

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

**SELECT COMMITTEE
ON
SUBSTANCE ABUSE IN THE COMMUNITY**

**PETROL SNIFFING IN REMOTE NORTHERN
TERRITORY COMMUNITIES**

October 2004

Presented and Ordered to
be Printed by the Legislative
Assembly of
the Northern Territory on
14 October 2004



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

**SELECT COMMITTEE
ON
SUBSTANCE ABUSE IN THE COMMUNITY**

**PETROL SNIFFING IN REMOTE NORTHERN
TERRITORY COMMUNITIES**

October 2004

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

**SELECT COMMITTEE ON SUBSTANCE ABUSE IN THE
COMMUNITY**

GPO Box 3721
Darwin NT 0801
Level 3, Parliament House
Mitchell Street
Darwin NT 0800

Telephone: (08) 8946 1429
Facsimile: (08) 8946 1420

Email: pat.hancock@nt.gov.au

<http://www.nt.gov.au/lant/parliament/committees/substance/Subabuse.shtml>

MEMBERS OF THE COMMITTEE as at October 2004

Mrs Jane Aagaard MLA (Chair)
Ms Sue Carter MLA
Mr Len Kiely MLA
Mr Elliot McAdam MLA
Mrs Fay Miller MLA
Mr Gerry Wood MLA

COMMITTEE SECRETARIAT:

Ms Pat Hancock, Secretary
Ms Liz McFarlane, Research/Administrative Assistant
Ms Kim Cowcher, Committee Support Assistant

CONTENTS

	Page
CHAIR'S FOREWORD	i
MEMBERS OF THE COMMITTEE	iii
TERMS OF REFERENCE	v
LIST OF RECOMMENDATIONS	vii
CHAPTER 1	
CONDUCT OF THE INQUIRY AND THE TAKING OF EVIDENCE	1
• Evidence Taken at Meetings and Hearings	1
• Evidence Contained in Submissions to the Committee	10
CHAPTER 2	
CONSIDERATION OF ISSUES WITH REGARD TO THE COMMITTEE'S TERMS OF REFERENCE	16
(a) Community Concern	16
(b) Current Trends	17
(c) Social and Economic Consequences, with Special Reference to the Well-being of Individuals	18
(d) Services Currently Available within the Northern Territory	19
(e) Factors which Directly Affect the Level and Nature of Petrol Sniffing	19
(i) Accessibility/Availability Within Communities	
(ii) The Demographic and Ethnic Structure of the Northern Territory	
(iii) The Correlation Between Socio-Economic Conditions and Petrol Sniffing	
(f) Appropriate Policies and Services for the Prevention and Treatment of Petrol Sniffing	22
CHAPTER 3	
EVIDENCE BASED FINDINGS AND RECOMMENDATIONS	23
• Whole of Government Approach to Petrol Sniffing	23
• Meeting the Needs of Individual Communities	24
• Immediate and Longer Term Harm Reduction, Intervention and Treatment	25
• Education, Skills and Training	26
• Ancillary Community Programs	27
• Inadequacy of Data Collection on Petrol Sniffing	27
• Drug Education	28
• Co-Operative Approaches with Industry	28
DISSENTING REPORT	31-32

APPENDICES

Appendix 1	Background to the Work of the Committee	35
Appendix 2	Earlier Parliamentary Inquiries in Relation to Petrol Sniffing	39
	• Senate Select Committee on Volatile Substance Abuse 1985	40
	• Victorian Drugs and Crime Prevention Committee's Inquiry into the Inhalation of Volatile Substances	46
	• Substance Abuse Inquiry by the House of Representatives Standing Committee on Family and Community Affairs	50
Appendix 3	Submissions Received with Reference to Petrol Sniffing	51
Appendix 4	Committee Meetings and Hearings with Reference to the Petrol Sniffing Enquiry	52

CHAIR'S FOREWORD



This is not the first Parliamentary Committee to inquire into petrol sniffing. Twenty years ago there were sufficient concerns felt at the federal level about what inhalant abuse was doing to the youth of Australia that a Senate committee of inquiry was set up to see what could be done about the 'voluntary inhalation of volatile substances' with particular reference to:

- (a) persons who are not yet 18; and
- (b) where the practice of petrol sniffing has become endemic.

It is not surprising that the inquiry was at the instigation of the Northern Territory's then two senators and that they in fact were chair and deputy chair of the committee, a bipartisan approach to ending the problem which is reflected in the work of this Northern Territory Committee on Substance Abuse. It would seem that petrol sniffing was viewed as a blight on our society then as now.

There have been a number of other parliamentary inquiries into inhalant abuse in recent years and Governments have grappled with how to best address it. The question which this Committee has asked itself is, given the amount of interest by Government in the issue, and given that this obviously reflects a genuine wish to stop sniffing, why is it still with us? Why can a community strategy work initially, only to see a subsequent outbreak of sniffing further down the track?

The Committee believes that there are answers to these questions and these are addressed in Chapter 3, which deals with the Committee's findings from the evidence put before it and its recommendations. In a nutshell, the Committee considers that success depends upon *sustained* approaches that are imbedded in the structure of a community so that they become part of the fabric of that community's life.

I understand that this is easy for a parliamentary Committee to recommend but maybe not so easy for Government to attain. If it were so easy petrol sniffing would not still be happening amongst our young people.

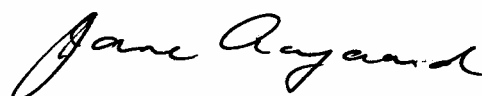
The Committee considers that any real, sustainable advances in combating petrol sniffing will need a case managed-like approach, identifying an individual

problem and taking steps, through an educative and developmental process, to address it. As with so much, education is the key, together with acknowledging and addressing the huge issues with mental health which inescapably shape behaviour amongst Indigenous people in remote communities. I would draw the reader's attention to the transcript of evidence provided by Dr Tracy Westermann if more information on this issue is required.

I wish to acknowledge the efforts of my colleagues on the Committee who have worked so well together on this inquiry. I inherited the Chair only eight months ago and would not have been able to bring this report to fruition without their cooperation and balanced approach to the issues.

I also acknowledge those who have given their time to talk to us, often on very personal and painful matters, as well as those in Government who have been prepared to listen and act when asked to by the Committee. The Committee decided early in its inquiry that where it became aware of something that should be addressed urgently its moral obligation was to bring this to the attention of the responsible area. The cooperation it has received from Government to this approach is appreciated.

Child abuse, social dysfunction, low levels of educational attainment, health issues, particularly mental health issues and the acceptance of high levels of alcohol and cannabis use all contribute to the culture of petrol sniffing. The Committee considers that the Northern Territory has an opportunity to address these now. Let's not waste that opportunity.



Jane Aagaard, MLA
Chair

MEMBERS OF THE COMMITTEE

Mrs Jane Aagaard MLA (Chair)

Appointed 17 February 2004

Elected Chair 20 February 2004

Australian Labor Party

Member for Nightcliff. First elected 18 August 2001

Deputy Chairman of Committees

Other Committees: Subordinate Legislation and Publications

Ms Sue Carter, MLA

Appointed 16 September 2001

Country Liberal Party

Leader of Opposition Business

Member for Port Darwin. First elected 11 March 2000

Shadow Minister for Family and Community Services, Environment and Heritage, Women's Policy

Other Committees: House

Mr Len Kiely, MLA

Appointed 26 November 2002

Australian Labor Party

Member for Sanderson. First elected 18 August 2001

Deputy Chairman of Committees

Other Committees: Estimates; Public Accounts; Subordinate Legislation and Publications; Legal and Constitutional Affairs

Mr Elliot McAdam, MLA

Appointed 16 September 2001

Australian Labor Party

Member for Barkly. First elected 18 August 2001

Deputy Chairman of Committees

Other Committees: Legal and Constitutional Affairs; Environment and Sustainable Development

Mrs Fay Miller MLA

Appointed 17 February 2004

Country Liberal Party

Member for Katherine. First elected 4 October 2003

Deputy Chairman of Committees

Other Committees: House

Shadow Minister for Ethnic Affairs, Mines and Energy, Primary Industries and Fisheries

Mr Gerry Wood, MLA

Appointed 16 September 2001

Independent

Member for Nelson. First elected 18 August 2001

Chairman of Committees

Other Committees: Estimates; Public Accounts; Environment and Sustainable Development

Former Members of the Committee:

Dr Chris Burns, MLA

Appointed 16 September 2001

Australian Labor Party

Member for Johnston. First elected 18 August 2001

Discharged: 26 November 2002

Dr Richard Lim, MLA

Appointed 16 September 2001

Country Liberal Party

Member for Greatorex. First elected 4 June 1994

Discharged: 17 February 2004

Ms Marion Scrymgour, MLA

Appointed 16 September 2001

Australian Labor Party

Elected Chairperson 28 November 2001

Member for Arafura. First elected 18 August 2001

Discharged: 17 February 2004

SELECT COMMITTEE ON SUBSTANCE ABUSE

TERMS OF REFERENCE

(As amended 28 November 2001)

1. A Committee to be known as the Select Committee on Substance Abuse in the Community be appointed comprising, unless otherwise ordered, Dr C B Burns, Ms M R Scrymgour, Mr E McAdam, Mr G Wood, two members to be nominated by the Leader of the Opposition and that the Committee shall elect a government member as Chairman.
2. The Committee be empowered, unless otherwise ordered, to inquire into and report on the issue of substance abuse in the community, in particular:
 - (a) ascertain community concern about the use and abuse of licit and illicit substances;
 - (b) current trends in the use and abuse of licit and illicit substances in the Northern Territory and, as far as possible, taking into account regional, age, gender, other demographic characteristics and ethnic factors;
 - (c) the social and economic consequences of current patterns of substance abuse with special reference to the well-being of individuals and communities and to the demands placed upon government and non-government services;
 - (d) the services currently available within the Northern Territory by both government and non-government agencies to deal with issues directly or indirectly related to substance abuse;
 - (e) factors which directly affect the level and nature of substance abuse in the Northern Territory community or parts of that community, including, without limiting the generality of the foregoing:
 - (i) the accessibility/availability of licit and illicit substances within communities;
 - (ii) the demographic and ethnic structure of the Northern Territory; and
 - (iii) the correlation between socio-economic conditions and substance abuse; and
 - (f) appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory.
3. The Committee or any Subcommittee be empowered to send for persons, papers and records, to sit in public or in private session notwithstanding any adjournment

of the Assembly, to adjourn from place to place and have leave to report from time to time its proceedings and the evidence taken and make such interim recommendations as it may deem fit, and to publish information pertaining to its activities from time to time.

- 3(a) The Chairman of the Committee may, from time to time, appoint another member of the Committee to be Deputy-Chairman of the Committee, and that the member so appointed act as Chairman of the Committee at any time when there is no Chairman or the Chairman is not present at a meeting of the Committee.
- 3(b) The Committee have power to appoint subcommittees consisting of 2 or more of its members and to refer to any such subcommittee any matter which the Committee is empowered to examine and that the quorum of a subcommittee shall be 2.
4. The Committee be empowered to publish from day to day such papers and evidence as may be ordered by it, and, unless otherwise ordered by the committee, a daily Hansard be published of such proceedings as take place in public.
5. The Committee be empowered to consider, disclose and publish the minutes of proceedings, evidence taken and records of the committee on the use and abuse of alcohol by the community in the previous assembly.
6. The foregoing provisions of the resolution, so far as they are inconsistent with Standing Orders, have effect notwithstanding anything contained in the Standing Orders. (Paper 9)

LIST OF RECOMMENDATIONS -

The Select Committee on Substance Abuse in the Community makes the following recommendations:

1. that Federal and Northern Territory Government services be closely networked to ensure their respective petrol sniffing programs and services are co-ordinated, including cross-border co-ordination between the Northern Territory, Western Australian and South Australian Governments' programs and services, in line with the cross-border co-operation model adopted by Police;
2. that overall responsibility for the co-ordination of the Northern Territory's petrol sniffing strategy be vested in one agency which would provide a co-ordinating role for an interdepartmental body representing all relevant agencies, including non-Government organisations, to oversee the networking of all programs and services;
3. that interventions be geared to the specific needs of individual communities and developed in consultation with those communities;
4. that a team or teams of workers trained to respond quickly to support communities to implement intervention strategies when outbreaks occur be established;
5. that part of the intervention strategies include training of and support for people within the community to provide for sustainability of positive outcomes;
6. that legislation similar to that which provides for apprehension without arrest of intoxicated persons under the *Police Administration Act*, be introduced, to allow for persons under the influence of petrol to be taken into protective custody;
7. that appropriately staffed 'safe' houses or refuges be established in communities to provide immediate shelter and protection for persons so apprehended;
8. that the legislation allows for intervention for assessment and provision of ongoing treatment to be delivered, if appropriate, at these facilities;
9. that relevant certified courses to provide training in substance abuse work to community members through community education centres be investigated;
10. that specific training in dealing with petrol sniffing and supporting a community during a petrol sniffing outbreak be incorporated in the cross-cultural awareness programs undertaken by community-based Government employees;
11. that the Northern Territory Government lobby the Federal Government to review the CDEP Program with a view to providing full, gainful employment on communities;

Petrol Sniffing in Remote Northern Territory Communities
List of Recommendations

12. that the delivery of sporting and recreational programs in remote communities be geared to the needs of the client, recognising that they are often most at risk outside usual working hours;
13. that steps be taken to ensure that where petrol sniffing is a contributing factor that this is recorded in data collections by all Government agencies, and regularly reporting to the body responsible for the co-ordination of the Northern Territory Petrol Sniffing Strategy;
14. that an integrated program of advertising and education about the physiological effects of petrol sniffing in the short, medium and long term be developed for delivery within remote communities;
15. that co-operative approaches with industry for diversionary and lifestyle programs be explored;
16. that the Northern Territory and Commonwealth Governments work with industry to encourage further research into developing fuels which are not intoxicants; and
17. that the feasibility of the expansion of alternative fuel provision to areas outside of communities be investigated.

