Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 1

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Type of Question: Hansard Page 12, 16 August 2012

Senator Moore asked:

What kind of data does AIHW collect and do they identify in their drug and alcohol surveys what substances are used?

Answer:

More than 26,000 people aged 12 years or older participated in the Australian Institute of Health and Welfare (AIHW) 2010 National Drug Strategy Household Survey. Respondents were asked about their knowledge of and attitudes towards drugs including inhalants, their drug consumption histories, and related behaviours.

In relation to inhalants, respondents were asked about use of solvents, aerosols, glue, petrol, laughing gas, whippets, nitrous, snappers, poppers, pearlers, rushamines, locker room, bolt, bullet, rush, climax, red gold, amyl and bulbs. Inhalants did not include nasal sprays, inhalers or puffers used for asthma and similar conditions.

The survey has been conducted approximately every three years since 1985. The next survey is scheduled for 2013.

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 2

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Type of Question: Hansard Page 13, 16 August 2012

Senator Boyce asked:

Do you know how much Opal is used per pump? Are you able to give us that data for, say, the last three years?

Answer:

The Department of Health and Ageing does not have information on the volume of low aromatic fuel used at each site. The Department has two processes for collecting data on the volumes of low aromatic fuel used:

1) BP Australia lodges a monthly claim for a fee or subsidy on the volume of low aromatic fuel sold through its terminal gates in Largs North, South Australia and Kalgoorlie, Western Australia. This volume data is used to calculate the monthly fee payable to BP Australia for the production of low aromatic fuel. BP Australia claimed a production subsidy on the following volumes of fuel between 2009-10 and 2011-12.

2009-10 (Litres)	**2010-11 (Litres)**	**2011-12 (Litres)**
21,747,526	21,205,105	20,883,448

2) In order to claim a distribution subsidy for low aromatic fuel, fuel distributors are required to provide the Department with a monthly statement outlining the details of their low aromatic fuel deliveries including location and volume. It is not mandatory for fuel distributors to provide details for all deliveries of low aromatic fuel as not all fuel retail sites attract a distribution subsidy. Although not mandatory, the Department liaises with all fuel distributors in an attempt to obtain delivery volumes for all sites. The following table summarises a state based breakdown of the data obtained from fuel distributors between 2009-10 and 2011-12.

	2009-10 (Litres)	2010-11 (Litres)	2011-12 (Litres)
NT	16,064,986	17,178,701	17,755,983
QLD	525,830	637,904	532,130
SA	1,444,316	1,093,839	508,700
WA	638,325	627,594	1,249,306
TOTAL	**18,673,457**	**19,538,038**	**20,046,119**

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 3

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Type of Question: Hansard Page 13, 16 August 2012

Senator Boyce asked:

What are the trends in usage of Opal? Is there more being used or less being used, in some communities it is going up, in some communities it is coming down—that sort of thing.

Answer:

Over the past three years the volume of Opal fuel produced annually by BP Australia has remained relatively unchanged despite an increase to the number of fuel retail sites supplying the product. The following table outlines the volumes of Opal fuel for which BP Australia claimed a production subsidy between 2009-10 and 2011-12.

2009-10 (Litres)	2010-11 (Litres)	2011-12 (Litres)
21,747,526	21,205,105	20,883,448

The fuel industry has reported that in recent years there is a national trend towards the use of diesel and premium fuels rather than the 91 octane unleaded grade of petrol. In addition, the Department of Health and Ageing is also aware that anecdotally there has been a decrease in self-drive tourism which may also affect demand for Opal fuel.

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 9

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Type of Question: Hansard Page 20, 16 August 2012

Senator Siewert asked:

There are a couple of questions that [Shell] have put in it about the future subsidies and what would be involved in terms of widening the availability of the fuel. It may be useful for the department to have a look at that and see whether any of the questions they have raised about ongoing costs and things like that that it would be useful to seek. I would also be interested to know whether these questions have been raised with you before.

Answer:

Shell Australia (Shell) raised the following in its submission to the Senate Inquiry: -

1. ***Supply security*** *– in the event of a mandate there is less complexity in the supply chain. Communities within the defined areas are challenging to supply as there are fewer supply points, less tankage available and they are often in remote locations. Therefore, in a mandate environment where you only have to supply one 91 octane fuel the supply chain will be less complex and potentially offer improved supply security.*

In point 1, Shell state that the supply chain may be less complex in the event of a mandate as only one grade of 91 octane fuel would need to be supplied. It also noted that there are challenges to supply to some remote locations due to storage availability. While the Department acknowledges that the supply chain may become less complex if mandated, improved storage and distribution arrangements need to be established to facilitate this. To improve supply security for low aromatic fuel, storage and distribution issues need to be resolved whether or not the rollout is undertaken on a voluntary or mandated basis.

