

**SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE**

**INQUIRY INTO PETROL SNIFFING IN REMOTE  
ABORIGINAL COMMUNITIES**

**JOINT SUBMISSION BY THE AUSTRALIAN GOVERNMENT  
DEPARTMENT OF HEALTH AND AGEING and THE  
DEPARTMENT OF IMMIGRATION AND MULTICULTURAL  
AND INDIGENOUS AFFAIRS**

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## A. INTRODUCTION

1. This Australian Government submission addresses the Inquiry's terms of reference ([Attachment 1](#)) in the context of a major new, comprehensive whole of government strategy to combat petrol sniffing in the central desert region of Central Australia (the Strategy).
2. The Strategy is based on the best available evidence about the matters which the Committee's terms of reference seek to cover. Much of the evidence, particularly relating to diversionary and community activities and the lessons that can be learned from successful interventions, and which is set out in this submission, is drawn from recent evaluations and literature reviews on the subject of petrol sniffing, in particular:
  1. *An Evaluation of the Comgas Scheme, 2004 (Comgas Evaluation)*, prepared for the Department of Health and Ageing, by the Aboriginal Drug and Alcohol Council (SA) Inc.;
  2. *Petrol Sniffing in Aboriginal Communities: A Review of Interventions, 2000 (Review of Interventions)*, Peter D'Abbs and Sarah MacLean; and
  3. *The prevention of substance use, risk and harm in Australia: a review of the evidence*, The National Drug Research Institute and the Centre for Adolescent Health (*NDRI Review*).
4. The Strategy also includes some issues that are not the subject of the Inquiry's terms of reference, for example, treatment and respite for petrol sniffers and their families. This submission focuses only on those aspects of the strategy which are the subject of this Inquiry.
5. As the Strategy concerns the central desert region of Australia, this submission focuses primarily on that region.

### ***Background to the Central Desert Regional Petrol Sniffing Strategy***

6. The exact extent of the problem of petrol sniffing in the central desert region is hard to quantify. There is no national data available on petrol sniffing in remote areas. At the regional level data is collected in some communities. All the available data, whether at the broad national or regional levels, is patchy and incomplete, and often inconsistent. The various collections, moreover, are difficult to compare. It was reported by Coroner Greg Cavanagh in a recent 2005 NT coronial inquiry report that there are an estimated 600 petrol sniffers across the region. In the absence of consistent accurate statistics, this is the best estimate for the region that is currently available.
7. Similarly, the number of deaths in the region is hard to assess with any accuracy. Evidence to the coronial inquiry by a forensic pathologist quoted up to 50 or 60 cases in the Northern Territory over seven years where petrol sniffing is an associated event.

8. Anecdotal reports from around Australia point to a broadening of the age range of petrol sniffers. Volatile substance misuse is starting at an earlier age (as low as 5 years of age in some instances). There are also more reports of older, chronic petrol sniffing – people into their late 30's.
9. While the actual number of sniffers in central Australia is small, it is around eight percent of the local population. In addition, the behaviour of petrol sniffers has a disproportionately negative effect on communities where petrol sniffing occurs. According to one coronial submission, petrol sniffing is associated with increased violence, acquired brain injury, property damage, child abuse and neglect, dispossession of Elders and theft.
10. The introduction of *Opal* as a non-sniffable unleaded fuel under the Australian Government's Comgas scheme has provided an impetus to address the scourge of petrol sniffing more holistically. *Opal* is progressively being distributed to those remote Aboriginal and Torres Strait Islander communities that are registered with the Comgas Scheme. The introduction of *Opal* has been welcomed by Indigenous communities but has been acknowledged as only part of the solution.
11. The Australian Government is of the view that a regional approach is needed to address petrol sniffing because its occurrence is variable within and between communities and consequently specific responses to it will need to be localised. However, given the potential for petrol sniffers to re-locate to other communities within a region in order to locate petrol, a regional approach which is able to be modified and applied on a community-by-community basis is believed to be the most appropriate response.
12. On 12 September 2005 the Minister for Health and Ageing and the Minister for Immigration and Multicultural and Indigenous Affairs jointly announced \$9.5 million over two years to address petrol sniffing in the central desert region. This comprises \$6 million for the further roll-out of petrol to Central Desert Indigenous communities and roadhouses (including Yulara Resort, down the Stuart Highway from Henbury to Erldunda and Kulgera Roadhouse to Marla), \$500,000 to assist states and territories to crackdown on trafficking petrol into 'dry' communities, and \$3 million to support diversionary and rehabilitation programmes for the Northern Territory.

### ***Eight Point Regional Strategy for Central Australia – an overview***

13. The Australian, South Australian, Western Australian and Northern Territory Governments have agreed that, given the impact of petrol sniffing on Indigenous communities around Mutitjulu in Central Australia, there is a need to work collaboratively to respond to this issue quickly and practically. They have agreed to implement a comprehensive strategy with Indigenous people from the Central Australian area to address this issue. At the Australian Government level the strategy is jointly led by the Department of Health and Ageing (DoHA) and the Office of Indigenous Policy Coordination in the Department of Immigration and Multicultural and Indigenous Affairs (OIPC).