CHAPTER 1

CONDUCT OF THE INQUIRY AND THE TAKING OF EVIDENCE

Since it commenced its inquiry in September 2001 the Committee has taken evidence from 104 written submissions and at 63 meetings, as listed below:

- 16 deliberative meetings
- 9 briefing meetings
- 8 combined deliberative and briefing meetings
- 21 community meetings / hearings
- 9 public hearings.

In all a total of 433 individuals have appeared before the Committee, representing the interests of 106 organisations or groups.

The above represents evidence provided to the Committee across its full Terms of Reference. The decision to focus the Committee's inquiry onto petrol sniffing in remote communities was taken in February 2004¹, although evidence relevant to the issues had been taken prior to this.

This Chapter provides details of the evidence taken by the Committee In terms of the current inquiry into petrol sniffing in remote communities.

EVIDENCE TAKEN AT MEETINGS AND HEARINGS

Transcripts are available for all hearings and meetings which were recorded and which are not *in camera*. These can be found at the Committee's website.

Meeting No. 8 – 21 June 2002 – Department of Health and Community Services Official Briefing

The evidence provided by the Officers of the Department of Health and Community Services was in regard to an earlier submission on petrol sniffing² they had submitted. The Committee was keen to understand the extent of the problem and its effect, as well as gain an overview of the success of using Avgas and other supply reduction measures. It was advised that the lead in petrol is what causes most damage, with the 'high' similar to that of alcohol for instance, lasting four or five hours with the capacity to trigger violent and aggressive behaviour.

As well as the potential for brain damage, petrol sniffing also can lead to respiratory and heart problems through tissue damage, with an accumulation of lead in the fatty tissues giving rise to longer term impacts. Other adverse health effects are that sniffers become a danger to themselves through erratic and uncontrolled behaviour, unsafe sex and the like.

¹ Meeting No. 56 of 20 February 2004

² Submission No. 11

The Committee was first told that petrol sniffing and inhalant abuse generally, is the poor person's drug, used when cannabis, alcohol and the like, are not accessible or affordable. This is one reason why, in the main, its use is restricted to remote areas. While most sniffers are young, there is some evidence that petrol sniffing is now occurring also at later ages.

However, it would appear that strong communities which are prepared to take a stand when sniffing breaks out are most likely able to contain it.

Funding for petrol sniffing programs is often *ad hoc* with little evaluation of program effectiveness and also little co-ordination between the Commonwealth and Territory Governments though there are indications that this is improving.

Meeting No. 8 – 21 June 2002 – Department of Health and Ageing Official Briefing

The Regional Director of the Commonwealth agency provided information to the Committee regarding the funding of petrol sniffing programs, primarily in Central Australia. She pointed out that other Commonwealth programs also deal with substance abuse issues but in a less direct way, such as the Tiwi for Life program. A list of all programs funded by the Commonwealth in terms of the Committee's inquiry was tabled.

The Committee was given an overview of how the Commonwealth delivers funding to non-Government organisations and the relationship between the two tiers of government.

Also provided were details of the \$1m Commonwealth funding for a coordinated approach to preventing petrol sniffing in Central Australia – the Youth Link Up Service under the auspices of the Central Australian Regional Indigenous Access Plan and managed by Tangentyere Council in Alice Springs.

Meeting No.10 – 3 July 2002 – Mt Theo Yuendumu Substance Misuse Aboriginal Corporation

Members of the Committee travelled to Yuendumu to meet with various community representatives, including Mr Andrew Stojanowski who is responsible for the program whereby Yuendumu youth caught sniffing are 'banned' to a distant outstation at Mt Theo. There they were engaged in cattle station work within a traditional framework.

The success of the program was attributed to a number of factors, notably

- It had the full support of the community, police, health and youth workers
- Was supplemented by activities for youth at Yuendumu to endeavour to deter young people from starting on sniffing
- By removal of the offenders the likelihood of others starting is lessened.

The major difficulty identified by the community is that there is no real basis, regulatory or within traditional Indigenous law, for the process. There were fears that, should a removed youth suffer an accident or mishap that the Mt Theo people could, under customary law, be held responsible.

Again, full community support at all levels is needed to have any success against sniffing. Cultural reasons would mitigate against the program being applied to youth from communities of different backgrounds.

Meeting No. 11 – 3 July 2002 – Mutitjulu

The Committee met at Mutitjulu with the Council Chair and others, including the Youth and Recreation Officer and Director of the Health Clinic. Again, the Committee was told of the devastating effect petrol sniffing has on the youth of the community, with young people sniffing because they are hungry or otherwise in need. Mutitjulu has a high incidence of cannabis use and gambling and, being in close proximity to the Yulara Resort, ready access to alcohol.

The community had looked at the Mt Theo program and was hoping to gain funding, through the new Youth Link Up Service, to allow it to set up a similar program for its own youth. The Committee was told about frustration that the funding was taking too long to filter through to the community.

Meeting No. 13 – 4 July 2002 – Arrente Council, Alice Springs

The Committee was told that, with the transitory nature of Central Australian residents between communities and the town that sniffing was an ongoing problem, as was other inhalant abuse. They were told that a hard core group of around 20 youth were involved and often preyed upon by adults who provided them with money, cannabis or petrol.

Meeting No. 22 – Darwin Public Hearing 11 October 2002 – Darwin Skills Development Scheme

Officers of the Darwin Skills Development Scheme gave evidence to the Committee during a Public Hearing held in Darwin, regarding the Youth Wellbeing Petrol Sniffing Diversionary Program being coordinated by the organisation with Commonwealth funding. The program was operating in six East Arnhem communities – Galiwinku, Maningrida, Millingimbi, Gapuwiyak, Yirrkala and Angurugu.

The program puts in place diversionary activities to assist youth to avoid drugs. It also planned to train local youth to take on some responsibility for the programs on the ground in the communities.

Evidence was given that in those communities petrol sniffing was the biggest problem. It was stated that there was be an average of 20 to 30 sniffers in each community and 90 to 95% are males aged 12 to 25 years. In these communities the majority of children do not attend school.

Community elders are desperately concerned that petrol sniffing will mean that there will be no-one from the generation able to take over their responsibilities in the future.

the problem there is so bad that the council are concerned that there is not going to be anybody around to take over from them in the future. They are really worried about their young people in that community. There is actually, the cans that they use are lying, you know – that is the first place I have been to where you actually see them lying around all over the place. I think they also have an older group of sniffers there, as well.³

Reasons given for children sniffing were - the accessibility of petrol; hunger, because 'Mum's not giving me money or Mum is always drinking and gambling⁴; general breakdown in the extended family system.

³ Darwin Skills Development Scheme, Darwin Public Hearing 11 October 2002

⁴ Ibid

Meeting No. 22 – Darwin Public Hearing 11 October 2002 – Alcohol Awareness and Family Recovery

This organisation is cross-cultural, involved in community-based programs at Wadeye, Nguiu, Pirlangimpi and Milikapiti - the Tiwi Islands and Port Keats.

Father Paul Sullivan and Ms Rosemary Murdoch from Alcohol Awareness and Family Recovery discussed petrol sniffing when they appeared before the Committee at the same Public Hearing. Evidence was given of successes in dealing with substance abuse generally through working to strengthen the family support networks by teaching coping skills and strategies.

Meeting No. 22 – Darwin Public Hearing 11 October 2002 – Australian Medical Association NT Branch

Dr Bauert, President of the Northern Territory branch of the Australian Medical Association spoke of a community he visited regularly where a core of 10 chronic sniffers remained resistant to intervention.

He recounted a program put in place to address the growing problem of social sniffing:

Of particular concern was the growing incidence of social petrol sniffers, sometimes estimated to be as many as 60% of children between the age of eight and 18, and these kids joined the chronic sniffers during that flooded period.

The Sport and Recreation Officer applied for and received a grant of \$1479 from her department to contribute towards a diversionary program to support the usual school holiday program. The funding was received and the program was very successful - so successful that the community identified that this is a good way to go. As one of their identified substance abuses, then one of their major health problems, they sought funding from the section 100 PDS medication in remote health clinics. The funding they sought was \$8800 to assist with supporting the existing program and to lay down some long-term education and awareness strategies.⁵

However, despite the success of the program, that it was a locally-generated initiative and had the support of community leaders the funding was not forthcoming, with the Territory Government response being that the submission should be put to the Commonwealth for funding under the national drug strategy.

Again, this highlighted for Members the need for a co-operative rather than adversarial approach to meeting the needs of communities and an ongoing funding process, not seeding funding, particularly when programs have been evaluated to be beneficial.

Meeting No. 24 – Jabiru Public Hearing 22 October 2002

The Committee heard that while there were isolated outbreaks of petrol sniffing in the region overall, the problem was not as widespread as East Arnhem and Central Australian communities.

The exception was Gunbalanya.

The two main areas of substance abuse are alcohol but also there is a significant problem with petrol sniffing, mainly of younger people in the community. The

⁵ Dr Paul Bauert, Darwin Public Hearing 11 October 2002

impacts of petrol sniffing, substance abuse, is really quite devastating to the individuals who are involved in it but over recent times there have also been a number of incidents where violence has occurred. There is also a high degree in prevalence of these people committing crimes such as breaking into buildings to try and obtain either petrol or food. We have been through a spate last year of quite a concentrated series of break ins where a supermarket was broken into every day, every night, by a group of people. They would usually just break into an area where they had access to food and consume the food. We started to put into place some programs where food was more available to these people and feeding programs and things like that, and also tightened our security, and the problems abated, but were shifted to other areas of town.⁶

The age range of the sniffers, a group of about 30 to 50, was 12 or 13 and up to 20 years old.

Another witness spoke of the generational nature of sniffing.

Chris Burns did a big study at Maningrida on petrol sniffing. He wrote a paper in the Medical Journal. That is a few years ago now but it is a very similar thing. Petrol sniffing seems to be cyclic and generational, and what we are probably seeing now is the younger ones from a previous cycle, that once they took the older blokes out of circulation, the young ones dropped off, and now those young ones are old enough to bring some new ones back into it again. So, away it goes again. It seems to be cyclic.⁷

Meeting No. 32 – Darwin Public Hearing 6 March 2003

At a Darwin Public Hearing to specifically look at the issues to do with itinerancy, the Committee was told that petrol sniffing was usually only found in the urban scene when brought to town by itinerant sniffers from remote communities. It is outstripped in Darwin by other forms of inhalant abuse, or chroming, such as the use of spray paints, etc.

Petrol sniffing is not a local type thing, and it does come in from somewhere else because I think our people in this region really have not got into that, because we have seen no evidence. But I know on 'chroming' or the spraycan, the spray paint, towards the end of last year we did have at one of our houses at Berrimah a young group of people who were into this thing. But the locals are complaining about it because they said 'Bernie you should go and talk to them people there because they are on a spray can'.⁸

A witness for the Northern Territory Police gave evidence of a disturbing trend being evidenced in petrol sniffing:

Just in finishing off the part about the transference, one of the things that has happened over the past few years is that there has been a significant change in the demographics about the petrol sniffing profiles in particular, and it was not that long, even as recently as 10 years ago the profile for a petrol sniffer was generally a remote community, indigenous youth 10 to 14 years of age, that was it. That has gone way out, as Commander Dowd has just said. We are seeing people as young as 5 and as old as 30 and 35. so there are significant changes

⁶ Mr Alan Buckland, Acting CEO, Jabiru Town Council

⁷ Mr Leon Pethick, NT Correctional Services (on leave)

⁸ Mr Bernie Valadian, Manager, Aboriginal Development Foundation

and as has already been said, that behaviour is learned and passed on and what we are seeing with things like chroming and petrol sniffing is the fact that this mobility that they have now, some of them have gone to Adelaide, they have seen chroming in the parks, return to Papunya, they come into Alice Springs, all of a sudden you have chroming in Alice Springs. But likewise it is also being transferred those behaviours that are learnt in the cities or the larger centres is being taken back out to the communities. So you have the petrol sniffing happening in Alice Springs and the chroming happening in Papunya and both of them going on in both places, and that is not unique, that is just the way it is occurring⁹.

Meeting No. 34 – Tennant Creek Public Hearing 10 April 2003

At a Public Hearing in Tennant Creek the Committee was told how petrol sniffing in the town fluctuated depending upon the flow of community people into town and was largely contained to youth. Again, the town youth appeared to prefer other forms of inhalant abuse, with petrol sniffing contained to visitors from the surrounding areas.

The inhalants and whatever, we've also had virtually none of that either, the chroming or the petrol sniffing or something like that, and I think Tennant Creek itself has been quite lucky over the years that that's really never taken hold here. There have been isolated occurrences of it, but authorities seem to have managed to have got on to the perpetrators and it's never really taken a hold here and definitely not at this school. So from that point of view we've probably been quite lucky in that that type of abuse isn't readily noticeable here in town by any means, there are probably very small pockets that it occurs in, but by no means is that a serious issue.¹⁰

Meeting No. 35 – Alice Springs Public Hearing 2 May 2003

The Committee's Public Hearing in Alice Springs took evidence mainly with regard to substance abuse issues generally with an emphasis on alcohol. However, petrol sniffing, not surprisingly given the migratory nature of the Central Australian Indigenous population, is very much present.

In providing a brief of the problem, a representative of the Department of Health and Community Services said:

In terms of in house solvents, ie petrol, we are getting an increasing number of referrals, both from Alice Springs hospital and remote mental health services. The referrals from other health services are up, and we think this may be due to the increased profile of petrol sniffing within the media and the increased efforts of dealing with the problems in some communities. However, we find that dealing with clients with petrol sniffing issues is difficult because the process of referral to the Alice Springs hospital results in usually a short period of clinical management. The detox from petrol is not a lengthy process, and the usual age grouping makes it difficult to access these clients in a short term brief intervention manner.¹¹

Superintendent Bell of the Northern Territory Police spoke of the longer term financial impact of taking care of petrol sniffers with brain injuries.

