that there were some very rapid gains initially, because, of course, the situation was very bad when it first started. It is now about building on that learning to sustain those gains. I think one of the most important things that has come out of this has been, as Hayley said, that there is a workable model that, again, perhaps needs some tweaking. We will not know unless we start to try things, but there really has not been the opportunity to try things. I think that whatever happens, there needs to be more resources and a gender balance in the resources so that it is done in a culturally proper way. Certainly, we need to focus on prevention as well as treatment, as well as dealing with some of the bigger picture issues. I think restrictions are just one aspect of the things that need to be done to start to turn around some of the problems in Fitzroy. As everyone says, it is important to focus on the kids; the sad other half of that equation is that we have possibly lost the ones who came before. It is a really sad situation. There are some very strong people here who have been doing the hard yards for years, and people before them, and who have burnt out along the way. I think that there possibly needs to be some recognition of the people who have really sustained the effort by now trusting in their ability to manage this for themselves—to be able to get on with it. Some good partnership work has come out of this. As long as we sustain communication and support each other properly, I think we can achieve a lot more.

The CHAIRMAN: Thank you.

I would like to thank you all for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made in the transcript returned within 28 days from the date of the letter attached to it. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Once again, thank you all very much for coming.

Hearing concluded 11.16 am