14. The goals of the Strategy are:
- to reduce the incidence and impact of petrol sniffing in a defined area of Central Australia by addressing the complex mix of interrelated causes and contextual factors contributing to this activity; and
  - to evaluate the effectiveness of a regional and comprehensive response to petrol sniffing to determine whether and how it might usefully be expanded to other regions with similar issues.
15. The Strategy comprises the following elements:
- i. Implement a consistent legal framework across the region
  - ii. Provide an appropriate level of policing
  - iii. Implement regional roll-out of *Opal* fuel
  - iv. Facilitate alternative activities for people in the region
  - v. Provide treatment and respite facilities;
  - vi. Implement communication and education strategies
  - vii. Strengthen and support communities
  - viii. Implement an evaluation strategy

### **Delivery mechanisms**

16. The strategy will be implemented at a regional and local level. At the regional level governments will address issues such as trafficking, supplying non-sniffable fuel and treatment facilities. At the local level the strategy will be jointly implemented by Indigenous people from the region, State/Territory Governments and the Australian Government. It will take account of the different circumstances and needs of the communities in the region and will therefore need to be implemented on a community-by-community basis.
17. Each of these stakeholders will have differing but complementary responsibilities for implementation of particular activities across a spectrum aimed at introducing a holistic approach to the problem of petrol sniffing. Specific responsibilities will be spelt out in Shared Responsibility Agreements with each affected Indigenous community and reinforced through the development of Regional Partnership Agreements where necessary.
18. In addition, the Australian Government will seek to have the strategy itself become a schedule to the Overarching Bilateral Agreements regarding Indigenous affairs signed or being negotiated by each of the State/Territory Governments with the Australian Government. These Bilateral Agreements define how the governments will work together and with Indigenous communities to achieve positive change for Indigenous people.
19. The Government is being advised on the development of diversionary strategies and preventative measures under the strategy by an Advisory Group of experts. The Advisory Group consists of a small group of people with experience and expertise in the design and delivery of activities focused on diversionary strategies and preventative measures in communities in and around the central desert area. Its members are Mrs Sue Gordon, Dr Peter D'Abbs, Mr Gregory Andrews, Mr John Thurtell and Mr Damian McLean.

20. The strategy will link with the work being done by and – as appropriate – be implemented with the support of the Central Australian Cross Border Reference Group on Volatile Substance Use and other key related activities such as the tri-state policing initiatives being implemented under the Cross Border Justice Project.
21. The Central Australian Cross Border Reference Group on Volatile Substance Use (VSU) was established to provide advice on developing a whole of community and government approach to addressing VSU in the cross border region of Central Australia. The Group currently promotes the implementation of activities to reduce or ameliorate petrol sniffing activities; supports local implementation strategies; acts as a clearing house of community and regional intelligence to broker solutions; and facilitates the sharing of information between members and other stakeholders.
22. The Reference Group consists of representatives of Australian, State and Territory Governments, Aboriginal Health Forums, and service providers such as Nganampa Health Council, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, Anangu Pitjantjatjara Yankunytjatjara Council, Ngaanyatjarra Health Service and Ngaanyatjarra Council.
23. The Cross Border Reference Group has auspiced a research project to recommend effective, culturally appropriate service models to address community action, respite, early intervention, detoxification, rehabilitation, treatment and after care service models for persons engaging in chronic volatile substance misuse in the Cross Border Region of Central Australia. The report is due in early 2006.
24. The Cross Border Justice Project (NT, SA, WA) was established in June 2003 by the Departments of Justice, Indigenous Affairs and Police Services of Western Australia, South Australia and the Northern Territory to address community safety issues in the cross border region. In particular, community members had highlighted the problems of family violence and substance abuse in the region. The Project is working toward implementing cross border policing, court and correctional services to better address these community safety issues.
25. A central aim of the project is to enable Northern Territory, Western Australian and South Australian magistrates to hear charges with respect to offences committed anywhere in the NPY Lands. Under this initiative police will be able to apprehend a suspected trafficker, even if the trafficker crosses the border into another jurisdiction, and then take the trafficker before the closest magistrate.

## **Timeframe**

26. Given the complexity of the issues being addressed, the central desert petrol sniffing strategy will need to be in place for a number of years. While the rolling evaluation strategy and ongoing relationships between the stakeholders will inform adjustments to the strategy, a long-term commitment from the respective governments is required to give communities the confidence to tackle this issue in a sustained way.