The 2010-11 budget measure, *Expanding the Supply and Uptake of Opal Fuel* aims to address the issue of supply security. In 2011, the Department conducted a procurement process to establish improved arrangements for the production, transport to storage and bulk storage of low aromatic fuel from 2012-13 onwards.

The new arrangements commenced on 1 July 2012 and will continue to be progressively rolled out throughout the 2012-13 financial year to enhance storage and supply arrangements.

2. ***All customers required to take low aromatic in these areas*** *– According to the Bill, the production subsidy arrangements would have to be expanded to cover all fuel sold (that is, fuel sold to both retail and commercial customers) within the defined areas. Shell would need assurances that the production subsidy arrangement would be maintained and expanded to cover all low aromatic 91 sold.*

Point 2 is a policy question and is a matter for Government if the Bill is enacted. The Department is unable to comment.

3. ***Management of other grades of unleaded fuel*** *– Shell does not support the broad powers set out in Section 11 which could allow the Minister to limit supply of premium fuels. Shell would like clarity over the right for companies to maintain the overall product mix on sites, including premium fuels which have previously not been affected by the roll out of low aromatic 91.*

Point 3 is a matter relating to the drafting of the Bill. The Department is unable to comment.

4. ***Exemption framework*** *– Shell would like further clarity on the specific conditions and application around exemptions should they be required under this Bill particularly as this has currently been handled as a "demand" driven product.*

Point 4 is a matter relating to the drafting of the Bill. If the Bill is enacted the exemption framework would be a matter for consideration by Government. The Department is unable to comment.

5. ***Labelling*** *– in the event that due to a supply disruption low aromatic was not available and RULP was being supplied, Shell would need clarity around labeling and the need to advise consumers of the change in product as they understand there would be ACCC implications for failing to do so.*

Point 5 would be a matter for consideration by Government if the Bill is enacted. The Department is unable to comment.

6. ***Consistency*** *- If a mandate is to apply then it has to be consistent across all outlets particularly those in "border" locations. We have seen in NSW there has been an ability for some retail outlets to gain an exemption from selling E10 which has put them at a competitive advantage to other sites complying with the mandate.*

Point 6 would be a matter for consideration by Government if the Bill is enacted. The Department is unable to comment.

7. ***Affordability for Government*** *- We have a query around the affordability of a mandate as this would result in a much larger volume to be supplied and therefore a larger production subsidy required. As you would be aware, the cost to produce low aromatic is higher than that for producing RULP and as the stated aim is for low aromatic to be supplied to the market /consumers at a comparable price to RULP then a subsidy is required to bridge that gap.*

Point 7 is a policy question and would be a matter for Government if the Bill is enacted. The Department is unable to comment.

8. ***Roll-out and consumer/community/customer education*** *– Shell supports the current programme conducted by the Department to work with local communities on education and acceptance of low aromatic fuel prior to roll-out. Shell does not support the proposal for companies to take on sole responsibility for consumer education. Shell sees that fuel manufacturers and suppliers are a support to the Department on technical and fuel quality matters but that Government should take a leading role in consumer/ community/ customer education and the implementation of complementary initiatives to support health outcomes.*

In point 8, Shell state they support the Department's current approach to communication in relation to low aromatic fuel. If the Bill is enacted the future communication program would be a matter for consideration by Government. The Department is unable to comment.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 11

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Type of Question: Hansard Page 27, 16 August 2012

Senator Smith asked:

So there is at least a six-month delay because some equipment has a six-month timeframe attached to it, because it has to be ordered then imported. Is that right?

Answer:

As noted in the response to Question 12, there have been some delays with this project due to the extended nature of the negotiations with Vopak.

On advice from Vopak it is the Department of Health and Ageing's understanding that some equipment can take up to six months to be fabricated and received. Vopak has advised that construction can commence prior to the receipt of all equipment.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 12

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Type of Question: Hansard Page 27, 16 August 2012

Senator Smith asked:

So how long has the negotiation [with Vopak] been going on for? I would be interested in getting a timetable of the discussions that have happened since the successful tenderer was announced, so the discussions between the Department and the relevant site operator, for want of better words. Who is the engineering firm who is undertaking the engineering analysis for us? If there is any additional information about the expected future time frame around the completion of the final engineering study and the ordering of the equipment, that would be beneficial as well.

