



ADCA

Alcohol and other Drugs Council of Australia

Submission to the

***Inquiry into petrol
sniffing in remote
Aboriginal Communities***

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THE ROLE OF ADCA

The Alcohol and other Drugs Council of Australia (ADCA) is the peak, independent, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs.

ADCA works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just, approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation.

ADCA's membership includes organisations, services, agencies and individual professionals and practitioners engaged in alcohol and other drug services throughout Australia. ADCA's membership also includes: major university research centres; tertiary institutions that offer courses in addiction studies and other programs for alcohol and other drugs workers; officers of the law and criminal justice system; policy analysts; and administrators.

ADCA currently has 370 organisational, associate organisational and individual members. ADCA's member organisations employ almost 10 000 staff Australia wide, of which approximately 2 500 are specifically employed within the alcohol and other drugs sector. The work of ADCA is governed by a Board of Directors and informed by eight expert Reference Groups. ADCA's Reference Groups are comprised of individuals from each state and territory who are nominated and elected by ADCA members in that jurisdiction.

ADCA wishes to thank members of the Aboriginal Peoples & Torres Strait Islanders Reference Group in helping prepare this submission.

Further information about ADCA can be found at www.adca.org.au

INTRODUCTION

ADCA has been invited to provide a written submission to the Inquiry into petrol sniffing in remote Aboriginal communities by the Senate Community Affairs References Committee, addressing any or all of the terms of reference. ADCA's submission provides comment in respect of terms of reference

(a) the effectiveness of existing laws and policing with respect to petrol sniffing in affected Indigenous communities;

(b) the effectiveness of diversionary initiatives and community level activities;

(c) lessons that can be learned from the success some communities have had in reducing petrol sniffing including the impact of non-sniffable Opal petrol.

OVERARCHING COMMENTS

The cost of petrol sniffing in some remote Aboriginal communities is high, and chronic use has been known to have serious health and social consequences (Department of Health and Community Services 2002). ADCA supports an inquiry into this matter, however is conscious that despite numerous reports & inquiries in the past calling for a Government response to petrol sniffing (d'Abbs & Brady 2004), there has yet to be a sustained approach, creating much frustration within effected communities. The Royal Commission into Aboriginal Deaths in Custody (RCIADIC), numerous coronial inquiries & the NT Inquiry into Petrol Sniffing in Remote Northern Territory Communities are some examples that have demonstrated clear recommendations, many of which that have not been implemented to the satisfaction of communities concerned.

ADCA also has concerns relating to the motions set by the Senate. ADCA feels that the motions fail to acknowledge or recognise some of the fundamental causative factors surrounding the issue of petrol sniffing in remote Aboriginal communities. For example, the motions fail to mention that remote Aboriginal communities experience a standard of health, poverty, education, hunger and employment well below any other community in Australia (Australian Bureau of Statistics & the Australian Institute of Health & Welfare 2005). The poor standard of living experienced by these communities must be considered when planning and implementing a response to this issue.

Background

Petrol sniffing is far more common in remote areas compared to urban centres (d'Abbs & MacLean, 2000). There are thought to be several reasons for this. Firstly, people in remote areas have limited access to most goods and services, including a wide variety of drugs. Petrol, compared to illicit and even licit drugs, is relatively accessible both in terms of availability and cost. Other reasons why petrol sniffing is prevalent in some remote Aboriginal communities, and not in others are far more complex, and vary from community to community.

Some of these reasons include cultural, family and social disruption as a result of colonisation and dispossession, boredom, frustration, family breakdown and neglect, social isolation, peer group pressure, need for identity, lack of employment, statement of non-conformity and excitement and pleasure (Mundy 2001). It is clear from the available evidence that the majority of people who sniff petrol are male, and aged between 8 and 30 years of age (d'Abbs & MacLean 2000).

It is not clear how many people sniff petrol in remote communities. One reason contributing to the difficulty in gaining accurate data is the irregularity in usage patterns. In many communities petrol sniffing fluctuates greatly, and numbers can vary dramatically even within weeks (d'Abbs & MacLean 2000). Data collection is also made difficult due to the transient nature of the Aboriginal population. Despite the difficulties, attempts to provide data on prevalence have been made in order to inform approaches to address the issue.