## **B. RESPONSE TO THE TERMS OF REFERENCE**

### ***Term of reference 2(a) - The effectiveness of existing laws and policing with respect to petrol sniffing in affected Indigenous communities***

27. Under the central desert regional petrol sniffing strategy the Australian Government is working collaboratively with the governments of Western Australia, South Australia and the Northern Territory to implement a consistent legal framework and provide an appropriate level of policing.
28. There is evidence that police presence in a community can make a real difference to the prevalence of petrol sniffing. For example, when the new police station opened at Kintore, 530 km west of Alice Springs, the number of active sniffers dropped from forty to six within two weeks. While some of the sniffers may have moved to other communities, it is unlikely that all did.
29. An important part of the strategy is targeted action by police to apprehend petrol traffickers and ensuring there are effective legal sanctions to send a message to communities that trafficking in petrol will not be tolerated. Individuals and families in communities also have a crucial role to play. Community leadership needs to be strongly advocating and model appropriate behaviour. Action needs to be taken at all levels to ensure that petrol sniffing and trafficking are not condoned.
30. The view taken under the strategy is that petrol sniffing itself should not be a criminal offence but that there should be some mechanism to allow removal of the petrol which is being sniffed and ensuring the petrol sniffer receives treatment as required. Some information on existing legislation, by laws and other policing measures such as night patrols is provided below.

### **Legislation**

#### Trafficking of Volatile Substances

31. Legislation in NT, SA and WA makes it an offence to sell or supply a volatile substance in prescribed circumstances. However the terms of the offences vary slightly. (NB: the NT legislation becomes operational on 1 January 2006.)
32. NT requires that a person know or ought to know the second person intends to inhale the volatile substance or to supply the volatile substance to a third person for inhalation by the third person or any other person. WA provides that it is an offence to knowingly sell or supply volatile substances for the purposes of intoxication. SA has a lower standard requiring that a person must not sell or supply a volatile solvent to another person if he or she suspects, or there are reasonable grounds for suspecting, that the other person –
  - (a) intends to inhale the solvent; or
  - (b) intends to sell or supply the solvent to a further person for inhalation by that further person.

33. The penalties in each jurisdiction are as follows: 200 penalty units or 2 years' imprisonment (NT); \$50,000 or 10 years' imprisonment in the AP Lands (SA) and \$ 12,000 or 12 months imprisonment (WA).

#### Power of Disposal

34. The NT *Volatile Substance Abuse Prevention Act 2005* will allow a police officer or authorised person to search a person without warrant who is in –
- (a) in a public place;
  - (b) trespassing on private property; or
  - (c) on private premises, if consent to enter the premises is given by the occupier or owner of the premises;

where the officer or authorised person believes on reasonable grounds that the person is in possession of a volatile substance or inhalant and is inhaling or will inhale a volatile substance. The substance can be seized and destroyed or disposed of under this Act.

35. The Act will also provide police and authorised officers with the power to apprehend a person and take them to a place of safety or a responsible adult where there are reasonable grounds to believe that the person –
- (a) is inhaling or has recently inhaled a volatile substance; and
  - (b) should be apprehended to protect the health or safety of the person or other persons.

36. Under SA's *Public Intoxication Act 1984* a police or authorised officer has the power to apprehend a person where there are reasonable grounds to believe that the person who is in a public place is under the influence of a drug and by reason of that fact is unable to take care of themselves. Regulation 4 of the Public Intoxication Regulations 2004 declares petrol to be a drug. The police officer or authorised officer can then search the person to remove any object that may be a danger to that person or others.

37. The WA *Protective Custody Act* allows an authorised officer to seize an intoxicant from a child in a public place if
- (a) the child is consuming or inhaling the intoxicant; or
  - (b) the officer reasonably suspects that the child is about to consume or inhale the intoxicant;

and the officer reasonably suspects that the child is likely to become intoxicated if the intoxicant is not seized. The officer may then destroy the intoxicant.

38. In addition, an authorised officer can apprehend a person (including a child) in a public place or trespassing on private property if the officer reasonably suspects that the person is intoxicated and needs to be apprehended to protect the person or another persons health or safety or to prevent the person causing damage to property. The person detained may be searched and intoxicants and dangerous articles seized.

39. The NT legislation will allow police to search for and seize volatile substances from a person in a public place, trespassing on private property; or on private premises, without apprehending them. This enables the police or authorised



officer to act before the person inhales a volatile substance and thereby prevent intoxication. SA does not appear to allow for a person to be searched unless apprehended and WA only allows for an intoxicant to be seized from a child who is in a public place.

40. While Queensland is not covered by the central desert regional petrol sniffing strategy, the Queensland Government has recently evaluated a trial on VSM legislation which allows for removal of sniffers to a safe place and destroying seized volatile substances, including petrol.
41. The Crime and Misconduct Commission which evaluated the trial found that the trialled police powers were useful as a central component of a broader response to volatile substance misuse (VSM). The Commission recommended that the police powers be retained and extended state wide, 'provided some new powers and responsibilities are added to help police deal effectively with VSM intoxicated people.' It recommended a new power be added that will enable police to require a substance-affected person to give their name and address, so that the police can report to the Department of Child Safety, which would then institute its standard processes of intake screening.
42. The Commission simultaneously evaluated the 'places of safety' initiative at the request of the Queensland Department of Communities, and concluded that the initiative had a vital role in responding to VSM-affected individuals. The Commission said it was pivotal to strengthen links between a range of government agencies, including police, child safety, communities, health and education, to ensure that children who are misusing volatile substances are given effective and on-going support that provides for their welfare and safety.