Answer:

The Department of Health and Ageing has been in regular discussions and contract negotiations with Vopak Terminals since March 2011.

The extended nature of these negotiations is explained by the staged approach to the contract adopted by the Department. Stage 1 negotiations between March and August 2011 related to scoping activities for potential storage options. Vopak Terminals subcontracted the engineering scoping works to Conneq Pty Ltd (now trading as Lend Lease Pty Ltd).

The scoping work identified two potential storage options and the Department commenced detailed contract negotiations with Vopak Terminals on the Front End Engineering Design (FEED) study for an interim storage solution in October 2011. These Stage 2 activities were protracted as several new storage options were proposed by Vopak. It was eventually agreed to progress the work in three discrete elements: a FEED study on the conversion of an existing three million litre tank (an interim storage solution); the identification of equipment required for the tank conversion; and a separate FEED study to construct a larger 5-7 million tank which would provide the long-term, permanent storage solution. A funding agreement with Vopak Terminals for the first FEED study was executed on 14 May 2012.

Since May 2012, the Department and Vopak Terminals have been involved in Stage 3 activities reviewing options for the permanent storage solution. These options have emerged as a result of separate commercial dealings between Vopak Terminals and third parties. In progressing these negotiations the Department is seeking to ensure that the storage facilities are available for use in 2012-13.

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 15

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Written Question on Notice

Senator Moore asked:

The committee would like to have the terms of reference [for the prevalence study]. We would like to have a copy of the data collection tool that has been agreed. We would also like to see in what way the data collection tool that is being used for that process differs from the data that is being collected in the standard way by the department currently. So we want to know: how does the information that is being sought for this evaluation of the petrol process differ from the standard information that the department gets every month, or whatever the process is? We would really like to see the data processes and exactly what is being collected.

Answer:

The Department of Health and Ageing is funding the Menzies School of Health Research to conduct a data collection project under the Petrol Sniffing Prevention Program (PSPP).

The Terms of Reference for the project are as follows:

1. The Consultant must develop and implement a data collection tool to gather information from communities on the prevalence and incidence of petrol sniffing, transference to other substances (licit and illicit), and information on behavioural and community level changes.

2. In performing the Services, the Consultant must undertake the following tasks:

    a) determine the prevalence of petrol sniffing in Indigenous communities in areas where low aromatic fuel is available;

    b) identify and measure (as far as possible) any unintended consequences of the roll out of low aromatic fuel, e.g., geographical displacement, substance transference and the trafficking of petrol into communities;

    c) provide information on the extent of individual and community level behavioural change attributed to the availability of low aromatic fuel;

    d) identify and describe the other factors that have contributed to the prevalence of petrol sniffing and any other outcomes e.g. Volatile Substance Abuse

Management Plans, youth diversionary activities, night patrols, community leadership and community driven initiatives;

e) determine the impact of low aromatic fuel on the prevalence of petrol sniffing and any other outcomes in the selected communities; and

f) describe the 'key learnings' from each data collection, and discuss the findings and outcomes from the project.

Menzies has provided a copy of its methodology and data collection tool, which is attached. The data collection is based on published research methodology and is conducted via a structured survey. Menzies is collecting data from communities specially selected to assess defined characteristics and will collect data from 40 participating communities twice over a 24 month period to measure the prevalence of petrol sniffing. In addition, it looks at behavioural and community level changes and transference to other substances.

This differs to the monthly data on the incidence of petrol sniffing collected by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) which is collected via its regional coordinator network through liaison with local key stakeholders.

It should be noted that FaHCSIA's Whole of Strategy Evaluation is a separate process evaluating the Petrol Sniffing Strategy, including interaction and coordination across the Strategy's eight point plan.

Data collection procedures and instrument used in project 'Data collection for the Petrol Sniffing Prevention Program'

The data collection procedures and instrument being used in the PSPP Data Collection project are modified versions of a method developed by d'Abbs and Shaw for the 2006 Opal baseline data collection and the 2008 Opal impact evaluation studies (d'Abbs and Shaw 2007; d'Abbs and Shaw 2008). Because the method in the current study is still being trialed and refined, it is not possible to give a full description of it here. However, we can describe the method used in the earlier studies and, having done so, will comment briefly on recent and likely modifications.

