

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE
**Inquiry into the supply and use of methamphetamines, particularly ice,
in Victoria**

Shepparton — 25 February 2014

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Mr D. Sloan, Indigenous Advocate, Regional Information and Advocacy Council.

The CHAIR — Good morning, and welcome to you both. On behalf of the committee I acknowledge the traditional custodians of the land on which we are meeting this morning and pay our respects to their elders past and present.

Thank you both for your time. I will read you the conditions under which you are presenting to this inquiry this morning. Welcome to this public hearing of the Law Reform, Drugs and Crime Prevention Committee. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003 and the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. It is important you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege.

I understand that you have received and read the guide for witnesses presenting to parliamentary committees. It is also important to note that any action that seeks to impede, hinder or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of Parliament. We are recording the evidence and will provide a proof version of the transcript at the earliest opportunity so you can correct it as appropriate.

The Victorian Parliament has referenced this inquiry to this committee, and its obligations are to look into the supply and use of methamphetamines, particularly ice, in Victoria. This is one of many regional meetings the committee is conducting or has conducted over the last five months. Part of that reference obviously is looking at the impact of methamphetamines in Indigenous communities across Victoria, so we appreciate your time this morning. Your contribution is an important part of the process of this inquiry we are going through and as part of the report. We have touched on Primary Care Connect and their involvement with the Indigenous communities around Shepparton, but we look forward to hearing from you in relation to this inquiry. If we could have brief introductory statements, we will then allow the committee to ask questions of you.

Mr GOONEN — I will start off. I am Herb Goonen from Rumbalara Aboriginal Cooperative. I was born and raised in this community. I am a Wamba Wamba man with ties to the Yorta Yorta. My grandfather is Yorta Yorta; my mother and grandmother are both Wamba Wamba. I have been working at Rumbalara for a total of just over 18 years and have been involved with many services across Rumbalara. I started off in innovation for homeless youth, wanting to establish supported accommodation for youth and families. When it was also involved with housing, I had a lot of dealings with juvenile justice. At one stage I had a year off, and then I came back in. I have spent the last couple of years in family services. Just recently, I thought it would be a smart decision to go into drugs and alcohol, where I have been a manager for just walking on three years.

When I was putting together some numbers to try to reflect to you what were some of the problems that ice is presenting to our community, I found an old document that I did in 2011. What happened then was that I was involved with the Aboriginal family decision-making meeting convener. The idea of that was that any families that were reported to the Department of Human Services would meet, and we booked the families together, to look at how we could best solve some of the problems that the community were facing.

We managed to hold — and it was quite a good number — roughly about 30 meetings for the year. There is a lot involved in those. I looked over them, when I was putting these numbers together, and I realised that there were probably two to three that we had seen that had meth issues in 2011 or somewhere around about that. I looked at that same number now and I reckon we have jumped up to about 18 that we have seen come through the Gauwa program. If you open up those families, you realise that meth is impacting on a number of different factors in that family. If you were looking at trying to put a child into another support service within that family while the parents were trying to solve their problems, you could usually find somebody. If you opened up that family now, meth has really got an impact on those children right across the board, wherever you put them. Really it is impacting on our family groups as a whole.

I took the stats back to the end of 2012 until now, which gives us just over 12 months in stats, and we have supported about 152 people. The majority of our clients are split right down the middle:

we have got 51 per cent that are male and 49 per cent that are female. The majority of our services are for people who require our services in Shepparton, so they get 71 per cent of our services. We have got about 19 per cent in Mooropna and then the other ones are scattered out — 10 per cent are scattered out — through people that we use.

When I printed out all the names and everything else of the people we have been supporting, the staff and I went through them and we can identify who is involved with drug and alcohol, but there are a number for whom we do ESW. At Gauwa Place we do ESW, which is emotional wellbeing; we have drug and alcohol, we have Bringing Them Home, we have a healing centre and we have a couple of nurses who help us assess what we need to do to help our community. We see that we have got about 20 per cent of our clients who use ice, but I think the number would be a lot higher — this is just for AOD. We have got 28 per cent who are on cannabis and we have got about 30 per cent who are on alcohol, and the others are made-up of whatever — prescription drugs and stuff like that. I honestly think that the number is higher than that for ice because we see a lot of problems. I was talking to the staff about some of the issues we have got, and if I look at the general clients that we have got and the problems we have with ice, we have a number of issues when we are trying to deal with families that are dealing with ice.