#### Treatment Programs

43. Only the NT *Volatile Substance Abuse Prevention Act 2005* will provide a legislative mechanism for obtaining a treatment order specifically for persons at risk of severe harm from abuse of a volatile substance. This treatment is compulsory and a magistrate can issue a warrant to apprehend the person subject to the order and have them taken to the place of treatment.
44. In certain circumstances, child welfare and mental health laws in SA and WA may provide authority for a child in need of care or a person suffering from a mental illness, in addition to being an abuser of a volatile substance, to be placed in involuntary treatment.

#### **Night Patrols**

45. The Australian Government currently contributes funding towards night patrols in the central desert region. This funding is a supplementary source of funds for these activities, as the States and Territories have primary responsibility for addressing these issues.
46. Current research suggests that night patrols provide an invaluable service to the communities they serve, allowing communities to monitor and control their own

social environment and reduce unnecessary contact with the criminal justice and related systems.<sup>1</sup>

47. The whole of government Strategy to address petrol sniffing issues in Central Australia includes support for night patrols in key communities. Night patrols assist people who are at risk of coming into adverse contact with the criminal justice system and move them to a place where their immediate needs can be addressed.

## **By - Laws**

### *Western Australia*

48. Some communities in WA have passed by-laws under local councils to legislate against petrol sniffing and trafficking. The by-laws vary between communities.
49. When the Ngaanyatjarra communities in WA used their by-laws to make sniffing an offence attracting a three month prison term, sniffing levels reduced and prison became a proxy detoxification facility. When the legislation was amended (in 1996) so that any offence attracting a three month jail term would no longer attract a custodial sentence, community members considered that this led to an increase in petrol sniffing. However arrest statistics from one central desert community suggest the change did not increase the number of adults sniffing.

### *South Australia*

50. On the Anangu-Pitjantjatjara Lands it is an offence under a local council by-law to sniff or possess petrol, which includes bringing petrol onto the Lands, and incurs a \$100 fine. The offence allows police to remove petrol and take sniffers to a 'safe place'.
51. Until recently there was no permanent police presence on the AP Lands other than Aboriginal Community Police Officers. However the S.A. Police have recently announced the creation of a new separate police district to cover the AP Lands. The new district will provide for both police and Aboriginal Police Community Constables to be based on the Lands at a number of centres. Police stations at Pipalyatjara, Mimili, Fregon and Indulkana have now been upgraded and commissioned, and there are plans to upgrade police stations at Ernabella and Amata.
52. Some other communities in South Australia have passed by-laws under local councils to legislate against petrol sniffing and trafficking. The by-laws vary between communities and are not believed to be routinely enforced. The *Review of Interventions* reported that 'some government officials and magistrates in South Australia believe the by-laws do not deter petrol sniffing, but rather have the effect of relieving the community of a sense of responsibility for doing something about it. In any case, police are reluctant to enforce the by-laws and place young people at risk in custody.'

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<sup>1</sup> Blagg, H and Valuri, G: An Overview of Night Patrol Services in Australia, p 79.

## **Term of reference 2(b) – the effectiveness of diversionary activities and community level activities**

53. In response to the Inquiry term of reference 2(b), this section provides greater detail about elements (iv) and (vii) in the Strategy, which directly relate to this term of reference. A description of the evidence for each element is also provided.
54. The terms of reference refer to “diversionary” activities. In some contexts this can be taken to refer to those activities that divert offenders from the court system into alternative justice mechanisms. In the context of the Strategy it is used to cover those activities which divert people from petrol sniffing.
55. The Strategy includes activities which will serve to divert people from petrol sniffing. For example, it will support the lifting of Remote Area Exemptions by providing access to a range of services such as CDEP, improve educational outcomes through alternative learning environments, and provide alternative activities such as land management and recreational activities. Given the underlying principles of the Strategy, the specific interventions for any community will be designed and implemented in conjunction with the local people, building on the existing investment and infrastructure, taking account of local circumstances and addressing any identified needs.
56. Despite the success of measures to reduce the supply of sniffable fuels, it is clear that such measures are not sufficient, of themselves. For example, there have been recent anecdotal reports that where *Opal* has been introduced, petrol sniffers have turned to using paint. This highlights the need to address the root causes of petrol sniffing if any lasting impact is to be achieved.
57. The *Review of Interventions* found that ‘waves of petrol sniffing usually coincide with periods of limited opportunity for other recreation for young people in communities.’ More broadly, it has been concluded that the most effective long-term solution is to create an environment within communities where a variety of meaningful activities are provided. A number of studies and surveys have identified links between substance use among Aboriginal people and social indicators such as education, employment, and income. Conversely these are strong protective factors against a tendency to begin substance use in its various forms.
58. The *Review of Interventions* concluded that ‘strategies which improve young Aboriginal people’s lives and the health and wellbeing of their families and communities will be most effective in combating substance misuse among young people. Recreational, educational and employment opportunities, funding for youth workers on remote communities, parental and community attention and the positive regard of the wider Australian community are critical in giving young people engaging things to do with their lives and a sense of optimism that such activities can be part of a meaningful future.’
59. Demand reduction strategies have already been put in place in a number of communities directed at providing alternative positive activities so as to prevent the take up, or reduce participation in, sniffing. They range from health

promotion, cultural activities, sport and recreation, to providing greater education and employment opportunities.