In 1992, it was estimated that 2-3% of the total Aboriginal population in WA, SA & NT were habitual sniffers (Brady 1992). Mortality associated with petrol sniffing is also difficult to establish, however it was estimated that there were 60 males and 3 females petrol sniffing related deaths between 1981-1991 (Mundy 2001). Although these numbers are relatively small, the problem is significant when one considers the petrol sniffing related behaviour of one person can have a profound impact on their family and the whole community.

Additionally, the costs arising from morbidity must be considered. It is estimated that the annual cost for institutional care for a person who has acquired permanent damage from petrol sniffing in Alice Springs is \$160 000 per annum (Select Committee on Substance Abuse in the Community, 2004). It is also suggested that this figure will be far greater if care is needed in remote locations.

(a) The effectiveness of existing laws and policing with respect to petrol sniffing in affected Indigenous communities

ADCA believes that the use of law and policing with respect to petrol sniffing in affected Indigenous communities is a strategy that should be implemented with great care and consideration. Currently in Australia, the majority of law enforcement strategies concerning petrol sniffing have targeted sale and distribution of petrol (Select Committee on Substance Abuse in the Community, 2004.). Some communities have created by-laws that make petrol sniffing an offence, and therefore allow for the removal of sniffers from public places (Department of Health and Community Services, 2002). Although this strategy may offer a much needed short term solution to community safety and protection, there is very little evidence suggesting that the creation of these by-laws will lead to reductions in harm relating to petrol sniffing, or reductions in petrol sniffing as a behaviour (d'Abbs & MacLean 2000). This strategy is limited in its long term effectiveness as it fails to address social and personal factors that influence a persons use of petrol sniffing. Without having other strategies in place, a sniffer will return to a community with unchanged social conditions. It is likely a person will return to petrol sniffing if these social conditions are not changed.

ADCA believes there is a place for law enforcement and policing strategies concerning petrol sniffing under the following conditions:

- law enforcement and policing strategies are implemented as part of an overall strategy that aims to address possible reasons why people sniff petrol
- adequate resources are available to the community and law enforcement agencies
- the community recognises law enforcement and policing strategies to be fair and reasonable. If law enforcement strategies are not supported by the community, they will not be upheld by the community making them meaningless and imposing
- alternative “safe places” to move petrol sniffers other than jails to be available. These safe places should have trained welfare professionals available on site and for follow-up in the community
- law enforcement strategies are in place with the aim of improving community safety and should recognise that the issue of petrol sniffing is a health issue, rather than a criminal one

(b) The effectiveness of diversionary initiatives and community level activities

PREVENTION OF PETROL SNIFFING IN REMOTE ABORIGINAL COMMUNITIES

Preventing young people from petrol sniffing is an extremely complex issue, and it is the opinion of ADCA that prevention initiatives should attempt to address the reasons why young people in remote Australia begin and continue to sniff petrol.

It is suggested in the literature that prevention initiatives should adopt a holistic approach to petrol sniffing. One key document written by D’Abbs & MacLean (2000) reviews petrol sniffing interventions and states

“The most effective long-term strategies against petrol sniffing are likely to be those which broadly improve the health and wellbeing of young Aboriginal people, their families and communities” (d’Abbs & MacLean 2001, pp viii).

The following are examples of strategies which adopt a holistic approach to petrol sniffing, and are supported by ADCA.

Employment & Training Initiatives

It is clear that unemployment can impact on the health of a community (Australian Bureau of Statistics & the Australian Institute of Health & Welfare 2005), including the prevalence of petrol sniffing in remote communities. Paid employment is important in giving people sense of self worth and addressing issues of boredom as well as providing an income. Given these are underlying causative factors of substance misuse, the importance of strategies that aim to increase training and employment opportunities as a part of a long term plan addressing petrol sniffing is great.

ADCA supports initiatives that aim to provide long term sustainable employment and training opportunities for members of remote Aboriginal communities, particularly young people.

