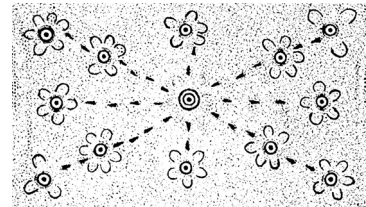




**Northern  
Territory  
Government**

Department of Health  
and Community Services



Central Australia District Medical Officers

## Central Australian Remote Health

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Tuesday, 25th October 2005

<b>Submission</b>	:	<b>Senate Inquiry into petrol sniffing in remote Aboriginal communities</b>	:
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The District Medical Officer Team welcomes the Senate Inquiry into petrol sniffing in remote Aboriginal communities. As providers of medical care to remote Central Australian communities, we are intimately aware of the impact of sniffable fuel on young Indigenous Australians and their families as well as the costs to the broader community. We expect that the inquiry will adopt a broad collaborative approach to evaluating existing inhalant misuse programs.

The factors that lead to inhalant misuse behaviours are highly complex. The intergenerational effects of frontier, social and economic violence continue to disempower young remote Indigenous Australians. Boredom, poverty of opportunity and peer group behaviour compounds misuse. A holistic strategy including youth diversionary programs, individual case management and harm minimisation is required. It is essential that future strategies be largely based on community participatory action.

We acknowledge that the provision of OPAL is by no means a panacea. However, we suggest strongly that the piecemeal provision of non-sniffable fuel to selected remote communities and 'limited supply... in Alice Springs' as proposed by the Federal Government in its terms of reference (1d) is grossly inadequate. Undoubtedly this pattern of OPAL provision will lead to an illicit 'sly trade' in sniffable fuel products across communities. The team of District Medical Officers collectively lend unconditional support to the *comprehensive* provision of non-sniffable fuel across the entire Central Australian region, including the towns of Tennant Creek, Alice Springs, Cooper Pedy, Laverton and Halls Creek.

Central to an effective strategy to dissuade inhalant misuse is the presence of a locally controlled youth diversionary program. Many of us have been impressed by the achievements of the Mt Theo Youth Program in the Warlpiri Homelands. We encourage the Senate Inquiry to credit Mt Theo as exceptional and to examine the factors that have led to its success.

The District Medical Officer Team deeply appreciates this opportunity to input into an inquiry process. We represent the largest and most cohesive team of doctors practicing in remote Central Australia and hope that our perspective is duly regarded.

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