#### **Central Australian Youth Link-Up Service (CAYLUS)**

The Central Australian Youth Link-Up Service (CAYLUS) is an Australian Government funded project to address petrol sniffing in Central Australia, and was established in 2002. CAYLUS was developed by a consortium of agencies and is auspiced by Tangentyere Council.

CAYLUS implements a broad promotion, prevention and early intervention strategy for increasing health and wellbeing of all young people in communities affected by petrol sniffing. It provides regional coordination of youth and inhalant substance misuse issues; works collaboratively with communities and agencies to develop, fund and implement strategies and projects for addressing youth issues; increases positive activities for young people; and manages a flexible need-based brokerage fund that is used to assist remote Indigenous communities with short term or start-up funding of projects. CAYLUS assists communities in the areas of Alice Springs, Pintubi/Luritja, Walpiri and Western Arrente Pitjantjatjara in developing responses to petrol sniffing at a community and regional level.

The CAYLUS project continues and has been successful in gaining a second round of funding of \$1 million to 30 June 2007.

60. A key element of the Strategy will also be to strengthen and support communities' capacities for dealing with petrol sniffing and its effects. Strategies might include recruiting and training people to work with key communities to assist in developing their capacity to deal with the issue, implementing parenting and family well being projects and getting local people into leadership/capacity building programs. Again, the specific strategy implemented in any community will be designed and implemented in conjunction with the local people building on the existing investment and infrastructure, taking account of local circumstances and addressing any identified needs.
61. Community development is important in promoting the cohesiveness that is necessary for communities to plan and implement prevention and harm reduction strategies. The first step for a community is to decide that sniffing is a serious problem and that it is beyond the capacities of individual families to stop it. The *Comgas Evaluation* reported that several communities highlighted the importance of retaining staff, and that it was important to have at least one stable community organisation for interventions to succeed. The evaluation also listed a number of regional programs (The Healthy Aboriginal Life Team (HALT), Central Australia Link-Up Service (CAYLUS), the Youth Wellbeing Program, and Makin' Tracks) which it reported as having supported a broad range of strategies across a number of communities, and have achieved marked reductions in the number of sniffers in these communities.
62. A common strategy is to take sniffers to an outstation environment. This arrangement is difficult to manage and sustain, but does provide an opportunity for families and elders to re-connect with their young people and to pass on their

cultural knowledge and skills. Young people are more likely to heed their elders in this less stressful and complex environment. In terms of treatment, however, it is important that these centres have access to competent staff, medical support, first aid training and telecommunication facilities. Sniffers should also be carefully assessed before being sent to outstations, as it is not appropriate for those who are disabled or unstable to be sent to such remote locations.

- DoHA currently funds three remote outstations in Central Australia that have been successful in rehabilitating young petrol sniffers. The outstations are Intjartnama (130 km west of Alice Springs), Ilpurla (220 km southwest of Alice Springs) and Mt Theo (450 km northwest of Alice Springs).
- Removing sniffers to an outstation also offers relief to the community from the violence and property damage sniffers cause.
- The success of these programs depends largely on the dedication of the traditional owners at the outstations and the involvement of the home community. The most successful is the Mt Theo/Yuendumu program, which successfully combines many elements of a total VSM program.

#### **Yuendumu and Mt Theo Outstation**

Yuendumu is a community of about 1,150 people located 290 km northwest of Alice Springs.

Petrol sniffing became an increasingly serious problem among the young people of Yuendumu from the 1970s on. By 1993, there were up to 70 sniffers in a population of about 400, and the community was plagued with problems caused by the petrol sniffers, including violence and damage to property.

In 1994, after many community meetings, Yuendumu Warlpiri elders decided to send young petrol sniffers to Mt Theo outstation, 160 km northwest in the Tanami Desert. Traditional owners moved out to Mt Theo to help the young people and teach them traditional culture. At Mt Theo, young people were geographically isolated and had no access to petrol, so they had a chance to recover from the effects of sniffing, while people in Yuendumu had some respite from the destructive behaviour of the sniffers.

At around the same time, a program of activities was started in Yuendumu to ensure that young people have alternative activities and opportunities when they return from Mt Theo to the community. The success of the Mt Theo/Yuendumu Substance Misuse Program lies in giving young people traditional culture and respite from sniffing at Mt Theo, with diversion through education and recreation activities in the home community of Yuendumu. These complementary programs have been successful in reducing the number of regular petrol sniffers in Yuendumu from seventy to zero within a decade.