Recreational programs

Various reports have recommended the implementation of recreational programs in remote communities to provide young people with an opportunity to participate in activities and to have fun (d'Abbs & MacLean 2000, Cavanagh 2005). Youth recreation programs have been a key strategy in reducing petrol sniffing in many communities however it is essential that programs are supported by a resourced and remunerated recreation officer. It is often difficult to recruit youth workers into remote Aboriginal populations, and when positions are filled, they are often only so for a short period of time. For this reason, it is suggested that youth workers are supported by the appropriate supportive conditions and remuneration.

An alternative solution to recruitment issues in remote Aboriginal community is to invest resources in the up-skilling of local community members to take on needed paid positions. This will help increase the likelihood that youth workers remain in the community for extended periods of time, and would also contribute to the development of the community.

ADCA supports the employment of youth recreation officers in all remote Aboriginal communities. Ideally local people would be provided with training and necessary skills to undertake these roles. It is also recommended that youth recreation programs are resourced for the long term and are evaluated.

Education

Educating the community about petrol sniffing is an essential component of an overall intervention strategy. Evidence suggests that scare tactics are not useful in reducing petrol sniffing as one of the many reasons why young people sniff is risk-taking and rebellion (d'Abbs & MacLean 2000). Accordingly, education regarding the risks of petrol sniffing may have little impact on behaviour change.

It is suggested that education strategies targeting sniffers should focus on the effects of sniffing that are more likely to be of concern to the person. For example, the impact that petrol sniffing can have on a person's ability to play sport may be a concern to many young people.

Education targeting family members of chronic sniffers may also prove beneficial. Often in remote communities families need to respond to crisis situations that may arise from petrol sniffing. It is essential that families have the resources to cope with the sometimes disruptive behaviour of a person who is intoxicated with petrol fumes. Families can also be educated about potentially life saving strategies, including discouraging petrol sniffers from sniffing in small enclosed spaces, and not surprising or scaring sniffers (this may result in sudden sniffing death) (Brady 1985).

ADCA supports education initiatives as an integral preventative strategy. We suggest that a long term solution to petrol sniffing in remote Aboriginal communities will require a community development approach in which education will be one of many strategies.

TREATMENT OF PETROL SNIFFING IN REMOTE ABORIGINAL COMMUNITIES

ADCA supports the immediate establishment of adequately resourced treatment and rehabilitation facilities suitable for petrol sniffers in remote Aboriginal communities.

Currently, there are very few treatment options available to petrol sniffers (Cavanagh 2005). Although the importance and need for adequate treatment services is well recognised, strategies should be implemented alongside of prevention and community development initiatives. Treatment services should also be resourced by well trained and supported staff.

Evidence also suggests that treatment outcomes are improved for people who are not classified as "chronic sniffers" (Shaw 1999, cited in d'Abbs & MacLean 2000). For this reason, it could be suggested that there is a need for the inclusion of treatment services that target users who have recently commenced sniffing.

Clinical assessment needs to be more widely available to petrol sniffers. Clinical assessment offers an opportunity for intervention and provides contact with a health care provider. Considering that petrol sniffers may have many health issues additional to the harms associated with petrol sniffing, a clinical assessment would provide a holistic approach to health and wellbeing of young people in remote Aboriginal communities.

ADCA supports the employment of clinical staff to undergo clinical assessment of petrol sniffers in remote Aboriginal communities. Clinical staff should be provided with the appropriate training needed to offer a holistic approach to the needs of people effected by petrol sniffing. To maximise outcomes clinical services should be complimented by a range of health, welfare and employment services.

Outstations

The use of outstations has proven to be a successful initiative in some remote Aboriginal communities (d'Abbs & MacLean 2000). Outstations are able to provide a form of treatment to petrol sniffers that is consistent with culture and offers young people an opportunity to gain skills and learning opportunities. By removing petrol sniffers from the community, outstations also provide communities and families with respite. Although outstations do have a role in treatment of petrol sniffing, it is unlikely that removing sniffers to outstations will provide the community with a long term solution. It is essential outstations are complemented by prevention and treatment strategies which address social and environmental factors in the community that may contribute to petrol sniffing.