⁹ Senior Constable Scott Mitchell, NT Police

¹⁰ Mr Peter Henwood, Senior Teacher, Tennant Creek High School

¹¹ Mr Paul Ryan, Alcohol and Other Drugs Services, Department of Health and Community Services

The long term effects of petrol abuse often result in the early death of sniffers or brain damage to a degree where they are maintained in a vegetative state. This constant care per year is very costly, conservative estimates indicating the investment in the vicinity of \$150 000 per case per year. There are currently 15 such persons being cared for in Central Australia and it is suggested that this could escalate to 60 or more in the foreseeable future, within the next 10 years, at a cost of in excess of \$9 m per year.¹²

Representatives of Tangentyere Council also referred to the Central Australian Youth Link Up Service – CAYLUS -, details of which appear in the notes of a later meeting with that program’s coordinators.¹³

Representatives of the Ngaanyatajara Pitjantatjara Yankuntjatara (NPY) Women’s Council, representing the interests of the women in the tri-state region covered by each group, reported that petrol is the next major issue, after alcohol, impacting on the region. Ms Maggie Kavanagh advised the Committee that:

You may or may not be aware of the coronial inquest that was held last May into the deaths of three young petrol sniffers from South Australian communities. Obviously, those people have families related to people in Northern Territory communities. The women’s council instigated that coronial inquest. The women felt that - you know, they were very concerned at the number of deaths of petrol sniffers, let alone the impact, the social impact, and the level of disability and all those other issues, that this was a way to at least bring some public attention to what an awful situation it is.¹⁴

She also brought to the Committee’s attention the across-border initiatives to combat petrol sniffing, including intergovernmental and interdepartmental actions, particularly with regard to undertaking a feasibility study into a rehabilitation/detoxification unit for the region, what is regarded as a much needed and critical facility. However there is much that could be done in the area of prevention.

So we do need the youth workers in communities; we need housing for youth workers; we need recreational programs – a lot of the communities do not have after hours school programs, they do not have school holiday programs, all the things that I think are taken for granted in major towns are not happening on communities, and kids are sniffing for a whole lot of reasons, but a lot of it is to do with boredom as well, and it is just that these resources can support people, I think, it is going to make a major difference.¹⁵

Meeting No. 59 – Dr Peter d’Abbs 2 April 2004

To clarify issues with regard to the inquiry the Committee sought a meeting with Dr Peter d’Abbs, Associate Professor, School of Public Health and Tropical Medicine, James Cook University, Cairns. Dr d’Abbs has a long involvement with research into substance abuse in the Northern Territory through his work with the Menzies School of Health Research and for Government. In particular, he jointly authored a 2000 report entitled *Petrol Sniffing in Aboriginal Communities, A Review of Interventions*.

¹² Superintendent Bell, NT Police

¹³ Meeting No. 61 of 7 May 2004

¹⁴ Ms Maggie Kavanagh

¹⁵ Ms Maggie Kavanagh

The issue of why, despite high level inquiries and well meaning commitments, there has been no sustained approach to solving the problem of petrol sniffing. Dr d'Abbs considered that this is a result of the lack of data about the extent of petrol sniffing, as well as other volatile substance misuse, or of what interventions do work. Until this is addressed it will be very difficult for petrol sniffing to get into the agenda of Governments of any persuasion and remain there.

There is nobody forcing petrol sniffing onto the agenda. What happens is that 60 Minutes or Paul Toohey when he was here with the Australian. Somebody runs with it, it is front-page news for a brief period and very sensational. There are pictures of terrible waste and destruction and then you get a few politicians saying we have got to do something.

Dr d'Abbs also spoke of the need for a specific area of Government to take responsibility. Police involvement to deal with trauma or violence is often inevitable during a petrol sniffing episode but primarily, it should be a health issue. However, health departments are dealing with big budget issues of hospitals and the like and the needs of a relatively few people, the sniffers, get lost. Similarly, as a drug issue it does not compare to alcohol and the illicit drug problem.

The absence of data is seen as a big contributing factor to the lesser status, public policy-wise, of volatile substance use.

Because our record keeping system, whether we are talking about police records, emergency department records, primary health care records, almost none of them make any recordings as to whether a particular problem or issue they are dealing with is related to inhalants. So we have got just about zero data.

The need for clear protocols for dealing with sniffers in the policing and treatment sectors was raised, together with training for workers in these areas to deal with sniffers.

Meeting No. 60 – Dr Tracy Westermann 15 April 2004

The Committee sought a meeting with Dr Tracy Westermann, Managing Director, Indigenous Psychological Services, a private company for the specific purpose of providing psychological services for Aboriginal people. Dr Westermann is an expert on Aboriginal mental health and has done significant work in this area in Northern Australia. She is also the only aboriginal woman to gain a PHD in Clinical Psychology¹⁶.

The purpose of this meeting was to explore how interventions can best be carried out in a way that they are sustainable within communities.

Dr Westermann spoke about the interventions she did in remote communities in the area of suicide prevention and mental health, whereby she worked with the whole community.

If I am working on anger management with an individual, I do anger management with the whole mob and quite often that is 30 people sitting under a tree. But basically what that means is that everyone gets it, everyone reinforces it, everyone speaks the same language.

¹⁶ Meeting No. 60 of 15 April 2004 – refer Transcript

In terms of the types of interventions she used, she saw the need to build into the community and the young people the ability to cope themselves with problems.

We actually see community and youth as being the service providers. Which is a bizarre approach, but effectively what we are seeing in communities is that at three in the morning and on weekends when a crisis happens, say a suicide threat or something like that happens, it is community and quite often youth who are responding to that crisis. So what we are actually seeing in our communities is people saying "Look we see all these things unfolding, but we have no idea how to deal with it, so train us up to be able to deal with it". So that is basically what we have done. But in a way that makes sense for Indigenous people from their worldview.

Dr Westermann commented on the lack of research into and protocols for dealing with Indigenous mental health, when, the evidence shows, the rate of mental illness for Indigenous people is 50-60%, compared to that of the mainstream society of around 20%. As well, there is three times the rate of self harm in Indigenous compared to the non-Indigenous population. She sees that the development of problem solving skills in Indigenous youth as a high priority.

The other thing that we are actually seeing is that people aren't actually problem solving. I say to young people "If you had a conflict or a crisis what would you do?" "I would just kill myself." There is no actual sitting back and saying "Oh well I could do this or this, or this and these are the range of options I can come up with"

The Committee considered that this comment was relevant to the range of issues behind petrol sniffing also and that developing youth to be able to look at various ways to overcome problems can only assist in building resilience to substance abuse.

Meeting No. 61 – Central Australian Youth Link Up Service (CAYLUS) 7 May 2004

The Committee also met with Dr Blair McFarland, the Coordinator and Mr Tristan Ray, the Training Co-ordinator, of the Central Australian Youth Link Up Services – CAYLUS. Co-ordinated by Tangenteyere Council in Alice Springs, CAYLUS was established with a Federal Government grant to address petrol sniffing in remote Central Australian communities¹⁷.

They spoke about toluene, the active substance in petrol which provides the high, being 20% in normal petrol but only .1% in Avgas, the reason the latter was so less attractive to sniff. The Committee was also told that the stories of being able to add various substances to Avgas, or leave it out in the sun to evaporate off part of its contents, were only myths, that it is not chemically possible to use it as an intoxicant.

However the restricted access to petrol in these communities is being undermined by a black market.

You can buy 2 litres of petrol for \$50 from the grog runners. But, the amount of petrol that gets in there is fairly miniscule compared to what was there before the introduction of Avgas.

¹⁷ Meeting No. 61 of 7 May 2004 – refer Transcript

The Committee heard that sniffing did exist in pockets in Alice Springs but that it was being addressed through education programs and support programs through CDEP .

Meeting No. 62 – Australian Institute of Petroleum 29 June 2004

In June 2004 after representation to the Australian Institute of Petroleum, a Sub-Committee met in Canberra with Mr John Tilley, the Executive Director of that body, as well as the following representatives of BP Australia:

- Mr Frank Russell, Manager Fuels Marketing and Assurance Australia;
- Mr Bob Welsh, Reseller and Terminals Manager Australasia; and
- Mr Mark Glazebrook, Corporate Citizenship Advisor.

These representatives provided the Members of the Sub-Committee with information regarding the work that BP Australia is undertaking in Central Australia to ameliorate the outlook for youth, through leadership programs and mentoring, as well as more directly to reduce the access to petrol in the region¹⁸.

EVIDENCE CONTAINED IN SUBMISSIONS TO THE COMMITTEE

A total of 18 of the 105 submissions received to date by the Committee directly addressed petrol sniffing, either as their focus or as part of addressing the Committee's Terms of Reference generally.

These are listed at Appendix 3 and are discussed below. All submissions, apart from those granted *in camera* status, can be found on the Committee's website.

Submission No. 1 – Mr R Folds

An excerpt from his book *Crossed Purposes. The Pintupi and Australia's Indigenous Policy*¹⁹, this submission discusses cultural reasons why Indigenous society might be seen to not be acting on issues such as petrol sniffing amongst their youth. The differences in approach between Indigenous and non-Indigenous people is discussed covered and culturally-appropriate interventions suggested.

Submission No.11 – Department of Health and Community Services

This brief *Inhalant Substance Abuse in the Northern Territory* was provided to the Committee as a precursor to an oral briefing by officers of the Alcohol and Other Drugs Unit, Department of Health and Community Services. The paper proposes that 'young people and family support is the most critical element of a strategic and coherent response to petrol sniffing' and discusses prevalence and patterns of use, as well as the costs of inhalant abuse and funding for it in the NT. It quotes various research to give the following strategies for successful long-term intervention:

- *Engaging young people to be actively involved in identification, planning and implementation of services, strategies and activities;*
- *Community and family support and involvement;*
- *A range of strategies that are available for a different age, peer and interest groups;*
- *Involvement of capable and caring adults to mentor and support young people and who are sensitive to the needs of the Community, and*

¹⁸ Submissions No. 105 - 107

¹⁹ UNSW Press 2001

- *Activities that are purposeful, exciting and educational to the target group.*

While these preventative strategies have been long recognised as being effective their successful implementation in remote communities has been limited because of the reliance on -

- *a visitor led model of service delivery*
- *an emphasis on sport and recreation rather than youth development*
- *ad hoc funding; and*
- *responsibility for funding not being clearly aligned to any single Department or program.*

A Youth Development Program to resource and support communities to develop and sustain prevention activities and programs and to integrate health education and recreation services is mooted. The strategy would need to incorporate the inclusion of remote area youth in planning and implementing projects; training and support for youth workers; and family support strategies. The need for monitoring and co-ordination is also recommended.

Submission No. 11B – Department of Health and Community Services (updated April 2004)

This lists all programs addressing petrol sniffing in the Northern Territory - the organisations funded, type of service or activity funded and funding source. Originally submitted by the Department of Health and Community Services in July 2002, it was updated in April 2004 to give current information.

As well as programs funded by both the Northern Territory and Federal Governments to deal directly with petrol sniffing, details of grants for other purposes which indirectly impact on petrol sniffing are also included.

Submission No. 18 – Dr P d’Abbs and Ms S McLean

The report *Petrol Sniffing in Aboriginal Communities. A Review of Interventions* (2000) provides a review of literature on petrol sniffing in Aboriginal communities in the Northern Territory. It looks at the causes, prevalence and patterns of sniffing and assesses the effectiveness of various intervention strategies, including programs that address the needs of youth to sniff, secondary interventions which help deal with existing sniffing problems and treatment programs.

The review was initially written in 1989, updated in 1991 and then again in 1999-2000.

Submission No. 31 – Drug and Alcohol Services (DASA)

This report, *Structural Determinants of Youth Drug Use*, prepared by the Australian National Council on Drugs in 2001 and submitted to the Committee by DASA, discusses, in part, the reasons why Aboriginal and Torres Strait Islander communities tend to suffer disproportionately with solvent abuse problems. Anthropological research indicates that the problem stems from the ambiguous status, with little status or power, which adolescent boys have in Aboriginal communities, combined with environmental stresses of poverty, racism and frequent bereavements. This research also found that those communities where there was some form of employment or occupation tended to have more resilience to sniffing.²⁰

Submission No. 32 – Drug and Alcohol Services (DASA)

²⁰ Brady M.A. (19930

In 1999 the Australian National Council on Drugs undertook consultation forums in rural areas to better identify the issues faced with regard to drugs outside urban areas. Eleven forums in all were held, including one in Alice Springs.

With regard to petrol sniffing the report states:

- *The incidence of inhalant use (sniffing / chroming) amongst young people in rural and, in particular, remote communities is deeply concerning. Some communities report that sniffing appears to be increasing and that this type of drug use is causing deep divisions within communities. Of particular note is the deterioration in the relationship between Indigenous elders and young Indigenous people who are sniffing. Also, some communities reported that they experience 'periodic' sniffing problems. Although not a continual problem to warrant a specific service, these sniffing episodes need to be addressed by existing services, and workers require training and support to meet this need.*
- *For Indigenous communities reporting more endemic sniffing problems, innovative approaches developed by the local community are viewed as the most appropriate way to address the problem.*

The report's recommendation on this issue was:

Within Indigenous communities reporting significant alcohol abuse and endemic sniffing problems, innovative approaches developed and implemented by the local community are viewed as the most appropriate way to address the problem. As such, these approaches need to be supported.