The method used in the earlier studies utilises the 'proxy respondent' procedure (Nelson, Longstreth et al. 1990), although it is also described as the 'community epidemiology' method (Clough, Cairney et al. 2004). Under this method, selected informants in the community are presented with a list of names of community residents and asked to identify the petrol sniffing status of individuals on the list.

The study combines high quality quantitative and qualitative data. A qualitative approach is used to plot patterns and trends in the use of inhalants. In attempting to identify other factors (in some cases, combinations of other factors) that may have facilitated or impeded efforts to prevent petrol sniffing, a qualitative approach is used. The qualitative data collected includes the collection of experiences and observations of people who have direct 'on the ground' contact with relevant events.

Each community in the study is visited by a fieldworker/data collector. Fieldworkers were carefully selected for each community with a preference to assigning workers who were already known in the community, on the grounds that informants would be more willing to give considered responses if they already trust the person asking the questions. Once having obtained permission to enter the community and conduct the fieldwork, fieldworkers explained the nature and purposes of the project, and sought permission to access a community population list from health clinics or community associations. The lists obtained were used to derive a list of all persons in the community aged 5 – 39 years.

Discussions then ensued about which community members would be suitable informants. People with a good knowledge of the community, and authority to speak on behalf of the community were sought, preferably including both male and female informants. The data collector would then find a quiet place to sit down with their informants and go through each name on the population list to assess prevalence and frequency of sniffing, using the four categories summarised in Table 1 below.

Table 1: Typology of inhalant users

Category		**Definition**
Non-sniffer		Not known to have sniffed petrol or any other inhalant in past 6 months.
Current sniffer	Experimental/occasional (a)	Believed to have sniffed petrol or other inhalant in past 6 months, but no evidence of regular use.
	Regular	Believed to have sniffed petrol or other inhalant regularly over past 6 months, but does not meet criterion of heavy use (i.e. at least once a week).
	Heavy	Has sniffed petrol or other inhalants at least weekly (whenever inhalants are available), over past 6 months.

(a) This category was originally labelled 'experimental'. However, in the course of conducting fieldwork for the Opal impact evaluation, we relabelled it as 'occasional', on the grounds that 'experimental' in fact conflates two aspects of inhalant use which may not, in reality, always go together, namely *frequency* and the sniffer's *intention* in sniffing. Use of the term 'occasional' makes it clear that the category refers purely to frequency of sniffing.

In some communities in the 2006 and 2008 studies, Indigenous health workers or other informants preferred to identify sniffers as a group exercise – a procedure that by its nature yields consensual data (although in some instances consensus might require prior discussion among the informants). In other communities, key informants were interviewed separately, a procedure that generates multiple lists of sniffers for the same community. In this instance data collectors were instructed to place a sniffer in a particular category only if at least two informants agree on that placement.

Once the decisions on categorisation had been made, the data collector then aggregated the results in summary tables showing numbers of the various categories of sniffers by gender and age-group. These tables are reproduced below. Population

lists were then returned to the staff at the council or health clinic. No data with individual names was taken from any community. The complete data collection instrument used in the 2006 and 2008 studies is shown here in Appendix A.

Table 2: Tables used to aggregate numbers of inhalant users by category of use, gender and age-group

No. of community members aged 5 to 39 years:

AGE	5 – 9	10 – 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of non-sniffers (5 to 39) by age category:

AGE	5 – 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of occasional sniffers (5 to 39) by age category:

AGE	5 – 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of regular sniffers (5 to 39) by age category:

AGE	5 – 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of regular heavy sniffers (5 to 39) by age category:

AGE	5 – 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

Revisions to 2006 and 2008 methodology

The data collection procedures outlined above were originally developed by Nganampa Health Service for documenting levels of petrol sniffing in the APY Lands, at a time when many communities had 50-60 regular sniffers. This appeared to be the only way of obtaining reliable data about numbers of sniffers. Circumstances today, however, have made this procedure problematic on several counts. Firstly, apart from occasional 'spikes' in a few communities, the number of petrol sniffers in

most communities where it occurs at all is more likely to be 20 or less (with a few, often well publicized, exceptions). Secondly, developments in privacy legislation have made the preparation of lists of names problematic, even though these lists are not retained as part of the research. Finally, the procedure raises questions for ethics committees.