We have got detox and rehab. Detox is just like what you have heard already. A lot of the time these guys detox themselves. They will come off it between paydays, so detox really is not an issue. When we are looking at rehab, we are talking about removing Indigenous people from our local environment, so taking them to Melbourne or whatever else, and it is just not viable. They are just not staying down there; they will come back.

On education, when they come back into the family groups, as you have already heard from other speakers, they walk straight into the same environment because, as I said, if you break open those family groups, to get one person to change out of the family group usually means they have to isolate themselves or they have to go into turmoil trying to battle it out within that family group to try to hold onto their own sobriety, which is really hard. We have got those issues to weigh up against.

When we look at our clients, we do not usually support people who are under age — our funding is for people who are over 18 — but we have been, and we are getting more and more coming through. The majority of our clients that we see are aged between early 20s up until early 50s — in that 40s bracket — so between those age brackets we are seeing a lot of families that have ice issues or have been using ice. It is really concerning because these people have a number of kids under their care.

When we look at it, we have probably got half our clients, about 41 per cent — at the age of involvement for AOD clients — who have been using ice, whether that is once a week or once a fortnight using it as a party drug, so that is a regular occurrence that they tap into ice. Other people might only use it when it is available to them. We have got those clients who are right at the end of that scale where it is weekly, if not daily, use, which is very concerning.

At this stage we have got 60 per cent of the clients who are in ESW, and the other 40 per cent of our clients in that number, 152, are AOD. However, when we pull across the ESW — the emotional wellbeing stuff — we look for them and we identify that a large number of those people are using ice, but they will not identify it. We know the groups we are running with, and the advantage of being Indigenous in this community is that elders and family members are pretty quick to ring us up and say, 'Hey, mate, these people are doing this', and they are quite honest, with us anyway. They give us a fair idea of what we are trying to battle, and of course we cannot reflect that because of confidentiality and all that sort of stuff.

That has pretty much ripped through it really quickly. I have not spoken in a forum like this before. I will leave it open for Daryl to just give a quick blurb on his part, and we will see how we go from there.

The CHAIR — Are you happy to table those graphs to the committee?

Mr GOONEN — Yes, I can hand them over, definitely.

The CHAIR — I will get in before Sandy does, and perhaps any notes Mr Sloan might have that are readable too, if that is appropriate.

Mr SLOAN — I will type them and send them. I am Daryl Sloan. I am also an Aboriginal man. My mob are not known. I was put in children's homes as a child, but I have lived in the Shepparton area for 35 years and the Aboriginal community have accepted me, and that is a wonderful thing.

I have worked for about the last 20 years in the welfare sector locally — youth refuge, contingency care and, more recently, as an assertive outreach worker going onto the riverbanks and finding the homeless, those with complex and polymer issues. For the last two years I have been employed by the Regional Information and Advocacy Council in the role of Aboriginal and Torres Strait Islander advocate, which is funded by the Department of Health. As part of that role, I am also an independent third person with the Office of the Public Advocate, and I attend police interviews when needed.

The regions that I cover are five LGAs — Mitchell, Murrindindi, Moira, Strathbogie and Shepparton — which is more than Primary Care Connect's catchment and more than Rumbalara's, and I actually push more into those areas where the supports are lacking. Like Herb, I am far better at getting out and engaging with our community than speaking and addressing you good people.

My role is really about engaging with the community, with the people sitting down at the table, with the mums and dads who have got a son or a daughter with a raging ice addiction, and trying to talk to them about that. They are trying to engage their son with me or their daughter with me, but if that person is over 18, they need to approach me themselves, and there are all those privacy-confidentiality issues. But it is also an educational perspective around the parents, that the abuse that they are putting up with — the domestic violence, the thefts, the robberies and the assaults — is actually a criminal offence, and walking them through that thinking process, that enlightening process that they may have to actually consider taking out an apprehended violence order against their child, whom they love, and then trying to link them into support services, which are stretched far too thin on the ground.

The ice use itself is a major problem in our community, but it is the flow-on effects that affects the families. It affects the relationships, it affects employment, it affects the driving — it affects all of that. It is ironic that it is called ice. I was thinking about this last night and, like an iceberg, we see about 8 per cent of it above the surface, but the major bulk of it is under the community and it is affecting the community. It is just rife through our community. Recently I was going down to football practice at 6 o'clock one night and saw four young men, three chasing one through two lanes of incoming traffic at 60 kilometres an hour. I stopped and dialled triple zero. I saw their ages, I saw the look of these guys. I would almost bet money that it would be ice-related: it is a debt; they have seen him, they have gone after him and they are so single-minded they do not have any remorse. They do not even remember the events afterwards, so how do you give them an educational process around something that they cannot take responsibility for?