Submissions No. 35, 36 and 37 – Mt Theo Substance Misuse Aboriginal Corporation

These three submissions from the Mt Theo Substance Misuse Aboriginal Corporation consist of the following:

- 35 "Mt Theo" Story – a paper presented at the Australasian Conference on Drug Strategy in 1999 provides an overview of the Mt Theo program and a history of its establishment. It details how the program was a community response to petrol sniffing, with the community members and non-Aboriginal people in the community working together.
- 36 Brochure outlining the program.
- 37 A report by the Mt Theo Sniffer Program Working Party to develop stage two, whereby the strategy is expanded to other Walpiri communities.

Submission No. 47 – Western Aranda Families Against Violence

This submission details the operations of Injartnama Aboriginal Corporation, an outstation near to Hermannsburg involved in the rehabilitation of substance abusers. It also acts as a safe haven for victims of family violence as a result of alcohol abuse and petrol sniffing.

The Families Against Violence Project was first established in 2001 and is designed as a means to involve families in a culturally appropriate way in reducing incidents of violence.

This paper details the process whereby the involvement of the community in the project was achieved and the various organisations which have been involved in the process.

Submission No. 50 – Central Australian Aboriginal Congress Inc. (Congress)

In this submission to the Committee Congress, an organisation involved in the development and delivery of comprehensive primary health care to the Central Australian Aboriginal population, puts forward its position with regard to substance abuse in general.

Congress ranks petrol sniffing, along with other inhalant/volatile substance use second only to alcohol in terms of its impact upon the Indigenous population. However it states that at the local community and family level petrol sniffing may be a more significant problem, a result, no doubt, of sniffing primarily being an activity engaged in by young people.

The submission provides a range of data in relation to harm that can be attributed to various substance abuse but also states, in relation to the absence of reliable statistics on the impact of petrol sniffing:

This analysis of premature death rates supports the experience of Aboriginal people: that too many of our people are dying too young from alcohol related causes. Unfortunately, this type of analysis has not been repeated and so we are not able to use premature death rates to assess progress over time. In addition to this there is still no clear way of recording deaths due to petrol sniffing.

It is also believed that there is a cross-generational relationship between adult alcohol misuse and teenage petrol sniffing.

Petrol sniffing in children and adolescents is associated with community and family crisis which is often closely linked to the misuse of alcohol. Parents who are binge drinking are unable to properly bring up their children and are less able to deal with a problem like petrol sniffing should it arise in their family. Families that are caught up in the culture of binge drinking, violence, sorry-business, and poverty tend to produce children whose fundamental social, psychological and cultural needs are not being met. It should surprise no one that many children in this position try to escape from this reality using whatever means are at hand: too young to drink and with nothing to do, petrol is the obvious way out, even for a few hours.

Therefore, while it is clear that specific programs for young petrol-sniffers are essential, the problem is wider. Alcohol misuse forms a fundamental problem for the Aboriginal community, and until properly resourced, appropriate and effective programs are in place to deal with this, no substantial improvement in other areas of substance misuse can be expected. A key part of our strategy is to get the parents off the grog so they can exercise their responsibilities towards their children as well as providing services to the children themselves.[CAAC 1997]

Submission No. 54 - Alice In Ten, Quality Of Life Project, Alcohol And Substance Misuse Priority Group

This submission also made mention of the lack of available, reliable data upon which the organisation was able to objectively base its arguments.

With regard to petrol sniffing the report had this to say regarding the Alice Springs scene:

Priority Group members reported a perception that since 1998/9 there has been a general increase in the level of petrol sniffing in the area.

There was also a general perception of increased community concern about a lack of progress in reducing the level of petrol sniffing in the region. The group specifically expressed a concern about the lack of data available regarding

- *the number of people who are involved in petrol sniffing*
- *the extent of harm as a result of sniffing*
- *evaluation of programs to provide evidence about progress or lack of progress and why progress has or has not occurred.*

There is anecdotal evidence that suggests petrol sniffers often relocate from those communities where there are substantial efforts to reduce petrol sniffing. There is some anecdotal evidence that Alice Springs is one destination of these displaced petrol sniffers. This may be related to the ease of access to petrol and the lack of harassment about their petrol sniffing habit.

The lack of services in Alice Springs to address the sniffing problem was also noted. A notable comment is the view that the selling of drugs is seen by some people as a necessary source of income, contributing to the sale of cannabis as well as petrol for sniffing.

Submission No. 70 – Jawoyn Association Inc., Katherine

The Jawoyn Association submitted a paper, *Smoothing the Dying Pillow – Substance Abuse in Katherine*, to the substance abuse inquiry by the House of Representatives Standing Committee on Family and Community Affairs in 2001.

In relation to petrol sniffing, the submission refers to sniffing as a 'sickness', and that sending a sniffer to 'his cousins out bush' might be the best intervention.

Submission No. 73 – ATSIIC, NT

In its submission ATSIIC discusses the problem of petrol sniffing in remote communities and the cultural inappropriateness of mainstream treatment programs to Indigenous Australians. The replacement of petrol with Avgas is cited as an effective strategy. ATSIIC advocates empowering communities to deal with substance abuse at an individual level and providing, for petrol sniffing, a range of alternatives including sporting and educational activities.

Submission No. 87 – Department of Health and Community Services, East Arnhem

The submission states that there are some success stories in the region and there are signs that petrol sniffing is on the decline. However, this was not mirrored by a

reduction in substance abuse overall and the major problems being experienced. These problems were given as:

- *Two [only] AOD workers to service the whole of East Arnhem*
- *No Indigenous staff*
- *Alcohol/Drugs being taken into “Dry Communities”*
- *Shortage of “Youth Activities”*
- *Lack of ‘REAL JOB TRAINING’*
- *Lack of employment*
- *Minimal counselling services*
- *Minimal Police intervention (staffing)*

Submission No. 94 – Mr Peter Severin

In commenting on petrol sniffing this submission states that little of any substance has been done over the years to combat the problem, despite the availability of evidence that petrol alternatives and other interventions were available.

Submission No. 105 – BP Australia

This submission outlines an initiative currently being undertaken by BP Australia to combat petrol sniffing in Central Australia. In conjunction with Indigenous communities in the Western Desert region of the Northern Territory the company has been working with youth to help stop young people from sniffing, provide them with positive alternative activities to sniffing and to assist them to get back to school. This has been undertaken with the co-operation and support of Yirara College which draws its students from communities in this region.

This program builds on BP Australia’s earlier work with the Federal Government to provide a new fuel option – Comgas – to petrol, a fuel which has lower aromatic and intoxicating qualities and thus is a deterrent to sniffing.

CHAPTER 2

CONSIDERATION OF ISSUES WITH REGARD TO THE COMMITTEE'S TERMS OF REFERENCE

The Committee's Terms of Reference provide for it to inquire into and report upon issues regarding substance abuse in the community with particular regard to specific areas. These are contained in Part 2 of the Reference. The Terms of Reference appear in full on pages 6 and 7.

The specific issues, as they relate to this inquiry into petrol sniffing in remote communities, are discussed in this chapter. Section headings correlate to the headings in Part 2 of the Reference, that is those specific issues upon which the Committee is required to report.

(a) Community concern

There is little doubt that there is grave community concern for the current and future health and wellbeing of petrol sniffers and for the havoc which they can cause to the wellbeing of the community.

That said the obvious question is why is not more done at the community level by the immediate and extended family to interfere to stop the sniffing?

Clues to the reasons for this lie in an interesting submission which discussed the decision making processes and cultural norms within Pintubi society, which encompasses Central Australian communities where petrol sniffing is endemic.

Petrol sniffing is not at all condoned, and parents often despair for their sniffing children, but ultimately Pintupi youth have the personal autonomy to engage in it, no matter what the consequences.²¹

The submission argues that outsiders who consider that the inability of a community to stop its own children from sniffing ignores the fact that western society also has the same problem with their youth using drugs. For some reason there is a higher expectation 'that intervention programs in Indigenous societies will be more successful than those instituted in their own'.

Throughout the Committee's consultation program, holding hearings and meetings in all major centres and numerous remote communities, the level of concern, often despair and desperation, at a perceived inability to successfully address the problem, was clearly evident.

The despair about what to do is exacerbated by a number of issues – the cultural inappropriateness of many forms of intervention, lack of knowledge and resources and, all taking place is a state of community dysfunction.

²¹ Submission No. 1 – Mr Ralph Folds

(b) Current trends

Petrol sniffing does not affect all Aboriginal communities in the Northern Territory. As well, the introduction of Avgas in addition to the implementation of other strategies in those communities that have minimised the problem of sniffing in others. However there remain a number of communities which have not been successful in overcoming the problems of petrol sniffing, or, if successful in the short term, have difficulty in sustaining a petrol sniffing-free culture longer term.

Evidence taken by the Committee early in its inquiry²² indicated that, in 2000, twenty-three communities reported inhalant substance abuse was a current or persistent problem, with 160-255 individuals spread over 14 communities and about 100 others in communities on the border of South Australia, Western Australia and the Northern Territory, the Tri-State region. To quote from a briefing provided by officers of the Department of Health and Community Services:

*ISA [inhalant substance abuse] is most entrenched in the Western corridor of Central Australia and the Tri State region of South Australian, Western Australia and the Northern Territory. ISA is also practiced in the East Arnhem region and communities east of Katherine. The Barkly tablelands and communities west of Katherine are not affected.*²³

What was of interest to the Committee was this fact: why is petrol sniffing prevalent in some communities or regions and not practised at all in others?

The high mobility of residents of remote Indigenous communities would rule out geographical isolation as a reason. Residents of remote communities interact on a cultural and, for youth, sporting basis frequently. As well, there is a level of interface between urban and rural residents and satellite television now reaches all Northern Territory communities.

Although it was unable to gather supporting evidence to validate this, the Committee concluded that there were two issues which influence the existence or otherwise of sniffing.

First, the level of wellbeing of a community obviously impacted greatly. Repeatedly, the Committee was told that strong family and community support is essential for preventing and effectively dealing with petrol sniffing. This of course depends upon a strong community. Where there is community dysfunction there is more likely to be petrol sniffing amongst the young people. This is particularly so in those communities where there is a high level of alcohol use and where gambling is endemic, leading to neglect of young people through a lack of money and/or time.

As one submission states, until a community's drinking problems are addressed so that parents can provide the care and guidance the youth need, no inroads will be made into the sniffing problem.²⁴

The second issue which would appear to be relevant to petrol sniffing is the ready availability of affordable alternatives.

²² Department of Health and Community Services, Submission No. 11

²³ Ibid.

²⁴ Submission No. 50 – Central Australian Aboriginal Congress Inc.

In July 2002 the Committee travelled to Yuendumu to meet with representatives of that community who had been actively involved in containing petrol sniffing through the Mt Theo Yuendumu Substance Misuse program²⁵. When questioned by the Committee as to why petrol sniffing appeared, in the main, to be contained to children and youth the witnesses agreed that this was because by the late teens and early twenties, potential sniffers had the financial and other resources to access and use other substances, mainly alcohol and cannabis.

While evidence indicates that the number of sniffers in any individual community is not large, the physical and mental harm it causes the chronic sniffers as well as the stress and pain it causes their families and the community generally is obviously devastating. The aforementioned brief from the Department of Health and Community Services indicated that the cost of institutional care for a petrol sniffer, in Alice Springs, was in the vicinity of \$160 000 annually.

Typically such people are physically fit, relatively young and can be expected to live for many years with little or no improvement in their condition. It is estimated that there are currently 15 disabled ex sniffers being cared for in Central Australia alone. It is anticipated that the number of ex sniffers in Central Australia requiring full time care by Government will increase to 60 in the next ten years. These figures exclude numbers being cared for by family members.

(c) Social and economic consequences, with special reference to the well-being of individuals

The Committee visited Yuendumu early in its inquiry²⁶ where the impact of petrol on the fatty tissue of the brain was dramatically demonstrated by showing how, when petrol was poured over a saucer of butter, it very quickly melted it.

The Department of Health and Community Services submission to the Committee²⁷ noted that the impact of petrol sniffing on community life is far beyond the relatively small number of people who sniff, listing community damage, violence and ill health, as well as the shame and despair felt by families and the community at large. It can cause social disruption, family stress, aggressive and violent behaviour leading to injury to users and others.

*Petrol sniffing admissions to hospital are most frequently a result of burns and other injuries and mental and behavioural disorders. Over the last three years fourteen people were admitted to Territory hospitals for injuries sustained as a result of ISA [Inhalant Substance Use]. Petrol sniffing injuries are usually life threatening, requiring airlifting to acute specialist care in either Territory or interstate hospitals. Since 1999/00, two hundred and fourteen people were also admitted to Territory Hospitals for mental and behavioural disorders as a result of sniffing. Of this number 76% were from the Central Australian region.*²⁸

The further cost is in relation to that for the longer term care of sniffers who have become severely disabled as a result of the habit.

One brain damaged ex sniffer requiring full time institutional care costs in the vicinity of \$160,000 per year. Typically such people are physically fit, relatively

²⁵ Meeting No. 10 of 23 July 2002

²⁶ Meeting 10 of 3 July 2002

²⁷ Submission No. 11 – Department of Health and Community Services: Inhalant Abuse

²⁸ Ibid.

*young and can be expected to live for many years with little or no improvement in their condition. It is estimated that there are currently 15 disabled ex sniffers being cared for in Central Australia alone. It is anticipated that the number of ex sniffers in Central Australia requiring full time care by Government will increase to 60 in the next ten years.*²⁹

(d) Services currently available within the Northern Territory

Much has been done and is currently being undertaken to provide direct intervention and treatment but on a fragmented basis. It has been argued that, given the need for the problem to be addressed in the context of a particular community's needs, this is the best approach.