The methodology for the current study is therefore being revised by having data collectors take key informants through subdivisions of the population instead of an actual list. Once this method is finalized, it will form part of the revised data collection tool.

Collection of qualitative data

As well as gauging prevalence and patterns of petrol sniffing following the introduction of Opal fuel, the PSPP Data Collection project requires the researchers to identify factors, other than the use of Opal fuel, that might have influenced petrol sniffing patterns. To gain an understanding of this broader picture, an interview guide has been prepared for use by all data collectors.

The interview guide has three sections. The first deals with the history of sniffing in the community, and of attempts to deal with it. This was included to set the context for the subsequent use of Opal fuel, and to determine what sort of interventions were running before Opal fuel was introduced, and people's perspectives on what is needed for young people. The second part deals with the introduction of Opal fuel and the extent of community consultation that may, or may not, have accompanied it. The third part of the guide aims to uncover unintended consequences of Opal fuel, and deals with qualitative observations on changes in petrol sniffing patterns, what has happened to people who used to sniff, issues of bootlegging petrol for profit and the issue of people shifting to use of other drugs. A complete list of questions used for the Interview Guide is attached at Appendix B.

Appendix a: Data collection instrument used for monitoring prevalence of petrol sniffing in 2006 and 2008 studies

Population list approach

Name of community :.....
Date of data collection: ../../....
Data collector: .....
Does the community use OPAL: .....

To collect this data you need to identify three individuals or separate groups of people, and go through the population list with them, asking them who is sniffing in the community.

Do not collect the names of individual users

Try to get informants from different family groups, different genders and different areas of work in the community.

Note: the table below is to be used in conjunction with a population list showing persons in community aged between 5 and 39 inclusive. Go through each name on the list and categorise the person according to the table below.

Category	Code	Definition
Non sniffer	N	Has not sniffed in the last six months
Experimental	E	Believed to have sniffed petrol or other inhalant in past 6 months, but no evidence of regular use.
Regular, but not heavy use	RL	Believed to have sniffed petrol or other inhalant regularly over past 6 months, but does not meet criterion of heavy use (i.e. at least once a week).
Regular, heavy use	RH	Has sniffed petrol or other inhalants at least weekly (whenever inhalants are available), over past 6 months.

Fill out the following tables with the information that you have collected.

No. of community members aged 5 to 39 years:

AGE	5 – 9	10 – 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of current sniffers (5 to 39) of any level of intensity, by age category:

AGE	5 - 9	10 – 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of never-sniffed (5 to 39) by age category:

AGE	5 - 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of experimental sniffers (5 to 39) by age category:

AGE	5 - 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of regular sniffers (5 to 39) by age category:

AGE	5 - 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

No. of regular heavy sniffers (5 to 39) by age category:

AGE	5 - 9	10 - 14	15 - 24	25 – 39	TOTAL
MALE					
FEMALE					
TOTAL					

Comments on other aspects of petrol sniffing or youth activities in the community
Record here any observations or thoughts you may have

.....

.....

.....

.....

Appendix B: Interview guide for collecting qualitative data
Note: the Interview guide used in fieldwork contains space for unstructured responses to all questions below. Spaces have been deleted here.

Part A: history of inhalant misuse and attempts to deal with it in the community
1. Can you tell me what you know about when and how sniffing first came to this community?
(Probe: Who introduced sniffing? In the early days, how many people were involved?)

2. (If not already answered above) At what point (if ever) did sniffing become entrenched here?

3. Since that time, would you say sniffing has become endemic here, or has it nearly always been episodic?

4. Looking back to the early days of sniffing here, how did people attempt to deal with it?
(Probe: What specific things were done?)

5. How successful were these attempts?
(Probe: Explore with questions about why the attempt were or were not successful. eg what were the barriers? What were the keys to success?

6. In the period leading up to the introduction of Opal fuel, how widespread was sniffing here?
(Probe for descriptive accounts of numbers of chronic/experimental sniffers.)

7. What was being done at this time to deal with sniffing?
(Probe: Who was involved? Who funded?)

8. How successful were these initiatives?
(Again, probe for reasons for success/lack of success.)

9. We won't ask you about numbers of sniffers now, as we do that with a separate set of questions, but I'd like to know about programs and services that have accompanied the introduction of Opal here.
(Probe for descriptions: Who? Who has funded? etc.)

10. Again, can you tell me about how successful or otherwise these have been.
(Again, prompt for reasons, barriers, enabling factors).