This has been a true partnership of Indigenous and non-Indigenous skills, drawing strength and experience from both cultures. Mt Theo now takes young Warlpiri petrol sniffers from other communities and Alice Springs.

63. In a paper on the Yuendumu program in 2001, Campbell and Stojanowski wrote: “Yuendumu community has a history of dealing with outbreaks of petrol sniffing that extends back to the early 1980s. Strategies such as banishment, public flogging of sniffers, night patrol and the replacement of petrol with aviation fuel seemed to have no long-term impact.”<sup>2</sup> What has been successful is the integrated community strategy described above and developed since 1994. The Yuendumu program has demonstrated that, for lasting success, there needs to be availability and continuity of services and funding for prevention, diversion, intervention, immediate response, treatment and rehabilitation, as well as opportunities for education, employment, sport and other recreational activities.

***Term of reference 2(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..***

64. Since 1998 the Government has had measures in place to address petrol sniffing in Indigenous communities. The Comgas scheme initially provided subsidised non-sniffable fuel (Avgas) to registered Indigenous communities to replace regular petrol. From February 2005 a new unleaded non-sniffable fuel (*Opal*) has started to be delivered in Indigenous communities. *Opal* reportedly has more support in Indigenous communities than the previous fuel (Avgas) because it is unleaded and can be used in most motor vehicles and motor boats without damage to their engines. A critical part of the Strategy is a rollout of *Opal* to central desert communities, roadhouses and pastoral properties in the region. It will also seek to ensure that other sources of sniffable fuel in the area are adequately protected or removed.

65. The *Comgas Evaluation* concluded that ‘Avgas is a popular and effective intervention that has positive impacts on many aspects of community life’, and recommended that the scheme should be continued and made available to any community wishing to participate. The evaluation also identified a number of factors that influence the impact of substituting non-sniffable fuel for sniffable fuel. It found that proximity to a regular petrol supply, for example in nearby towns, reduces the impact of non-sniffable fuel. For this reason it was recommended that a regional structure needs to be put in place when deciding to use non-sniffable fuel. The evaluation pointed to the Ngaanyatjarra region, which had a very strong regional Council. The Council decided to implement the *Comgas* scheme. At the time of the evaluation, there was no regular supply of unleaded petrol in the entire region, with the result that there was a dramatic reduction in the level of petrol sniffing. This also led to the conclusion that stable organisations are needed at the community/regional level if measures such as the introduction of non-sniffable fuel were to succeed.

66. Consistent with these findings, the Government has imposed conditions for communities’ access to the Comgas Scheme and the *Opal* fuel initiative.

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<sup>2</sup> Campbell, L and Stojanowski, A 2001, Warlpiri Elders Work with Petrol Sniffers, *Indigenous Law Bulletin* 5 (9) 8-11.

Communities are required to implement or plan a complementary program of preventive/diversionary measures, in addition to being sufficiently distant from mainstream supplies of regular unleaded petrol.

67. Other lessons from the experience of introducing non-sniffable fuel include:
  - If non-sniffable fuel is available in a community, then transport and storage sites at airstrips, as well as any aircraft based there, must be secure – this is crucial.
  - Chronic sniffers may leave town when non-sniffable fuels are introduced, but others will remain and stop sniffing.
  - Communities are enthusiastic about introducing *Opal* fuel, partly because it is better for their vehicles than Avgas, but also because it has received so much publicity.
68. The evaluation also found that consistent use over time was also an important factor in the success of Avgas. Those communities that used Avgas continually since it was introduced tended to experience very low levels of sniffing.
69. In response to this clear evidence of the effectiveness of measures to substitute petrol with non-sniffable fuels, the Australian Government has significantly increased the resources for this measure.
70. From a base of \$1 million recurrent funding provided in 2004-05, the Government announced, in the 2005-06 Budget, that it would provide an additional \$9.6 million over four years from 2005-06, bringing the total number of communities provided with this fuel to more than 60. The additional funding is also allowing trials of regional specific approaches to reducing petrol in two trial sites chosen by the Council of Australian Governments. The announcement also marked the change to *Opal* fuel, which is a better alternative fuel than Avgas because it does not contain lead and has very low levels of the aromatic hydrocarbons which give the ‘high’ sought by petrol sniffers. [See above]
71. In September 2005, the Government announced further funding of \$9.5 million to extend the rollout of *Opal* to the central desert region including Yulara Resort and Mutitjulu, down the Stuart Highway from Henbury to Eralunda and Kulgera Roadhouse to Marla. This further initiative would bring the number of communities and sites provided with *Opal* fuel to more than 70.
72. There continues to be mounting pressure for the wider rollout of non-sniffable fuel. While it is feasible to provide regional coverage in remote areas, it is far less practical within large townships such as Alice Springs. It is simply not possible to completely eradicate sniffable fuel from large regional markets. There are about ten petrol stations in Alice Springs – each providing not only unleaded fuel but other sources of sniffable fuel such as premium unleaded fuel. *Opal* is not currently available as a premium fuel. The complexity of the issue also warrants careful consideration of the numerous sources of alternative sniffable fuel, existing local arrangements, and stakeholder, including industry engagement.
73. An *Opal* petrol outlet is planned for Alice Springs. This will make the non-sniffable fuel available to both locals and tourists travelling into the central desert

region. Consultations are currently taking place between service station operators in Alice Springs and the fuel industry to identify a suitable outlet.