*The most successful strategies are initiated by the community, enjoy widespread community support and involve strong participation of community members. Interventions proposed by the community need to complement those undertaken by families, and family actions must be consistent with community strategies. Developing and fostering community cohesion and support for interventions is therefore critical in any anti-petrol sniffing campaign. Some communities have requested ongoing support to assist them in dealing with petrol sniffing, thus it is important to maintain the continuity of any intervention.*³⁰

(e) Factors which directly affect the level and nature of petrol sniffing

(i) accessibility/availability within communities

Access to petrol obviously determines whether or not sniffing takes place. While this has been dealt with to some extent by the move to petrol alternatives in the Indigenous communities, the mobility of young people, together with the willingness of some to profit from the supply of petrol to sniff, is an issue. Until there are efforts on a regional basis to limit availability of petrol coupled with the current legal sanctions against the supply of petrol for sniffing, those who want to sniff petrol will continue to get it.

(ii) the demographic and ethnic structure of the Northern Territory

Across Australia Aboriginal and Torres Strait Islander people are disproportionately represented with substance abuse problems. In terms of solvent abuse generally and petrol sniffing in particular, this is more so. The Committee was often told that petrol is the poor cousin of substance abuse, being a substance which can be accessed by the young, who have neither money nor contacts to access cannabis or alcohol.

The Committee received very little indication of petrol sniffing in the urban areas. Where this occurred it was usually spasmodic and involved youth visiting from remote areas. But then town youth who want to get involved with inhalant abuse can obtain other substances readily from supermarkets and other outlets.

While there is some indication that an older cohort is increasingly also involved, the Committee was told that the usual age span of sniffers was 12 to 19, with children as young as 8 or 9 sometimes involved and stretching to 25 or so at the upper age end.

²⁹ Ibid.

³⁰ Submission No. 18 - Petrol Sniffing in Aboriginal Communities: A Review of Interventions, Peter d'Abbs and Sarah MacLean, 2000

An explanation for the fact that the typical sniffer is young (teenage), male and Indigenous was given in the report *Structural Determinants of Youth Drug Use* prepared by the National Drug and Alcohol Research Centre, UNSW. In quoting the work of Dr Maggie Brady,³¹ the report states:

*The period of adolescence in Aboriginal communities can also be problematic. On the basis of anthropological research, Brady has discussed how adolescent boys in Aboriginal communities have an ambiguous status, with very little power or prestige. When combined with an environment stressed by poverty, racism and frequent bereavement, some remote Aboriginal communities have been beset by petrol sniffing among their young people.*³²

(iii) the correlation between socio-economic conditions and petrol sniffing

The above report also stated that those communities where there had been an ongoing involvement in the cattle industry showed a resistance to sniffing, which was attributed to ‘independence, self-esteem and an outlet for risk-taking afforded by involvement in the cattle industry’. Strength was also found in individuals who had taken up Christianity or other activities in such areas of sport, etc.

Brady concluded that social and cultural factors are paramount in solving youth health problems such as solvent sniffing in Aboriginal communities.³³

Submission No. 70 from the Jawoyn Association Aboriginal Corporation, Katherine consisted of a report they had prepared as a submission to the House of Representatives Standing Committee on Family and Community Affairs, entitled *Smoothing the Dying Pillow – Substance Abuse in Katherine*.

In addressing the question as to why Indigenous people drink to excess, smoke ‘ganga’ and sniff petrol, the submission describes a typical night for an extended family living on a community in overcrowded conditions, with no or little hope for the future.

For the most part, our people live in overcrowded circumstances. It's no exaggeration to imagine an extended family group of eight or nine people, ranging from babies and school kids through to aged pensioners, living in a three bedroom house. It's often worse than this. This is one night:

It is a drinking household. It is noisy until late most nights. There are drunken arguments – occasional violence, not just between the drinkers but perhaps also - towards the young and old. Most adults are unemployed or underemployed on the Local CDEP projects. A large proportion of the family income gets spent on grog, so there is often little food and bills are often unpaid. Perhaps the electricity is off, certainly there is no money to repair the broken fridge.

The kids are mostly hungry, which makes it impossible in the school next day. They are also tired as they were kept up last night. In any case, some of the kids are deaf – poor water supplies and hygiene take their toll on up to 100 per cent of school kids in some communities. The older kids have dropped out of school, either through truancy or the lack of secondary education. They have been up last

³¹ Brady, M.A. (1993). Health issues for Aboriginal youth: Social and cultural factors associated with resilience. *Journal of Paediatrics and Child Health* 29, Suppl. 1: S56-59.

³² Submission No. 31 – tabled by the Drug and Alcohol Services Association Alice Springs Inc.

³³ Ibid.

night too, sick of being beaten by their uncle, they've spent the night wandering around the community with their mates.

Petrol was hard to get last night, so they have broken into the school to pinch glue. They got some money from a teacher's desk, so they will be able to buy some ganga later that day. They may not be old enough to get CDEP work: certainly other employment would be hard. Their spoken English is poor, and they can barely read or write - they have had only one year of "post secondary" schooling. Money has run out in the household, but "fortunately" grandma has her cheque coming through today social security payments in the household can now be staggered so there is money for grog every second or third day. Grandma wants to spend money on food for the grandkids but her older grand son will skip going to CDEP to make sure when she gets her cheque he can humbug her for enough money to pool with others for the \$200 taxi ride into Katherine to buy grog. In any case, he has the shakes and wouldn't be able to operate the tractor at work anyway. His wife won't be on that trip – last night she has been hit over the head with a star picket and had to be taken into hospital. There she will join her younger sister who has just had a baby. She's been there for nearly a month as the kid has been born underweight. Another long night for the Aboriginal Health Workers, as well. There is no ambulance so they have had to use a private vehicle to get into Katherine.

The community night patrol has had a long night as well. They had missed the kids breaking into the school because they had been called out to a disturbance. They had stopped the argument, and successfully encouraged that household to stop drinking for the night. When they heard what had happened at the school they had a good idea who had done it, and picked the kids up. Should they call the cops? At least one of the kids would get a mandatory sentence of 28 days in Don Dale if they did, so they decide to talk to the family the next day to see if something can be worked out. The kid is sick – a sniffer - it's hard to see how a month in detention will change that. Perhaps he can be sent to his cousins out bush. In any case, the coppers were elsewhere last night. There had been a bad smash on the road that night. Six people, all drunk, had missed the crossing on the dirt road and were also in hospital. Two were not expected to live. It would be a hard task for the Aboriginal Community Police Officer, who is related to all involved, taking that sort of news to the families the next day.³⁴

Constantly during its consultations in remote Indigenous communities the Committee was given the same message. Children who sniff are more likely to be suffering from the emotional abuse of neglect, from hunger and from the total trauma of living in a dysfunctional community with little or no prospects for change. As this submission observes, all this is unknown to the people who witness the public displays of anti-social behaviour on the streets of Katherine.

Again and again it was made obvious to the Committee that petrol sniffing, as with abusing alcohol, overuse of cannabis and kava and even the level of tobacco use amongst Indigenous people, is a way out, if only for a short time, from a hopeless situation.

As the Central Australian Aboriginal Congress say in their submission to the Committee:

³⁴ Submission No. 70 - Jawoyn Association

Families that are caught up in the culture of binge drinking, violence, sorry-business, and poverty tend to produce children whose fundamental social, psychological and cultural needs are not being met. It should surprise no one that many children in this position try to escape from this reality using whatever means are at hand: too young to drink and with nothing to do, petrol is the obvious way out, even for only a few hours.³⁵

(f) Appropriate Policies and Services for the prevention and treatment of petrol sniffing

In undertaking its inquiry and evaluating the evidence before it the Committee identified a number of areas where Government could and should act to overcome the problem. However, it also took evidence regarding a number programs and services which would appear to be affective in dealing with petrol sniffing problems or preventing them in the first place. Indeed, the fact that the map of problem areas demonstrate that it is well scattered and that outbreaks are ad hoc demonstrates that there has to be solutions.

The Committee has investigated a number of such programs and services and, in view of its extensive consultations, considers it is in a position to make recommendations regarding broad policy directions for the Government in addressing petrol sniffing, as well as some of the problems from which it stems.

The following chapter articulates the Committee's findings based upon the evidence it has examined during its extensive investigation and makes certain recommendations to Government.

³⁵ Submission No.97 – Central Australian Aboriginal Congress

CHAPTER 3

EVIDENCE-BASED FINDINGS and RECOMMENDATIONS

The Committee considers that it is time for the Northern Territory to act decisively to wipe out petrol sniffing. The conservative cost of full time institutional care today for a person who is mentally debilitated through sniffing is \$160,000 per annum if being provided in an urban centre. The cost more than doubles for providing this care at remote communities.

The human cost to the Northern Territory is so much greater. The failure of petrol sniffers to achieve their full potential will be a loss not only to their community and to Indigenous society but to the future prosperity of the Northern Territory overall.

In examining the evidence put before it the Committee arrived at a number of conclusions and recommended actions. These follow.

Whole of Government Approach to Petrol Sniffing

There is little doubt that the major contributing factors which could be considered as indicating a propensity for petrol sniffing are socio-economic – poverty, boredom, oppression, lack of services and facilities; parental drinking and gambling leading to hunger and neglect; poor education levels and lack of employment and aspirational opportunities; and so on. The boredom issue is a common cry from remote communities, where any sort of meaningful activity, whether work, sport or other recreational pursuit, is too often missing.

However, the use of legal or illegal substances by young people is not something which is found only in remote Aboriginal communities. As with youth in any society, there is also an element of rebellion in experimenting with drugs in remote communities, where petrol is the most readily available and, for youth with little financial means, is an affordable substance to abuse.

Accordingly, any strategies to address petrol sniffing need to be introduced in tandem with measures for addressing the socio-economic issues underpinning the practice, as well as with strategies which address availability and accessibility.

The Committee is convinced that if Government is to effect any change it is imperative that it address the issues with a whole of government approach, ensuring that all service delivery is networked to ensure it is co-ordinated, the services comply with the program parameters and that those delivering it are accountable for its outcomes.

This co-ordination is absolutely vital if lifestyles, particularly those of the young people, are to improve.

This could be achieved by establishing an overarching body to co-ordinate the Northern Territory's petrol sniffing strategy, with responsibility to ensure that services are adequate to the needs of remote communities and also co-ordinated.

The Committee considers that this body would sit logically within the Department of Health and Community Services but would comprise of representation from all Government agencies, both Northern Territory and Commonwealth, as well as from non-Government organisation, which are involved with the delivery of petrol sniffing programs and services.

Recommendations –

- 1. that Federal and Northern Territory Governments services be closely networked to ensure their respective petrol sniffing programs and services are co-ordinated, including cross-border co-ordination between the Northern Territory, Western Australian and South Australian Governments' programs and services, in line with the cross-border co-operation model adopted by Police; and**
- 2. that overall responsibility for the co-ordination of the Northern Territory's petrol sniffing strategy be vested in one agency which would provide a co-ordinating role for an interdepartmental body representing all relevant agencies, including non-Government organisations, to oversee the networking of all programs and services.**

Meeting the Needs of Individual Communities

It is imperative that any intervention be geared to an individual community's specific needs and have, wherever possible, the full support and involvement at all levels within the community. It was evident to the Committee when taking evidence that those programs which are successful and have sustained results are those which are accepted across-the-board and have this level of community support.

Given the intermittent and scattered nature of outbreaks of sniffing episodes, it is essential that interventional strategies are put in place quickly when an outbreak is reported. This will assist in minimising the spread of the problem and the harm to the fabric of the community's life.

The cost of placing intervention services in every community with a history of sniffing or dysfunction is huge. The recruitment of sufficient, skilled people to staff facilities in each community also poses problems. The Committee considers that funds and resources could be better targeted to petrol sniffing by establishing and training culturally responsive teams, on a regional basis. The role of these teams would be to support the community itself, using and supplementing the existing services infrastructure, to deal with the issues of intervention, assessment, treatment and diversionary programs, when needed.

The Committee proposes that this team or teams would move quickly into a community when a problem is identified, to put in place immediate interventionist action and assess the medium to longer term needs in terms of treatment and diversion. Importantly, this should also include a capacity to train members of the community, including in how to deal with people when they are on a petrol high, in what is often explosive circumstances.

The need for full consultation with the community when developing and delivering programs and services is a given. However, it is inappropriate to expect a community to deal with these issues alone.

Too often the opinion is expressed that remote communities should take responsibility for their own drug problems and deal with them on their own. Remote communities are often called on to take ownership of problems to an extent that would never be expected of urban communities. In fact in the urban situation it would be highly discouraged.

Recommendations –

- 3. that interventions be geared to the specific needs of individual communities and developed in consultation with those communities;**
- 4. that a team or teams of workers trained to respond quickly to support communities to implement intervention strategies when outbreaks occur be established; and**
- 5. that part of the intervention strategies include training of and support for people within the community to provide for sustainability of positive outcomes.**

Immediate and Longer Term Harm Reduction, Intervention and Treatment

During a number of community meetings parents and others pleaded for Government intervention to prevent sniffing. Too often people feel unable to deal with the situation and are looking for support through intervention by the authorities.

The legislative paths to do this should be explored. At the very least, police should be able to impound petrol and sniffing implements and then deal effectively with the sniffer depending on the circumstances, if at risk of harm to themselves or others.

Most people would agree that locking up sniffers is not the answer to the problem. However, there is a need to protect them and others in the community and to compel them to undergo some form of treatment and rehabilitation when this is warranted.

The *Police Administration Act*³⁶ provides police with the power to apprehend, without arrest, a person who is drunk, keeping them in protective custody until they are no longer a threat to themselves. Similar legislative provisions for dealing with people needing protection while under the influence of petrol should also be instituted.

Apprehending or otherwise removing a young person from the source of harm in itself is not sufficient. There need to be 'safe' houses and other places where they can be taken, where they will be safe and restrained from self-harm and harm to others.