It is also important to remember that outstations are not available to all Aboriginal communities in remote Australia. Outstations are often a community response to petrol sniffing, and specific to the cultural needs of a specific tribal group. For this reason, there is a need for more Government support to assist individual communities to develop their own individual response to the petrol sniffing in their own community.

ADCA supports the use of outstations in communities where there is local community support for such initiatives. Outstations should be supported and resourced and implemented alongside strategies aimed at addressing social and environmental factors that contribute to the issue of petrol sniffing in remote Aboriginal communities.

Rehabilitation and Care

Rehabilitation and care for people who are suffering permanent brain damage as a result of petrol sniffing is an issue which needs to be considered. Although it is difficult to accurately estimate the number of people in remote communities who have acquired permanent brain damage from sniffing, one author suggests that there are approximately 120 people living in the Northern Territory disabled from petrol sniffing (McFarland 1999, cited in d'Abbs & MacLean 2000). Although these numbers are relatively small, the cost of caring for a permanently disabled person is high (\$160 000 pa for one person in Alice Springs). Apart from the financial cost, the family and community is also greatly affected considering that there is limited access to support services for carers in remote regions of Australia.

ADCA supports appropriate training and support to be available for carers of people who are suffering permanent brain damage as a result of sniffing petrol. Carers include anyone responsible for the care of a disabled person including family and community.

From using the examples above, ADCA suggests that all diversionary initiatives and community level activities should be:

- supported by continuous and adequate funding
- supported by all levels of government
- supported by the local community
- involve the local community in all stages of implementation
- work within a community development framework
- supported by an adequately trained and supported workforce
- adopt a holistic approach to the issue of petrol sniffing
- routinely evaluated for the purpose of informing future programs
- adequately supported and resourced by state and/or federal governments

(c) Lessons that can be learned from the success some communities have had in reducing petrol sniffing including the impact of non-sniffable Opal petrol

There is limited literature available on the impact of non-sniffable Opal petrol in remote Aboriginal communities in reducing petrol sniffing. However, similar substitution strategies have been implemented in the past that can provide some insight into the potential impact that non-sniffable Opal petrol may have on remote communities.

Avgas has been implemented as a substitution to petrol (d'Abbs & MacLean 2000). Avgas is limited in its euphoric effects, and inhalation causes severe head and stomach aches. It is hoped that these characteristics of Avgas will reduce the incidence of sniffing. Numerous communities across remote central Australia have replaced petrol with Avgas, with varying results. The varying success of Avgas across communities may be attributed to the following factors:

- Avgas had greater outcomes in communities where the initiative was implemented with other strategies that address the underlining causes of substance misuse.

- Avgas substitution must be implemented across a large geographical area to be successful. If Avgas is not implemented across large geographical areas, when travelling to other communities, people would need to use standard petrol. When returning to communities, they would bring petrol in the tanks of their cars, and unintentionally supply to sniffers. This may have also attributed to the availability of standard petrol through “grog runners”, who sell petrol on the black market for high prices (Select Committee on Substance Abuse in the Community 2004).
- Substitution of petrol will not change behaviour. It was found in some communities that petrol sniffers would find other ways to get intoxicated.

ADCA supports the implementation of Opal petrol across central Australia provided the strategy is not stand alone, and is implemented as part of an overall strategy which includes initiatives that address the underlining causes of substance misuse. The involvement of the community in the implementation of Opal fuel will also be crucial in determining its success. The support of the local community, and a genuine willingness on behalf of the community address both the issue of petrol sniffing and its precursors is essential.

The example of Avgas provides a lesson for the implementation of any strategy aiming to address petrol sniffing in remote Aboriginal communities. This lesson is the necessity of community support and involvement in developing local solutions to local issues. Communities across Central Australia can differ greatly, and for this reason, there is no one solution. In order to develop strategies relevant to the community of concern, it is important for communities to be provided with necessary support, training and resources to be involved in this process.

ADCA is pleased to have had the opportunity to provide this submission to the Senate Community Affairs References Committee. For further discussion of any of the comments outlined in this document please contact Ms Donna Bull, Chief Executive Officer, on (02) 6281 0686.

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