My wife, family and I are also foster carers, and we have been for 17 to 18 years. I would like to speak to what the good doctor from Primary Care Connect spoke of before about that group of people that are already recognised by the state as being vulnerable and needing appropriate care. In my foster care role I want to speak to what I believe is a complete failure of the system to support foster carers appropriately. We are treated as benevolent volunteers, as was the system 50 years ago. We are not recognised as the professionals that we are and as foster carers we often have formal qualifications, but we are just treated as volunteers.

The kids who come into our care, through their placements, may not get the financial support that they need. No-one foster cares in Victoria for money. Victorians get half of what New South Wales foster carers do, but there is nothing like a lack of money to stop someone from being a foster carer. My thoughts are that foster carers should be recognised and supported to look after that vulnerable group. The alternative is the so-called group homes, where these kids who are

recognised by the state are being placed with five, six, seven, eight other children. We call them therapeutic group homes. We call them different titles, but they are today's institutions. At the age of 18 they are exited from those homes. They are not allowed to return, because the children back in that place are under the age of 18 and they have not had their working-with-children check, so there is no sense of mob, no sense of identity or of family. There is no sense of community connection and they are adrift in a stormy world at an age we know is the most dangerous for them.

Many cannot even get to 120 hours for drivers licences, and here we are in an area that does not have a great deal of public transport, so that affects their ability to attend cultural events, schooling, or events such as funerals — they are a significant one for us to go to. We are effectively pushing it to one side. I would guarantee that the numbers of young people getting caught without drivers licences is on the climb. The other alternative is that they wait until they are 21, when you do not need the 120 hours to get a car licence, and you can go out and get it then, or you get a motorbike licence and you do not need the 120 hours at all.

I guess what I really wanted to speak about is the energy that it takes when you are sitting with a family who are begging for supports for their child who has got a raging ice addiction and how hard it is to try to link them in. We simply need more resources on the ground. We need rehab, we need detoxes without waiting lists. I know that Cameron McGregor, who spoke before, does a wonderful job, but often when the people are ready to do the detox they want it then. We cannot say, 'Wait three weeks, I will do what I can'. I put in a 16-page application for rehab for a man I found homeless. He is an Aboriginal man. He wanted to go into rehab. I did the 16-page application and sent it in. Guess what has happened? I do not know whether he has used or what, but he has become mentally unwell, so I am going to have to ring up the rehab now and say, 'I'm sorry, he is not able to the rehab because his mental health has failed'. But his mental health has not failed enough that he can be picked up by area mental health. He does not recognise that he has got a problem and that is that tension. So for the last 11 years this man, who is only in his early thirties, has been wandering around and he cannot get the supports.

The CHAIR — Can I ask you a question around the distribution of crystal meth within the Indigenous community? Are the outlaw bikie clubs or organised syndicates or even organised dealers active in that space? We have heard that members of Indigenous communities are perhaps more prone to vulnerability, in that they are given the drug almost freely and then they become dealers to pay for the habit. Is there an organised group working in Shepparton, particularly in Indigenous communities around Shepparton?

Mr GOONEN — I spoke to our guys about this, and obviously at some level there is going to be crime behind methamphetamines. We have had a number of stories about community members who have run into places that store ice and there have been repercussions with bikie gangs because they have been hunting them down and whatever else to get it back. In talking about this — and I have been here for a long time — I have not seen it as a prominent issue. It is not something that is being brought up to my attention. I am pretty well known throughout the community, but it is not something that I see on a regular basis with elders or anyone else coming forward to us and saying, 'It's this group of people that are supplying'. I am not getting that information. That is not coming back to my guys who are on the front line.

I spoke to Larry Jackson and a couple of other people at CJP and he is saying the same sort of thing: it is not something that we are seeing a lot of. Is it there? Yes, it would be. To what depth? We could not say for sure at this level. We know that methamphetamines are coming in from Melbourne. We know that there are people within the community making it. We know that there are some people bringing it down from as far away as Griffith. There are a number of ways that it is coming in. Is that being brought in here by local guys or organised crime, like bikie group gangs or whatever else? I cannot say for sure because I have not heard it.