In the medium to longer term, intervention and treatment needs have to be assessed, and alternative pathways to a healthier lifestyle that does not include sniffing are found. This may also require legislative changes to mandate treatment.

³⁶ Division 4 – Apprehension without Arrest

Recommendations –

- 6. that legislation similar to that which provides for apprehension without arrest of intoxicated persons under the *Police Administration Act* , be introduced, to allow for persons under the influence of petrol to be taken into protective custody;**
- 7. that appropriately staffed ‘safe’ houses or refuges be established in communities to provide immediate shelter and protection for persons so apprehended; and**
- 8. that the legislation allows for intervention for assessment and provision of ongoing treatment to be delivered, if appropriate, at these facilities.**

Education, Skills and Training

A networked response by Government agencies provides an opportunity to skill community people, especially the younger people, to work amongst their own youth. It is recognised that the provision of initial skills training will require ongoing supplementation to capably support them in this role.

The Committee considers that the provision of skills and training through a recognised program could be provided through community education centres set up to meet the needs of youth from the various communities. As well as providing employment opportunities relevant to a particular community’s needs, it would provide the opportunity for increasing awareness of substance abuse issues which would be invaluable for providing peer support and mentoring for the young people.

It is essential that health workers, teachers, community development workers and the like be given training in dealing with sniffing issues and sniffers. Where a community has experienced sniffing it is imperative that Government workers employed there are given this in depth training to understand the problems the community faces and how they best can contribute to alleviating situations.

Recommendations –

- 9. that relevant certified courses to provide training in substance abuse work to community members through community education centres be investigated; and**
- 10. that specific training in dealing with petrol sniffing and supporting a community during a petrol sniffing outbreak be incorporated in the cross-cultural awareness programs undertaken by community-based Government employees.**

Ancillary Community Programs

Boredom and a lack of meaningful occupation, either through structured work or sport and recreation opportunities in communities, is given as a major cause for petrol sniffing. While CDEP (Community Development Employment Program) is provided, it is insufficiently flexible and creative to achieve meaningful outcomes.

The Committee urges the Northern Territory Government to approach the Commonwealth Government to review the CDEP Program with the goal of it providing for full, gainful employment in communities. While it is acknowledged that it is a major challenge to provide for economic enterprise within many communities, this needs to be a medium to longer term goal.

Providing skilling and training to targeted community members to undertake available employment opportunities in communities is one avenue.

Similarly, sport and recreation programs should not be limited to normal working hours. Too often the Committee was told that sports, occupation and artistic opportunities were not provided after hours when youth had little alternative activity to occupy their time and as a result were more vulnerable to engaging in sniffing.

Recommendations –

- 11. the Northern Territory Government lobby the Federal Government to review the CDEP Program with a view to providing full, gainful employment on communities; and**
- 12. that the delivery of sporting and recreational programs in remote communities be geared to the needs of the client, recognising that they are often most at risk outside usual working hours.**

Inadequacy of Data Collection on Petrol Sniffing

The Committee took evidence that deficiencies in data collection has lead to a reduced appreciation of the extent of the petrol sniffing problem and its impact on health, as well its contribution to death rates. Morbidity and mortality data often does not record that petrol sniffing was the underlying cause. This also applies to available data on violence and crime.

The result is that the overall impact of petrol sniffing is not recorded and therefore its full impact is hidden from researchers and policy makers. This needs to be addressed urgently.

Recommendation –

- 13. that steps be taken to ensure that where petrol sniffing is a contributing factor that this is recorded in data collections by all Government agencies, and regularly reporting to the body responsible for the co-ordination of the Northern Territory Petrol Sniffing Strategy.**

Drug Education

Avenues for positive peer influence exist through advertising programs and the inclusion of information on the damaging effect of sniffing in drug education programs, which is part of the curriculum. However care needs to be taken that in so doing petrol sniffing is not glamorised or in any way made inviting to impressionable youth.

Recommendation –

- 14. that an integrated program of advertising and education about the physiological effects of petrol sniffing in the short, medium and long term be developed for delivery within remote communities.**

Co-operative Approaches with Industry

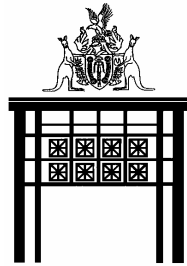
The Committee considers that the petroleum industry has a role to play in combating petrol sniffing problems and encourages dialogue with industry to develop co-ordinated responses. Because private industry is often able to respond faster than Government to deal with emerging problems, this provides an opportunity to make a real difference in combating sniffing. It is acknowledged that this is already happening in Central Australia, where one petrol company has been working with communities to address petrol sniffing through funding programs working with individual youth.

As well, ways to reduce the availability of petrol in forms which are harmful when sniffed, but are still able to effectively fuel vehicles, need to be further examined. The introduction of Avgas and Comgas into communities has been successful but the Indigenous population of remote communities is as mobile as any other, with ready access to regional towns and centres.

The feasibility of expanding the strategy on a regional basis should also be explored.

Recommendations –

- 15. that co-operative approaches with industry for diversionary and lifestyle programs be explored;**
- 16. that the Northern Territory and Commonwealth Governments work with industry to encourage further research into developing fuels which are not intoxicants; and**
- 17. that the feasibility of the expansion of alternative fuel provision to areas outside of communities be investigated.**



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

**SELECT COMMITTEE
ON
SUBSTANCE ABUSE IN THE COMMUNITY
(MINORITY REPORT)**

**DISSENTING REPORT
TO
PETROL SNIFFING IN REMOTE NORTHERN
TERRITORY COMMUNITIES**

October 2004

Country Liberal Party Parliamentary Wing

DISSENTING REPORT

The CLP concurs with and supports the contents of this report EXCEPT for Recommendation 6.

The CLP believes that Recommendation six is not strong enough to empower the police to remove a sniffer from an area for an extended period of time (during which treatment/rehabilitation could occur).

Members of the CLP parliamentary wing, like most Territorians, are profoundly concerned about the harm caused to a small group of Territorians by the inhalation of substances, including petrol. We are aware, as is the Committee, of the call by some people (including Aboriginal people) for the police to have stronger powers to deal with sniffers. After careful consideration of these, and other related issues, the CLP has developed a policy designed to address sniffing in the Northern Territory.

One part of this policy makes the sniffing of substances like petrol illegal. This move will empower police to be able to arrest a sniffer. Once arrested the sniffer can then be provided with the option of participating in a diversionary program (such as spending time at an out-station or other form of treatment) as opposed to facing the criminal justice system. It is predicted that most sniffers will agree to participate in a diversionary program (which will invariably aim to help the sniffer give up sniffing) as opposed to going to gaol.


The CLP's policy is not about sending sniffers to gaol. Imprisonment would be an option of last resort. However, the sad reality is that in the absence of such a sanction, there can be no enforcement. The CLP believes that a sanction must exist for the protection of sniffers and those who are affected by their behaviours.

The CLP's 'Tackling Sniffing in the Territory' policy, which was released some months ago details the CLP understanding of the current situation, advises the community of our position on the matter and states that the CLP in government will:

1. Make the sniffing of petrol and other toxic substances illegal.

2. Give Police the power to dispose of petrol and other toxic substances (similar to pouring out alcohol that is being illegally consumed).
3. Develop, in conjunction with existing health services, state-of-the-art treatment programs targeting substance abuse including sniffing, and investigate the benefits of establishing a residential rehabilitation facility.
4. Legislate to give Courts the power to order sniffers to attend detoxification programs, the resources for which a CLP government will provide.
5. Legislate so the children who are sniffing can be taken into care for their own protection, and so they can undergo treatment.

The CLP Parliamentary Wing therefore believes that Recommendation Six is not strong enough to impact significantly on the problem of petrol (and other substance) sniffing.


.....
Ms Sue Carter

(Date): 6/10/04


.....
Ms Fay Miller

(Date): 6/10/04

APPENDICES

Appendix 1

BACKGROUND TO THE COMMITTEE'S INQUIRY INTO PETROL SNIFFING

In 2001 the Committee was given the daunting task of inquiring into and reporting upon community concerns, trends, the social and economic consequences, available services, factors which impact upon and policies for the prevention and treatment of all substances. These encompassed alcohol, tobacco, kava, cannabis, pharmacological substances, whether licit, that is prescription drugs when legally or illegally obtained, or illicit and the so-called hard drugs such as heroin.

In view of such a broad charter, at one of its earliest meetings the Committee discussed how it was to approach the task it had been given. It was decided that, in terms of their impact upon the Northern Territory at the individual, family and community and Government levels, the following should be given priority:

- alcohol abuse
- petrol sniffing and other inhalant abuse
- cannabis use.

A general overview of the impact of these substances and a discussion of the reasons for focusing the Committee's attention on these in their initial stages, follows.

Alcohol

A 1991³⁷ report by the then parliamentary Committee on Use and Abuse of Alcohol in the Community provided evidence that alcohol use and abuse cost the Northern Territory an estimated \$150m per year, or \$950 for every man, woman and child, annually. A breakdown of this by category of cost follows:

➤ productivity loss	\$61.94m
➤ health care and welfare services	\$29.19m
➤ road smashes	\$23.13m
➤ law enforcement	\$22.00m
➤ correctional services	\$13.70m

Given the incidental information already available to the Committee and in consideration of the changed demographic influences since then, there was little reason to consider that this had lessened. In fact the general opinion was that it had worsened, with the well-documented generational impact of alcohol abuse and subsequent family and community dysfunction coming into play. This was subsequently borne out on a number of occasions particularly in evidence taken from representatives of remote Indigenous communities.

The Committee took evidence during hearings at the three major communities on the Tiwi Islands, where access to alcohol has been available only since the mid-70's, that the high level of substance abuse – alcohol and cannabis – and extremely high youth suicide rate reflected this issue³⁸ was directly linked to the current youth and younger people having grown up in a culture where alcohol was available and abused.

³⁷ Measures for Reducing Alcohol Use and Abuse in the Northern Territory

³⁸ Meetings No. 17 – 21 Of 2&3 October 2002 – refer available transcripts

The Northern Territory has traditionally exhibited an alcohol consumption rate in excess of the national average and at a level which challenged even the highest international consumption rates. Coupled with this is its impact upon society. A submission from the Northern Territory Police³⁹ illustrates this succinctly, providing a range of statistical evidence which is discussed below.

In the Northern Territory, 49.6% of the over 14 year old population drink regularly, 33.4% drink occasionally and 11.0% are ex-drinkers. Only 6.1% said they never drink. Nationally, the figures were respectively 48.6%, 31.9%, 10% and 9.4%. (1998 National Drug Strategy Household Survey)

These would indicate that the level of drinking in the Northern Territory does not deviate that much from the national level and could possibly be accounted for by demographic (i.e. young, male) and socio-economic (i.e. level of welfare dependency) differences. However the same survey also looked at harmful or hazardous alcohol use in each state or territory. The Northern Territory's level ranged between 10.8% (conservative) and 15.2% (non-conservative), with the equivalent national range given as 5.6 – 10.5%. This survey indicated that 20.7% of Northern Territory males drank to harmful or hazardous levels (13.6% nationally) and 9.0% of females (7.5%).

With regard to other indicators of alcohol harm, in 2001, only 6% of all police activity Territory-wide was definitely not alcohol-related (71% definitely was and 20% was undetermined). Region by region, in Darwin 9% was unrelated, Katherine, Nhulunbuy and Alice Springs 2% and Tennant Creek 12%. The proportions which were *definitely* alcohol related that year are given below:

Darwin 55%	Katherine 92%
Nhulunbuy 94%	Tennant Creek 80%
Alice Springs 78%	

Territory-wide it was 67% but excluding Darwin, 84%.

Of homicides in the Northern Territory during 2000-01 63.6% of male victims and 82.6% of female victims were alcohol affected at the time of their deaths. When it came to offenders, 82.6% of males and 100% of females were alcohol affected.

In terms of alcohol consumption and harm, the submission from the Department of Health and Community Services identified that an annual per capita pure alcohol consumption level of 14 litres in the Northern Territory is almost double that of the national level. The NT has the highest proportion of population drinking at hazardous and harmful levels – 15% of males and 6% of females, compared to the national level of 7% and 4% respectively⁴⁰.

Cannabis

Cannabis has been used recreationally in the Northern Territory for many years, most notably from the late 1960's on when Darwin became ensconced on the backpacker trail from South East Asia. However a worrying development is its more recent introduction to remote Indigenous communities. As late as the early 1990's there was no indication that there was more than the occasional use of cannabis in these areas. It is this rapid and recent increase, coupled by anecdotal evidence of its relationship

³⁹ Submission No. 7

⁴⁰ Submission No.19 – p9

with psychotic behaviour, which led to the Committee giving it a higher priority than other illegal substances.

Petrol Sniffing

Petrol sniffing, a form of inhalant abuse, was selected by the Committee for priority investigation for the very reason that its impact on the health of the individual and the well-being of those around the sniffer is insidious. There was also an emotive reason behind it being given precedence. The fact that the majority of sniffers are young children or teenagers who, in the prime of their growing years, were literally melting their brains by sniffing petrol, was a powerful argument. Petrol sniffing is also an almost exclusive Indigenous habit.

Illicit Drugs

However, the decision to focus on these substances should not be interpreted as the Committee having a lack of concern for other substance use and misuse. It should be noted that, at the time of the establishment of the Select Committee, a Taskforce on Illicit Drugs was also established by the Minister for Health and Community Services. Members of the Committee were mindful that concurrent inquiry by both bodies into the same matters would be to the detriment of positive outcomes for either and could only lead to confusion in the minds of the public regarding their respective roles.

It is acknowledged that illicit hard drug use and the illegal use of pharmacological substances is devastating for individuals and no doubt contributes to crime and adverse health outcomes. However, in terms of the impact of a small number of users in the Northern Territory, the impact is low. By comparison, the use and abuse of alcohol is widespread and found in all sectors of the Northern Territory community, while overuse of cannabis and petrol sniffing is devastating to those communities where it is found.