## C. SUMMARY AND CONCLUDING REMARKS

74. The Australian Government's regional petrol sniffing strategy is building on the impact of *Opal* by using a comprehensive approach to address the problem. The approach is informed by the available research and evaluation literature which suggests that successful interventions should include the elements which make up the regional strategy ie:
- i. a consistent legal framework
  - ii. an appropriate level of policing
  - iii. supply of non-sniffable fuel
  - iv. alternative activities
  - v. treatment and respite facilities
  - vi. communication and education strategies
  - vii. strengthened and supported communities
  - viii. evaluation strategies.
75. The most successful strategies are community initiated, 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.
76. The regional strategy seeks to strengthen partnerships between communities, service providers, State/Territory and Australian Governments for tailored, consistent and sustained initiatives that will make a long-lasting impact on petrol sniffing and potentially other substance misuse.
77. Increasingly governments will need to rapidly build on whole of government approaches which support action at community and regional level if a significant impact is to be made on both petrol sniffing activities and the social and economic environments which encourage them.
78. Further information about the Health Sector's role and approach to supporting efforts to combat petrol sniffing is at [Attachment 2](#).

## **Attachment 1 Senate Community Affairs References Committee Inquiry Into Petrol Sniffing In Remote Aboriginal Communities**

On 5 October 2005 the Senate agreed to the following motion:

(1) That the Senate:

- (a) notes that despite the efforts of communities and governments, the problem of petrol sniffing remains widespread and endemic in remote Aboriginal communities;
- (b) recognises the efforts of local communities and work underway between the Federal, Northern Territory, Western Australia and South Australian Governments to work in collaboration to implement a comprehensive strategy to tackle petrol sniffing;
- (c) notes that an additional \$6 million over 2 years has recently been announced by the Government to expand the roll out of Opal petrol in the central desert region and that total expenditure for Opal subsidies is \$19.6 million over 4 years;
- (d) notes that the Government is considering a limited supply of Opal petrol in Alice Springs for residents of affected Indigenous communities and for people visiting those communities;
- (e) calls on the Government, should it proceed with the limited supply of Opal petrol in Alice Springs, to work with petrol retailers and communities to develop a code of practice and an education strategy in relation to responsible trading; and
- (f) notes that supply of non-sniffable Opal petrol can only be one part of the solution to petrol sniffing.

**(2) That the following matters be referred to the Community Affairs References Committee for inquiry and report by 9 November 2005:**

- (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; and**
- (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.**

Written submissions are invited and should be addressed to:

**The Secretary  
Senate Community Affairs References Committee  
Parliament House  
Canberra ACT 2600**

**Closing date for the receipt of submissions is 4 November 2005. (Please note that the reporting date will be extended)**

**The Committee prefers to receive submissions electronically as an attached document - email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)**

Submissions become Committee documents and are made public only after a decision by the Committee. Publication of submissions includes loading them onto the internet and their being available to other interested parties including the media. Persons making submissions must not release them without the approval of the Committee. Submissions are covered by parliamentary privilege but the unauthorised release of them is not protected.

Following consideration of submissions, the Committee will hold public hearings. The Committee will consider all submissions and may invite individuals and organisations to give evidence at the public hearings.

Information relating to Senate Committee inquiries, including notes to assist in the preparation of submissions for a Committee, can be located on the internet at [http://www.aph.gov.au/senate/committee/wit\\_sub/index.htm](http://www.aph.gov.au/senate/committee/wit_sub/index.htm)

For further details contact the Committee Secretary, Phone: (02) 6277 3515, Fax: (02) 6277 5829.

E-mail: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

## **Attachment 2 Petrol Sniffing and the Health Sector**

**Prepared by the Department of Health and Ageing**

### **Causes and effects of petrol sniffing**

#### *Volatile substance misuse*

Volatile substance misuse (VSM) is a particularly destructive (and self-destructive) expression of a much broader set of problems, including socio-economic disadvantage, despair and anger.

The distinctive features of VSM are:

- it appears to be increasing;
- in many instances, inhalants are not a drug of choice, but a choice based on economic circumstances;
- anecdotal reports point to a broadening of the age range. Many inhalant users are young and rebellious;
- VSM is commonly part of a pattern of polydrug use – especially alcohol, cannabis, and amphetamines;
- there is increasing evidence of links between VSM, suicide and other forms of self-harm;
- there is potential for harm, including death, even from short term use;
- there is high potential for long term, and sometimes irreversible, neurological damage; and
- an effective response to preventing and managing VSM requires effective police presence and a whole of government approach.

#### *The context of petrol sniffing*

Petrol sniffing is a form of VSM. Petrol sniffing, and VSM more generally, are practised by a significant minority of young people across Australia and in other countries. It is more prevalent in particular ethnic and socio-economic groups.

