



3 May 2012

Submission to Senate Inquiry on Foetal Alcohol Spectrum Disorder

Background:

Steps Group Australia is a not for profit employment, community service and training organisation, assisting people with a disabilities to become active and contributing members of their communities.

Steps' principal Funding source is the Federal Department of Education, Employment and Workplace Relations (DEEWR) and is a quality accredited organisation, operating in accordance with the Disability Service Standards and the Australian Quality Training Framework.

Steps has sites throughout Queensland, Tasmania and the Northern Territory; at Tennant Creek, Steps delivers Disability Employment Services, Youth Connections, Language Literacy and Numeracy Program and a pilot program for DEEWR on volatile substance abuse, one of only three national pilots.

Reducing Volatile Substance Abuse Barkly Region 2011-12

The DEEWR-funded pilot program is aimed at identifying workable solutions to volatile substance abuse. The Tennant Creek model is based on intensive case management, family counselling, community conferencing and education targeting historic sniffers or those viewed as at risk of misuse.

Historically volatile substance abuse, mainly petrol sniffing, has been a difficult issue in the region. Every year between 2001-10, there were been between 120 and 165 notified instances of sniffing. That fell to just 34 in 2011 but as that was the first year of the pilot, it would be dangerous to use that data as an assessment of the program.

As part of the pilot, Steps staff began taking comprehensive assessments of all participants in all programs during 2011. In all, more than 220 assessments were completed using a range of assessment tools ranging from the excellent Tracy Westermann indigenous model to those created by Steps staff in consultation with traditional elders and specialists from other agencies.

While not clinically-based, the assessments are designed to highlight barriers to learning or engagement. We work with a range of people in the region, 97 per cent Indigenous, but all have significant barriers to education or employment.

Overall, our assessments indicated that more than 70 per cent of our participants demonstrate some level of FASD; in the VSA pilot, the level was in excess of 90 per cent.

While we were not surprised about those figures for reasons outlined in Anyinginyi's submission to this inquiry, the indicated level of FASD in volatile substance misusers was a revelation to us. However, we could find no research to back our findings, especially given a reasonably small sample in one region.

Does FASD heighten the risks of volatile substance misuse? We certainly have the indications of that in our area but without further research it is difficult to build a strategy around that.

As a result of our findings, our staff have called on the services of Anyinginyi's FASD coordinator and has worked in collaboration with her in education programs targeting at-risk youth. Again, as her position is only a short term contract it is very difficult to build long term strategies or even compile accurate data as to the effectiveness of the approach.

It is vital that effective strategies be found to tackle volatile substance misuse. While the rollout of Opal fuel has been highly successful in reducing the instances of petrol sniffing in regions with blanket Opal coverage, the number of other substances now being misused is increasing. While "chroming" (paint sniffing) and glue sniffing have been widespread for some time, deodorant, commercial cleaners including oven cleaner and even whipped cream have become substances of choice in some parts of Central Australia.

(The propellant in tinned whipped cream is nitrous oxide, "laughing gas". One can make it all really funny; more than that can have tragic consequences).

In finding those strategies, we need to have access to as much raw data as we can get. Are there links between FASD and volatile substance abuse? We don't know – but we desperately need to know.

It is also critical to the success of our pilot program that we get a reasonable assessment of strategies which we try. Steps will continue to work with misusers and those at risk after the pilot is completed; to do that effectively, we need the support of an FASD expert.

To that end, we respectfully ask the Senators to investigate further funding of the Anyinginyi program and any others in Australia based on similar lines and also investigate research funding to identify any links between FASD and VSA.

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