Mr SCHEFFER — Thanks to you both for your presentations. You will remember that when Dr MacCartney was speaking he drilled down to what he thought was the 'fundamental cause' of this, and he talked about the breakdown of societal meaning for people. If they do not see meaning in the culture, then there is a lack in them, so it makes them predisposed or vulnerable to drugs. As

an example of how we might start to address that, he also talked about the care of young mothers, to be better parents than they might otherwise be without appropriate support. In that kind of scenario — and I think you mentioned healing centres, which we have heard a bit about and have some understanding of — how do you, with Rumbalara, approach that set of issues about building meaning and building support at the very primary end, the front end of this?

Mr GOONEN — We do have the healing centre, and the healing centre is where we are trying to do something to just try to address issues in a culturally sensitive scenario. Gauwa Place is about trying to educate families all together, so when we have somebody come through with a meth addiction, it is about trying to educate everybody else who is in there and making sure that people are accountable. Like I said, we have got a lot of people in ESW that we identify as doing meth, but their willingness to actually sit there and go, ‘Yeah, okay, this is something we are doing’, is really on the outer.

When we are looking at whole family units, we have a number of programs at Rumbalara that we can tap into, like family services, which has a number of support services through there. Like I said, when I was in the AFDM program I tapped into a lot of families there over the course of two years. I was doing that program for just under two years, and we identified that the best way to get a result was to bring the whole family together, if that family is fractured or there is not that strong community connection. If you have a really strong family connection, if you have a really strong sense of culture and everything else, those families most likely would go on to do a lot better and start to achieve. If you are drawing on all these family members that have just as many issues as the main person you are focusing on, it just seems that they are not getting a stronghold with which to fight their addictions or anything else.

In that way there is a real concern. We have had nurses involved when children are just born and we have had children taken away from parents when babies are just born, because they are known meth users. We have had a couple this year where children have been removed as soon as they are born, because we know that the mother and all that are meth users and everything else. The problem we have seen with those families is — and I have heard clients tell it straight to my face — they just go out and have another one, which is really concerning. When you look at the history that our mob is facing, DHS knocking on the door to them is a failure. To have the knock on the door and it not be our own mob is a real kick in the guts. It really just seems that once they see DHS knocking on the door for those supports it is just another backlash and just another thing that we have failed in. I do not see from a DHS point of view us working at that level. We need to support these people from a community standpoint. How we do that is just trying to educate the community to sort of see the best way.

The best way to support somebody is to actually know what you are talking about, to know what services and everything else are around, and bringing everybody else in very early, from a culturally sensitive point of view, to try and address those issues. I have seen a lot of services jump in early to try and help clients, and I have seen two or three people go on there and have pretty good results. You have got the preservation program through family services, which is an awesome program. They are in there daily, they are in there for hours on end and they have only got a clientele of two per time every time they work with someone. They work with two family groups over the course of three months, and it is very intensive. They will bring in other support services to help with it. Those ones there have usually been the ones that have come okay, but the people who are doing the supporting need to be educated themselves in what other services are out there. It needs to be a holistic approach in going forward for these guys to get any outcome that is going to be beneficial for the children.

The other thing is that there are just times when you need to look at what is in the best interests of the child. We need to focus on that at times, which is really hard to say. I hope I have answered the question.

Mr SOUTHWICK — Thank you, gentlemen, for your presentation. I am wondering if you could outline any success where role models have been used in Indigenous communities, whether it be music, sport, arts or other areas, for youth at risk, and whether you see that those sorts of things are some of the programs we need to be developing more.

Mr GOONEN — Definitely. I have seen it work in the past with Rumbalara Football Netball Club. I have seen other programs do these half-arsed efforts in trying to get these big brother programs and everything else. The problem you see is with some of the people that go in there it is like a teacher; they are there for a couple of hours. With these programs they are usually there for an hour a week or something like that. There is no substance. If they were to do something like that, it would need to be really taking this person under your arm and really being able to dedicate. The last thing another Indigenous kid needs is somebody coming in there, throwing their arm around them and saying, ‘Yeah, I’m here for you’, waiting three months down the track and then bolting. We have had that, we have seen that time and again, and time and again we have seen it fail. We need to make sure that any program like that — and I think they are a great idea — needs to be there for the long haul.

We do not need governments throwing money into communities for a bandaid effect. It is another service that Indigenous people start looking at and going, ‘Great, here we are, we have got this’, laying trust in a person, and then that person or that funding going away so they have got nothing. We have seen that right across the board in a lot of things that we have done. It has been 16 or 17 years since I have done housing, and I have still got people knocking on my door now because they trust me, they know me and they relate to me. They are still asking me about housing. It has changed a lot since then, so it is about trying to steer them in the right direction. We do not need those programs getting set up and then taken away later on, because they can more or less be detrimental to the person’s peace of mind — just another failure, just another person letting you down, just another person who has chucked in the towel.