Tobacco

Similarly, the Committee accepts that tobacco use continues to eat up a huge proportion of our health dollar. However, its use has minimal anti-social impact, in terms of violent assaults, road trauma or the like. As well, the Committee considered that the National Tobacco Strategy is well established and is working to reduce smoking and health expenditure, with legislation regarded to be amongst the most stringent in Australia introduced in 2003.

Interim Report

In February 2003 the Committee tabled an Interim Report to the Legislative Assembly which documented six issues of concern to the Committee across the three priority areas, namely:

- availability as a factor in alcohol abuse
- the availability of mental health services and the co-ordination between mental health service providers and substance abuse service providers
- the contribution of substance abuse to high suicide rates in Indigenous communities
- issues of cannabis supply and distribution in Indigenous communities
- co-ordination of Government services to and consultation with remote communities
- measures for addressing petrol sniffing in remote communities.

The purpose of this report was to generate discussion and to facilitate this, the Committee also released the evidence it had taken up to that time.

Following the resumption of the debate on 30 March 2004 the report was noted.

Alcohol Framework Project

The Northern Territory Alcohol Framework Project was established by the Minister for Racing, Gaming and Licensing in September 2003 to “provide a broad structure for government, individual agencies, community interests, licensees and other industry participants to work together to regulate the use of alcohol and act to significantly reduce alcohol-related harm”⁴¹.

In developing the Framework the project team utilised the evidence collected by the extensive consultations undertaken by the Select Committee to identify the key issues and options. In view of the project team's charter, the Committee decided that it would work closely at Committee and Secretariat level with the project team to effect changes to the alcohol situation which impacts so heavily on all sectors of the Northern Territory. It also reserves its right, as a parliamentary committee, to monitor the process and outcomes of the alcohol framework development, and comment as it saw appropriate.

This has allowed the Committee to focus its inquiry on the remaining two areas, cannabis use and petrol sniffing on remote communities.

⁴¹ Alcohol Framework Final Report July 2004

APPENDIX 2

EARLIER PARLIAMENTARY INQUIRIES IN RELATION TO PETROL SNIFFING

Petrol sniffing in remote, Indigenous communities is not a new occurrence. Members of the Committee spoke with one man at a meeting at Mutitjulu⁴² who recounted growing up in Eastern Arnhem Land during World War II and of American servicemen associated with an airstrip there sniffing petrol. He told of how he and others of his generation had “socially” sniffed petrol – today he no longer did and bore no ill effects from the experience.

The most notable past inquiry in relation to the Northern Territory is the 1985 Senate inquiry into volatile substance abuse. This is of relevance because the initiative for the terms of reference was largely taken by the two Northern Territory Senators at that time, Senators Ted Robinson and Bern Kilgariff, who were respectively Chairman and Deputy Chairman of the Committee. The Committee had a significant Northern Territory focus in its gathering of evidence, findings and recommendations.

The second parliamentary committee inquiry of significance is that into volatile substance abuse, undertaken in 2001-2002 by the Victorian Drugs and Crime Prevention Committee. This is relevant for the depth of research undertaken nationally and internationally and the currency of its findings.

In August 2003 the House of Representatives Standing Committee on Family and Community Affairs brought down its report on the results of its extensive inquiry into substance abuse *Road to Recovery*. During its two year investigation that Committee held hearings at and visited many remote communities, including a number in the Northern Territory. In all it recommended 128 changes at the Federal level.

An overview of each of these reports, as they relate to the Northern Territory Committee on Substance Abuse’s current inquiry into petrol sniffing in remote communities, follows.

⁴² Meeting No.11 of 3 July 2002

SENATE SELECT COMMITTEE ON VOLATILE SUBSTANCE ABUSE, 1985

The Terms of Reference:-

Inquire into and report on the voluntary inhalation of volatile substance fumes with particular reference to the health and social consequences and the availability of such substances to the community, particularly-

- (a) *to persons who have not attained the age of 18 years; and*
- (b) *where the practice of petrol sniffing has become endemic.*

In conducting its inquiry the Committee travelled extensively in the Northern Territory and took evidence by way of written submissions but also held informal discussions with the following Northern Territory communities - Maningrida, Galiwinku, Elcho Island, Yirrkala, Nhulunbuy, Alice Springs, Yuendumu and Docker River.

It also held informal discussions with communities in the areas of Ernabella and Amata in South Australia. These and other cross-border communities have strong cultural ties with Northern Territory communities in the region.

While it is acknowledged that this inquiry and report is in some part dated, it clearly identifies a number of issues which are still current. In some of the earlier chapters of the report the Committee provides some valuable material both in the definitions of the volatile substances and in epidemiology, causes and motivations of use. It provides a comprehensive description of the toxicological effects, psychological effects and social consequences both for urban and Aboriginal community categories.

The Committee gathered evidence over some 2 years and a brief summary of the conduct of the inquiry and the findings and recommendations of the report as they pertain to petrol sniffing in remote communities, follows.

Scope of Inquiry

The Committee decided that because volatile substance abuse occurs both in the youth of urban areas and the youth of remote Aboriginal Communities and that these two groups differed considerably in sociological context, the approach of the Committee was to deal with the health and social problems separately and the report is presented in two parts, (Part 1) volatile substance abuse amongst urban youth and (Part 2) petrol inhalation amongst youth of Aboriginal communities. The following synopsis deals with Part 2 of the report only.

In its inquiry the Committee sought to exclude the subject of occupational inhalation of volatile substances from the scope of its inquiry and focused on the 'recreational' abuse of volatile substances.

Geographical Prevalence

The Committee reported that petrol sniffing in Aboriginal communities in Australia was reported to have begun following the establishment of military bases in Arnhem Land during the Second World War. Some serious outbreaks were first noticed in the 1960's

and regular epidemics began in the early 1970's. There had been an escalation in the period immediately before this Report (1985). In 1983 information compiled by the Department of Aboriginal Affairs for its community profiles indicated that Australia-wide an average of 9% of communities had reported having a problem with petrol sniffing. It was assumed that the current figure (in 1985) was probably higher than that because of the practice spreading to town camps and semi-urban areas. While the data available was considered inadequate there was evidence submitted by the Department of Aboriginal Affairs on the incidence of communities having petrol sniffing and alcohol abuse problems. For the Northern Territory out of a total of 371 communities, 35 had problems with petrol sniffing (9%), 99 or (27%) had problems with alcohol, 21 (6%) had both alcohol and petrol sniffing problems and 13 (3%) had petrol sniffing but not alcohol problems.

It was indicated that the incidence had increased considerably in the previous 10 years and, in some cases, at an alarming rate. In some communities there was a core group of chronic sniffers who were perpetually involved. These were augmented by a group of social sniffers, which in many cases constituted a majority of young people in the community.

When visiting Aboriginal communities the Committee sought estimates of current prevalence from people they met. The figures they obtained were highly general and varied within each community according to who was providing the figure. It appeared that there was no clear idea of the numbers involved. Despite the lack of definitive figures it was a fact there existed a problem of significant magnitude. In evidence the National Aboriginal and Islander Health Organisation (NAIHO) indicated that about 2000 children were sniffing petrol in the central reserves area of the Northern Territory, approximately 10% of all Aboriginal children living in those areas.

Reasons for Concern

The three broad reasons for concern about petrol sniffing among the youth of remote Aboriginal communities were:

1. The severe physical and psychological effects of those involved;
2. The impact of the combined consequential effects on what is already a fragile social system to the extent that it threatens to destroy it completely; and
3. The extent of the problem. Petrol sniffing is now seen as a phenomenon of considerable magnitude and of epidemic proportions i.e. a whole generation growing up on petrol fumes.

Causes

In its visits to Aboriginal communities and discussions with witnesses the Committee repeatedly sought information on the causes of petrol abuse. A wide range of causes was offered and the Committee was unable to get a clear indication of why Aboriginal children sniffed petrol. Some sniffers that the Committee spoke with unanimously said it was "for fun", and many adults agreed with this but stressed that other factors were also involved. The two most commonly causes cited were peer pressure and boredom, including lack of encouragement, stimulation or perception of things to do. Other causes included hunger, negative or conflicting role models and an unfulfilled need on the part of adolescents for attention.

Many people also argued that petrol sniffing was one of many symptoms of broader social problems experienced by Aboriginal people such as:

- impoverished socio-economic conditions;
- loss of tradition and direction;
- conflict in community relations;
- family dysfunction;
- parental neglect; and
- inadequacies of the educational system.

Factors which would seem to contribute to a continuation of the problem included a lack of the following:

- community resources;
- strong leadership;
- effective decision making processes;
- conceptualisation of the problem;
- clear commitment to solve the problem; and
- co-ordination by controlling instrumentalities.

Physical and Psychological Effects

The Committee concluded that the acute and chronic physical effects of petrol inhalation included the toxic affects of organic lead which effects liver and kidney function, causes reversible and irreversible brain damage, and also damages peripheral nerves. Some sniffers have already been found to have chronic lead poisoning. However, the extent of mortality through petrol sniffing was undocumented. Some emotive and expansive accounts suggest that a large number of deaths had occurred but medical and coronial evidence tended to support the view that there had not been many deaths associated with petrol sniffing over the past 10 years.

The Committee found acute psychological effects arising from the practice of petrol sniffing. Most of the immediate effects stem from the advent of hallucinations and disinhibiting effects that accompany intoxication. This is the source of much disruption to family and community, in particular resulting in disrespect for traditional values and delinquent behaviours such as vandalism. While there is no evidence to suggest that those poor of intellect are likely to sniff petrol there is strong evidence that sniffers become poor achievers at school and that chronic abuse of petrol leads to significant decline in cognitive functions occurring as a result of lead deposition in the brain.

Social Consequences

The cost of petrol sniffing can be measured in both financial and social terms. The financial costs to replace and repair damaged property, obtain medical treatment and in prosecuting and detaining perpetrators of crimes committed while intoxicated with petrol constitute a real economic loss to the community and to the public. The social costs are less tangible but nonetheless important. Communities with significant petrol sniffing problems often experience frustration and hopelessness; they become demoralised and cynical and lose control over other problems as well. Some communities currently experiencing intense problems with petrol sniffing may be on the verge of irreparable social break down. The Committee concluded that the problem is highly debilitating to Aboriginal communities causing considerable social and economic disruption to some.

Responses

The Committee concluded that some measures aimed at preventing petrol being obtained and abused such as locking bowsers, providing diesel vehicles and adding deterrents provide only temporary relief but do not succeed in the long term. Similarly, the Committee concluded that punitive action such as punishment and banishment were not effective and in addition often proved counter productive. The Committee concluded that recreation and provision of facilities have a role to play in the curbing the prevention of petrol sniffing but that, as a general principal, the provision of youth workers and recreational officers would be more beneficial than the provision of facilities and equipment.

The Committee pointed out that there is already a large pool of resources in most communities such as teachers, teacher's aides, other staff and parents who make valuable contribution for providing activities after school hours and on a voluntary basis.

The Committee concluded that the solution, which had the greatest chance of solving the problem on a long term, is a homelands/outstation movement. The Committee recommended that the homelands movement and outstations, as typified by the Arnhem Land model be encouraged and supported. The Committee pointed out that this should not be considered the immediate and sole answer to petrol sniffing. The Committee pointed out that the question of education of children at outstations must be addressed. The Committee also concluded that there is a need for treatment facilities for chronic sniffers and that these could be carried out in regional half-way houses which will be supervised by professionals assisted by Aboriginal health workers. The Committee commended the State and Federal Governments in establishing an Inter-Governmental Working Party on Petrol Sniffing and recommended that the Australian Aboriginal Affairs Council formalise and support the continued meeting of this working party as a basis for formulating policy and co-ordinating information exchange amongst government groups. The Committee also commended the action taken by the Commonwealth Department of Aboriginal Affairs in initiating an ad hoc working group on petrol sniffing comprising government and community groups and recommends that the department formalise and support the continued meeting of this group. The Committee did not believe that funding specific programs will provide a long term solution, it emphasised that there is a need for funding broadly based programs which place emphasis on the development and welfare of all Aboriginal youth in remote communities.

Conclusions

The Committee concluded that many attempts had been made by communities and by individuals to eradicate petrol sniffing once it had developed problematic proportions but nowhere did the Committee find a complete success. Broad consideration from a range of responses already made brought the Committee to consider that the elements necessary for success appeared to be:

- Strong leadership
- Total community commitment
- Persistence in attempts to find a solution
- Mobilisation of community resources

- Provision of an alternative which is viewed by would-be sniffers as a better activity or lifestyle to pursue

Potential Other Responses

The Committee concluded that the act of sniffing petrol should not be made a criminal offence and recommended that no legislative action be taken to create such an offence. The Committee recommended that where communities desire external control to be effected over chronic sniffers they be alerted to the care and custody provisions of State child welfare legislation. The Committee recommended to State governments that increased use of care in custody provisions would be an appropriate response to the request by Aboriginal communities for assistance in the treatment of chronic sniffers. The Committee concluded however, that there is a need for legal mechanisms to control the supply of petrol to minors in the knowledge that they intend to use it for intoxication and for a legal mechanism to criminalise the action on non-minors of inciting minors to sniff petrol and recommends to State governments that they proceed with the implementation of enabling legislation.

Education and Resource Material

The Committee concluded that there is a need for educational material to be produced and provided to parents and other adult groups in Aboriginal communities and recommends to Aboriginal educational institutions that they do so as a matter of priority. The Committee also recommended that school based curricula be directed at more relevant and appropriate subjects for Aboriginal children in remote areas. However, the community recognises the great contribution which school staff can make and how valuable they could be in organising after school activities either on a part-time or voluntary basis.