11. What youth programs do you have running in your community? (*Probe: How many workers are employed? How often does it operate? What activities does it run? Approximately how many people of what age attend?*)

12. Do you think there are enough youth activities in your community? If not, what additional resources do you think are needed? (Be clear that we cannot deliver resources, but that their responses will go into the report to government.)

Part B: processes/events leading to adoption of opal fuel

13. Can you tell me how Opal came to be introduced here?
Probe into: When? Who initiated? How much discussion (if any) in the community prior to introduction?

Part C: qualitative data on impact of opal fuel on vsm prevalence

14. What impact, if any, has the introduction of Opal had on sniffing patterns in this community?
(Probe: Numbers of sniffers; also effects of sniffing on community)

15. What changes, if any, have you observed in the lives of sniffers (or formers sniffers) themselves?
(Probe: Any evidence of changes in activities, involvement, social lives of the sniffers?)

16. What other positive outcomes, if any, have you observed following the introduction of Opal?

17. Are you aware of a shift to use of other drugs following the introduction of Opal?
Probe: alcohol, marijuana, other inhalants such as glue or paint.

18. Are you aware of sniffers or former sniffers leaving the community following the introduction of Opal?
(Probe: How many? Where have they gone? What is the evidence for the moves?)

19. Are you aware of any trafficking in petrol in this community following the introduction of Opal?
(Probe: Where? Who is supplying? Who purchasing? What is being exchanged?)

20. Are you aware of any other negative outcomes following the introduction of Opal?

21. Finally, do you have any other comments you'd like to add to what we've discussed?

References

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Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 21

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Written Question on Notice

Senator Siewert asked:

Can you explain why that 30 per cent of people continue to sniff? Do you think it is related to the availability of RULP?

Answer:

The Department of Health and Ageing does not have data on the proportion of people sniffing petrol or the reasons for this, however, the 2008 Opal Fuel Impact Evaluation found that one factor influencing petrol sniffing was the distance of a community from a major regular unleaded petrol outlet. There was a tendency for communities located further from a major regular unleaded petrol outlet to have derived greater benefits from the use of Opal fuel.

The Department's current data collection project being undertaken by Menzies School of Health Research will seek to measure behavioural changes following the introduction of low aromatic fuel and this may help to explain why some people continue to sniff.

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 22

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Written Question on Notice

Senator Siewert asked:

Evidence given at the inquiry including from affected community members (from Titjikala, Lake Nash and Papunya) and service organisations is that there is a link between continued supply of standard unleaded and premium fuel and sniffing in nearby communities. Does the Department have evidence/ or data to support or disprove this?

Answer:

In addition to measuring the impact of Opal fuel on the prevalence of petrol sniffing, the 2008 Opal Fuel Impact Evaluation sought to identify and measure any unintended consequences as a result of the rollout of Opal fuel including geographical displacement or migration of people to communities with easy access to regular unleaded petrol.

The 2008 Evaluation found that one factor influencing petrol sniffing was the distance of a community from a major regular unleaded petrol outlet. There was a tendency for communities located further from a major regular unleaded petrol outlet to have derived greater benefits from the use of Opal fuel.

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 26

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Written Question on Notice

Senator Siewert asked:

In the Central Australian hearings a common theme that emerged was how important and useful having an agency like CAYLUS has proven in Central Australia. This agency has developed in part as a result of the work by DOHA, Can you see a way that it would be possible to develop similar agencies to CAYLUS to service other regions?

Answer:

The Central Australian Youth Link-Up Service (CAYLUS) model has largely been developed by the co-ordinators of this program in conjunction with Tangentyere Council. The Department of Health and Ageing cannot comment on whether this model can be translated successfully into other regions.

Senate Community Affairs Legislation Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

INQUIRY INTO THE LOW AROMATIC FUEL BILL 2012

Thursday, 16 August 2012

Question no: 28

OUTCOME 1: Population Health

Topic: Inquiry into the Low Aromatic Fuel Bill 2012

Written Question on Notice

Senator Siewert asked:

Does the evaluation currently being conducted by Menzies School of Health include the impacts and effectiveness of mandating non-sniffable fuel?

Answer:

The data collection project being undertaken by the Menzies School of Health Research is to establish and use a data collection tool to collect information from 40 communities in which low aromatic fuel is available to allow an understanding of the prevalence of petrol sniffing and behavioural change and transference to other substances following the introduction of low aromatic fuel. It does not include the impacts and effectiveness of mandating low aromatic fuel.