Mr SOUTHWICK — But you mentioned Rumbalara football — —

Mr GOONEN — They have done a few. I could not kick a football straight to save my life and sort of had other avenues, but I have seen the likes of Paul Briggs and all them do them before and they have worked. I do not know exactly the source of the funding or whatever else they have done, but there have been some positive outcomes to that. Once again, the fact of the matter is: how much time can you put into a person? Unless you move them into your house, how much time can you spend with somebody? If you have got 2 hours, they are still spending the other 22 hours in an environment that can be chaos and can be detrimental to their health. So 2 hours versus 22; yes, they feel safe, but it is just trying to cram in as much information. You are still going to fail. It needs to be long-haul sort of stuff, really community-oriented, community-driven ideas behind it, not something dreamt up by somebody outside this community, which you see a lot of the time. They throw pilot programs at Rumbalara which go well, but we get a one-off grant and usually then people are sort of still turning up, so we are left with trying to make sense out of nothing.

The CHAIR — Mr Carroll?

Mr CARROLL — Thank you, Chair. I have two questions — —

The CHAIR — Sorry, Daryl, am I cutting you off at the pass each time? I am just mindful of the time. We want to whiz through.

Mr SLOAN — Sure. I love the idea of growing up someone within the community. Do not transplant somebody in and try and embed them in. I think we should be targeting our 22 to 25-year-olds, males and females, that are already in our community, saying, ‘This is something we want you to do, and we are going to grow you in the community for the long term’. As Herb was saying, people come to us. They do not know about our job. What they have got is a relationship with us. They know our names and they know we will get back. It could be in the supermarket, or it could be at the football. It usually is not in the office for me; it is out there. But, yes, I love the idea. I think it would be really worthwhile trying to grow it within the community, and the community would take ownership of it.

Mr SOUTHWICK — Skilling people within the community to be able to take responsibility?

Mr SLOAN — Yes, skill them up, train them for it, give them a clear idea of what they are to do. It may be only 2 hours out of 24, but if they could do that all time and build a relationship, that is what it is about with our mob — a relationship.

Mr SCHEFFER — And ongoing resources.

Mr SLOAN — Yes, absolutely.

Mr CARROLL — I was just going to ask a question. We have had some evidence in Melbourne of grandparents raising kids of ice and other drug addicts. Is that also the situation in the Indigenous community?

Mr GOONEN — Definitely, yes, without a doubt. We have got a number of grandparents; I can just think of heaps of them. The parents of these kids are either in jail or they are so strung out on meth that they are physically not capable of looking after themselves, let alone the three, four, seven kids that they have got. These grandparents might have three to six children that are doing it, that are all out there, so now these grandparents have in excess of god knows how many grandkids that are coming to their houses. It falls on other community members to sort of help out. So, yes, it is definitely a very big concern for our elders.

The other problem is now we have got grandparents that are suffering a large number of abuses from grandchildren that see their parents out there doing whatever they are doing, so they are bringing it back to their grandparents and doing the standover techniques and everything else. Elder abuse is a really big concern for us, and the amount of that that refers back to methamphetamines is quite large.

Mr CARROLL — I wanted to go back to the chair's question in relation to the terms of reference and supply. I am just trying to get a handle on whether there are Indigenous people that are dealers.

Mr GOONEN — Definitely.

Mr CARROLL — Would an Indigenous person be more likely to get it from a fellow Indigenous dealer than they would a whitefella, if I can put it that way? Would that be the way it worked, or would there be links to Melbourne with the Indigenous community that make their way up to Shepparton in terms of the ice supply?

Mr GOONEN — I will let Daryl answer from what he sees. What we saw, when we looked at the list of names that we had, was that a lot of them have probably three dealers that they use within the community. We have seen up to four dealers in one street. Yes, Shepp is a small city, but we are so closely connected and linked that people tend to find dealers wherever they go. The dealers within that culture of ice — those people who are using ice — all know who is using. Yes, there are a number of Indigenous people who are dealing to their own mob.

Mr CARROLL — Would that be the most common avenue, or is it all mixed?