Drug Substitution

The Committee concluded that drug substitution is not an appropriate response to the problems of petrol sniffing. This was in response to suggestions in some communities that kava and marijuana could be substituted as less harmful drugs.

Requisites for Effective Control

- (a) **Community involvement.** The Committee concluded actions in response to petrol sniffing should originate from and be controlled by the Aboriginal people in each community affected by petrol sniffing. However, the Committee also concluded that there was a role for outside agencies in promoting the significance of petrol sniffing as a health and welfare problem and in providing information about options so that communities can select responses appropriate to their own needs and circumstances. The Committee recommended that the Commonwealth Department of Aboriginal Affairs fund an appropriate Aboriginal agency to prepare a resource handbook, which outlines possible actions which communities could take.
- (b) **Parental responsibility.** The Committee believed that the family group is the fundamental and most effective unit for dealing with the problem of petrol sniffing and for any action to be successful it must be based on the involvement of the whole family. The Committee concluded that until parents accept this responsibility or are made to accept it the problem will continue. The question of how to increase parental responsibility can only be answered by Aboriginal people.

- (c) **Removal of ringleaders.** The Committee believed that the effective control of petrol sniffing would be greatly facilitated by the removal of ring leaders to half-way houses for rehabilitative treatment and recommends that such action be taken in the case of minors through care and custody provisions, in the case of adults through legislation creating an offence to incite others to sniff or supply for the purposes of sniffing.
- (d) **Broadly-based programs.** The Committee recommended that programs created to prevent or reduce petrol sniffing should be based on the involvement of all youth in both recreational and educative activities.
- (e) **Training.** The Committee was convinced that there is an urgent need for the training of Aboriginal youth workers and recreational officers and recommends that Aboriginal educational institutions give priority to fulfilling this need.
- (f) **Data and Research.** The Committee concluded that there was a strong need for collection of epidemiological data on petrol sniffing and recommends to the Commonwealth Department of Aboriginal Affairs that it establish a central point for the collection and collation of data on petrol sniffing and that area officers obtain data in a concentrated effort to provide a national epidemiological database. The Committee concluded that there is a strong need for research on the sociological content of petrol sniffing and recommends to relevant research institutes that they consider sponsoring research subjects on those listed in that report.

VICTORIAN DRUGS AND CRIME PREVENTION COMMITTEE'S INQUIRY INTO THE INHALATION OF VOLATILE SUBSTANCES

In 2001 the Victorian parliamentary committee was given a reference to inquire into inhalant abuse in that State, the result of which was its final report published in September 2002.

By the very demographic geographic nature of Victoria the problems encountered there are very different to those found in the Northern Territory. In particular, Victoria has very little similarity to the situation of those of inhalant abusing youth in the Territory's remote communities. However this report did much to not only chronicle the nature of volatile substance abuse, the extent of the problem and patterns of use, it also provides information which places the Victorian scene in the historical and international context.

Of particular interest with regard to this current Committee's inquiry are the findings relating to strategic interventions required to address inhalant abuse in Indigenous society, both urban and rural.

The report quotes the anthropologist, Maggie Brady who has done much in this area in central Australia:

Cultural and social issues are paramount in solving Indigenous youth health problems pertaining to volatile substances and other forms of substance abuse⁴³.

Healing places and outstations

The report considers and endorses the need for culturally appropriate places for abusers which will give them time to 'heal', addressing simultaneously all the needs of the youth – physical, spiritual and social. This was reinforced by evidence taken from diverse sources and by visiting Maori healing places in New Zealand, and also by outstation movement in remote Australia. In these, young people are removed to remote properties away from their substances of abuse and engaged in work, recreation and leisure programs. The report also notes that there has been no, or very little, evaluative work done on the efficacy of outstation programs. However they are seen as being very culturally appropriate, based as they are on a cultural model of banishment.

Community decision making

This part of the report draws greatly from the experiences on Northern Territory programs and the results of Northern Territory research. The success of the Mt Theo program whereby youth who are sniffing at Yuendumu are removed, by community consensus, to a remote outstation for a period, is seen to be based upon the high level of support from both the Indigenous and non-Indigenous people in the area.

It quotes from a meeting at Yuendumu with representatives of the program:

The Warlpiri workers and volunteers are held in high regard by the community and outside agencies. Logistical support for the Outstation is maintained at regular intervals. The Yuendumu based workers and volunteers work closely with the police, night patrol, NT Health and families to deal with outbreaks of petrol

⁴³ Inquiry into the Inhalation of Volatile Substances Final Report

sniffing when they occur. When possible, a strong, vibrant sport and recreation program is maintained in conjunction with school activities. Non-Indigenous and Indigenous people work together in a close partnership that is symbiotic, drawing strength and experience from both cultures. They maintain an ongoing dialogue with the police, community organisations, the education department, NT and Commonwealth Health and funding bodies on sniffing and youth issues. A service delivery model is followed for the rehabilitative process at Mt Theo with a view to reintroducing young people back into the community in consultation with their family support network (Campbell & Stojanovski 2001, p.10).

Koori youth support programs

The need for information, resources and support services was raised, with the following considered necessary:

- information, education and support for young Kooris
- assessment and referral as necessary
- counselling support
- recovery space for young people affected by volatile substances, alcohol and other drugs – referral need not be through the police, but could be by friends, family or self-referral
- detoxification for young people
- Developing a broader long-term plan to improve the health of young Kooris.

In line with this plan, develop and run on-site, or assist other Koori organisations to develop and run, activities and programs for Koori youth which:-

- keep young people occupied, challenged and distracted from chroming and other drug abuse, including involving them in other risk-taking activities (such as rock-climbing, abseiling, etc)
- involve parents or other responsible adults in their lives
- develop self-esteem, life skills, and direction in life
- improve access to health and wellbeing services offered through other organisations and agencies.

Legal and policing issues

Of timely concern is the report's coverage of the contentious issue of legal sanction or regulation of inhalant abuse.

Australia-wide there is little criminal or civil legal regulation of sniffing itself, with most focussed on the sale and distribution of substances rather than their use. Any action to protect sniffers is done so under child welfare provisions as just that – protection. The report contains details of the exact provisions in each state and territory.

Internationally, the United Kingdom was the first country to regulate the sale and distribution of substances which may be intended for inhalation. The situation is the same in most jurisdictions of the United States of America with the exception of some states, notably Texas, where use is also criminalised.

Texas has the *Abusable Volatile Chemicals Act 2001* which prohibits “the use of volatile chemicals, including aerosol paint and nitrous oxide, in a ‘manner designed to

affect the central nervous system', or the possession of such chemicals with the intent to inhale."⁴⁴

New Zealand has, through concerted government and community action, managed to successfully reduce the size and gravity of what was, fifteen years earlier, a significant problem. While it is not illegal to inhale solvents, police are empowered, under the *Alcoholism and Drug Addiction Act 1966*, to hold people under the influence or deliver them to a detoxification centre. This raises the need to ensure that such centres are designed to deal with solvent abuse.

The report also addresses the issue of whether special laws or sanctions should be in place for remote Indigenous communities, noting that it is illegal to sniff petrol on Ngaanyatjarra Lands in Western Australia. [It should be noted that the Committee was told, at a meeting Members attended at Ngaanyatjarra College, Yulara⁴⁵, with residents of the Northern Territory communities of Yirrkala, Docker River and Imampa, that the impact of this was that those who wanted to sniff simply crossed to communities on Nyaanyatjarra Lands in the Northern Territory.]

As well, petrol sniffing is proscribed on some traditional homelands in South Australia via by-laws under the *Pintjantjatjara Land Rights Act 1981*. These reportedly allow magistrates to order treatment or rehabilitation where needed.

From a policing viewpoint, the report details the frustration felt by police in not being able to respond adequately to stop sniffing, particularly when help is requested by members of the community. This is sometimes interpreted as police disinterest in taking any action. A need was also detailed for adequate training for police to enable them to recognise when someone was 'high' and act appropriately. Queensland and Western Australia policing is cited as having the most comprehensive strategies for working with the community to overcome the problems.

The report concludes that the police have a crucial role in dealing with sniffing for which they need to be adequately resourced and trained. More importantly, their ability to act should be underpinned by appropriate legislation. However, criminalisation of the act of sniffing is not seen as the answer. Instead, legislation aiming to protect the sniffer is needed, in tandem with preventative and treatment services for those at risk.

The Committee made four recommendations in relation to dealing with inhalant abuse in Aboriginal and Torres Strait Islander populations, as follows:

Aboriginal and Torres Strait Islander specific recommendations

- 13a. The Committee recommends that specific culturally appropriate training and resources on solvent abuse issues be provided to Indigenous alcohol and drug workers.
- 13b. The Committee recommends the need for Indigenous specific holistic healing centres to be funded to adequately cater for the specific cultural needs of Indigenous communities with regard to substance abuse issues as described in this Report and the Committee's previous Report into Public Drunkenness.

⁴⁴ Page 179 of the Victorian Committee Report

⁴⁵ Meeting No. 40 of 4 June 2004

- 13c. In particular, the Committee recommends the urgent establishment of a holistic healing centre that specifically addresses the needs of and is established for Indigenous young people.
- 13d. The Committee recommends that the development and funding of Aboriginal and Torres Strait Islander specific leisure facilities, including youth, sport and recreational clubs and programmes, be extended in order to provide structured activities that will engage young people, enhance their self-esteem, promote Indigenous culture and tradition and develop a sense of community.

SUBSTANCE ABUSE INQUIRY BY THE HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS

In 2000 the House of Representatives Standing Committee on Family and Community Affairs was asked to report and recommend on:

The social and economic costs of substance abuse, with particular regard to:

- *family relationships;*
- *crime, violence (including domestic violence), and law enforcement;*
- *road trauma;*
- *workplace safety and productivity; and*
- *health care costs.*

In 2001 it released a discussion paper 'Where to Next?' and its report 'Road to Recovery' in August 2003.

In all the report contains 128 recommendations, focussing in many on the need for cooperative action between the Commonwealth and States and Territories to overcome the impact of substance abuse on all walks of Australian life, including in the areas of early intervention and prevention programs aimed at increasing young people's involvement in communities, families and their peers, for greater connection for them in the fabric of Australian society.

The report recognised the role that poverty, poor housing, poor health and low school attendance plays in disadvantaging youth at risk of substance abuse and that long term, comprehensive but effective drug education programs are needed as a whole of school and community approach to dealing with drug use. Out-of-school activities for young people, especially sport, were seen as essential and that interventions should be whole of family and whole of community based.

Accurate data on substance abuse was seen as essential and the report recommended that any funding provided for a drug-related program should be provisional on the body undertaking the program providing data and information to the Australian National Council on Drugs database for the establishment of a more comprehensive picture of drug use in Australia.

In the area of health care an overall increase in detoxification places and the provision of a range of treatment and rehabilitation approaches were required, together with an increased level of training for these services and that they needed to be linked to work co-operatively with programs in the areas of health and community services.

An emphasis was placed on co-morbidity and the links between mental health, drug use and suicide.

More information was required on specific Indigenous needs in relation to understanding substance abuse and targeting greatest need through, as well as other initiatives, training of Indigenous substance use workers. It was considered important that governments set targets for programs against which outcomes could be measured.

APPENDIX 3

SUBMISSIONS RECEIVED WITH REFERENCE TO PETROL SNIFFING

SUBMISSION NO:	SUBMISSION RECEIVED FROM:
01	Mr R Folds
11	Department of Health & Community Services – Inhalant Substance Abuse
11B	DH&CS – Inhalant Abuse Programs
18	Dr P d’Abbs and Ms S McLean – A Review of Petrol Sniffing Interventions
29	Substance Misuse Action Group (SMAG) <i>In Camera – numbers of sniffers in individual communities</i>
31	Drug and Alcohol Services (DASA) <ul style="list-style-type: none"> • ANCD research paper: <i>Structural determinants of youth drug use</i>
32	Drug and Alcohol Services (DASA) <ul style="list-style-type: none"> • ANCD National Report: <i>Rural and Regional alcohol and other drugs consultation forums</i>
35	Mt Theo – Yuendumu Substance Misuse Aboriginal Corporation
36	Mt Theo – Yuendumu Substance Misuse Aboriginal Corporation
37	Mt Theo – Yuendumu Substance Misuse Aboriginal Corporation
47	Western Aranda Families Against Violence
50	Central Australian Aboriginal Congress Inc.
54	Alice In Ten, Quality Of Life Project, Alcohol And Substance Misuse Priority Group
70	Jawoyn Association
73	ATSIC, NT
87	Department of Health and Community Services, East Arnhem
94	Mr Peter Severin
105	BP Australia

APPENDIX 4

**COMMITTEE MEETINGS AND HEARINGS WITH REFERENCE TO THE PETROL
SNIFFING INQUIRY**

Meeting No. 8	21 June 2002	Department of Health and Community Services Official Briefing
		Department of Health and Ageing Official Briefing
Meeting No.10	3 July 2002	Mt Theo Yuendumu Substance Misuse Aboriginal Corporation
Meeting No.11	3 July 2002	Mutitjulu
Meeting No.13	4 July 2002	Arrente Council, Alice Springs
Meeting No.22	11 October 2002	Darwin Skills Development Scheme • Alcohol Awareness and Family Recovery • Australian Medical Association, NT Branch
Meeting No.24	22 October 2002	Jabiru Public Hearing
Meeting No.32	6 March 2003	Darwin Public Hearing
Meeting No.34	10 April 2003	Tennant Creek Public Hearing
Meeting No.35	2 May 2003	Alice Springs Public Hearing
Meeting No.59	2 April 2004	Dr Peter d'Abbs
Meeting No.60	15 April 2004	Dr Tracy Westermann
Meeting No.61	7 May 2004	CAYLUS
Meeting No.62	29 June 2004	Australian Institute of Petroleum