Mr GOONEN — I would imagine that it is pretty much a mix. We know that there were a number of Indigenous people doing what they call muling. They were muling that stuff down from Melbourne and then selling it, and then, with their ice addiction, they get a cut of it so they can keep their own ice addiction going. Like I said, they get it from a number of different places, and there are a number of places who are making this stuff themselves.

Mr SLOAN — I just want to speak to the psychological effect of the drug. They cannot stay with just one dealer, because if that dealer gets busted or runs dry, there is the trauma that they cannot access it. There is a psychological cost to not being sure of whether you can get it in the morning or get it the next day. So, generally speaking, they will have a range of dealers, so if one goes out of action, another one pops up. In my experience — maybe it is because I am more at the street level — I am not aware of the muling. I am not aware of large parts of it. It seems to me that there are a lot of small cooks happening on a regular basis. It goes back to what was said earlier by

one of the police officers. That is my experience, but that is not to say that it is not happening or coming in from out of town. I am just not aware of that.

Mr McCURDY — Can you just put into perspective alcohol against methamphetamine in the Indigenous community, not necessarily the dangers but just the levels?

Mr GOONEN — Yes. I thought you would ask this, and I was trying to figure out the best way to put it across. Alcohol has always been a problem with our mob. I remember seeing it out at the mission when I was a kid and everything else. That has transpired, back over into communities and everything else. Alcohol is still the biggest problem in our community, without a doubt. What we have now, though, is 30 per cent of our guys who come in to see us regarding alcohol. Then we have 27 per cent who come in to see us for ice. Four years ago ice was probably down. It is just coming back up. It is a combination of both, so we are really seeing it because people are using it in party scenes and everything else now. Young people are using it when they go to the clubs or whatever else. They are bingeing, but they are bingeing on both. We really have seen an increase in ice.

My biggest fear is that we also have a really big problem with yandi — marijuana. Previously I watched my community just accept yandi. They had a smoke here or there or wherever else. I do not want ice to start to get to that stage where it is just accepted as a bit of a party drug, because we know the long-term effect. It may start off with that, but the end result is the breakdown of not only a household but a whole clan. We are talking about a whole family unit breaking down over it. We are just watching more and more of our people come through and openly play it down — ‘I have a hit once in a blue moon’. When you start pushing, you build their trust and you realise they are talking about once a fortnight, when they have their money. They go out and buy their grog, and then they will look for a bit of meth to go along with it or whatever else. It is starting to become a bit of an accepted part by those who are doing it, which is a real concern. So at the moment it is starting to become a very widely used drug that people are just starting to play down as not that big of a deal. It is not until you see those end results you realise how much of an impact this has on the community.

Mr SLOAN — With the alcohol, yes, it is an absolute problem, but it is actually not easy for a 16-year-old or a 15-year-old to get alcohol — not impossible, but it is not easy. Drug dealers do not ask for ID. They will sell straight to the kids if the kids have the money. We are seeing 15-year-old kids and 16-year-old kids who are using ice. My worry is that in 10 or 15 years time are we going to have a burnt out 30-year-old man? Where are we going to put him? How are we going to house him? I just think there is a huge cost.

The CHAIR — Where do they get the money? We are told 0.1 grams is worth anywhere between \$60 to \$100, depending on purity, and some go through 3 or 4 grams a week. Simple maths would tell you that that is about \$1000.

Mr SLOAN — Petty crime. Break and enters.

Mr GOONEN — Prostitution.

Mr SLOAN — Car thefts. Stealing from cars. Cash Converters.

Mr GOONEN — Elder abuse.

Mr SLOAN — Shoplift, take it back, trade it in.

Mr GOONEN — There are a number of issues.

The CHAIR — Any which way.

Mr SLOAN — Whatever they have to do.

Mr GOONEN — I have seen guys who are unemployed and have never really worked in their life. The amount of money they are spending on meth at the moment is phenomenal. Not that I am on a great wage, but they would have to be raking in more dough than I am to be able to keep up at

the level they do it. These are quietly spoken guys. They have all the signs and symptoms of it. We just know that they are such players. They have their own little groups, so they will come in and share between groups to keep on going, because if I owe you a favour, you are going to be owing me a favour. We know that people are utilising like that. The way they are getting it is just phenomenal.

Mr SLOAN — Obviously the more they sell the more they can use themselves too.

The CHAIR — Yes, I understand that, with that initial outlay. We are nearly at the end of the session. Any closing statements you would like to make?

Mr SLOAN — Thank you for your time.

The CHAIR — Thank you very much.

Witnesses withdrew.