Although petrol sniffing tends to attract the most media attention, a range of other forms of drug use, including other VSM, is practised by young people. Interventions targeting a particular substance may have the effect of shifting young people to other forms of drug use.

The majority of Aboriginal petrol sniffers are males between 8 and 30 years of age. Sniffing is most prevalent among people in their late teens, and it is the older sniffers who are more likely to be chronic users.

Because of fluctuations in petrol sniffing and variations between communities it is difficult to draw conclusions about the prevalence of petrol sniffing. Petrol sniffing is emerging as a problem in new localities around Australia, as either an ongoing issue or a short-term outbreak. There also appears to have been an increase in VSM in some urban communities. Interventions need to be sensitive to local seasonal variations in prevalence.

## **Why people sniff petrol – social determinants**

Petrol sniffing is just one of a range of ‘risk’ behaviours which include substance misuse, suicide, self-harm, and drink driving. Petrol sniffing is the product of a complex mix of interrelated causes and contextual factors including dispossession and trans-generational grief, cultural breakdown, individual psycho-social factors, poverty and trauma. Boredom and peer-group pressure are major contributors and any program must offer a counter-attraction to the experience of petrol sniffing.

Peter d’Abbs (2000) states that ‘the causes of petrol sniffing are not only many, but also relate to each other in complex ways. As with other drug use, young people use experimentally and chronically for different reasons...Petrol sniffing appears to offer young people some kind of identity, albeit a negative one, amidst the massive change experienced by Aboriginal communities...Furthermore, the socio-economic poverty experienced by Aboriginal people and communities has a profound effect on life opportunities, morale and health...while poverty is unlikely to be the sole cause of sniffing...options that address boredom and lack of life opportunities, such as recreational, educational and training programs have proved effective in some instances’<sup>4</sup>.

## **The effects of petrol sniffing**

For petrol sniffers there are a range of possible impacts on their physical health and emotional and social wellbeing. These include:

- intoxication, auditory and visual hallucination, irrationality, aggression, disinhibition, confusion, poor coordination, headaches, poor memory, slurred speech, vomiting, headache, fits;
- psychological addiction;
- increased risk of injury and illness including burns, severe pneumonia, and an increased incidence of sexually transmissible infections;
- for chronic sniffers, cerebellar ataxia, grand mal epilepsy, encephalopathy, persistent psychosis, chronic disability including mental impairment, and low body weight;
- possible effects on unborn children caused by sniffing during pregnancy;
- poor school attendance and performance;
- loss of opportunity to learn cultural knowledge;
- alienation from family support;
- ostracism from non-sniffing peers, kin, other families;
- increased likelihood of involvement with the criminal justice system; and
- death.

Petrol sniffing poses a range of problems for sniffers, their families, communities and to the wider society. The societal impacts of petrol sniffing potentially include social disruption: vandalism and violence; increased inter-family conflict; social alienation of sniffers; social disruption; reduced morale in communities; incarceration of sniffers and significant personal/ community and financial impacts associated with both acute and long term treatment of sniffing related harm. These broader societal issues must

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<sup>4</sup> Peter d’Abbs, and Sarah MacLean, Petrol Sniffing in Aboriginal Communities: A Review of Interventions, Cooperative Research Centre for Aboriginal and Tropical Health, 2002.

be addressed alongside the serious health consequences such as disability, long-term brain damage or death.

The wider society will almost certainly experience increased demands on hospital-based and other health resources; long-term health care for those disabled through sniffing; and demands on the criminal justice system, arising out of sniffing related crime.

### ***Syndromes associated with petrol sniffing***

There are two major syndromes associated with petrol sniffing. The first comprises the acute side effects brought about as a result of the volatile hydrocarbons present in both leaded and unleaded petrol (hydrocarbons and tetraethyl lead are both intoxicants). Petrol inhalation causes an initial depression of the central nervous system. Intoxication is rapid: 15-20 quick breaths can produce intoxication lasting three to six hours. Initial intoxication is not unlike that brought on by alcohol consumption, with confused state, disinhibited behaviour and mild anaesthesia. Sniffers report euphoria, giddiness, increased libido, numbness, lack of coordination, aggression, irrationality, hunger, enhanced sensitivity towards light and sound, and aural and visual hallucinations. Intoxicated sniffers may also experience vomiting, ataxia and convulsions and become unconscious. Some sniffers have a later amnesia for the period of time that they were intoxicated. Intoxicated sniffers have suffered a range of traumatic injuries and burns through accidents where petrol has ignited.

Although these acute effects (other than burns and injuries) are normally resolved within a day or two of cessation of sniffing, the phenomenon known as 'sudden sniffing death' can occur, and has occurred, as part of this syndrome. Volatile substance misuse may sensitise the heart to the point that sudden exercise or alarm may cause a fatal heart attack. Other causes of sudden death include respiratory depression, aspiration asphyxiation (suffocation on vomit) and anoxia (blocking of the oxygen supply).

The second and most serious syndrome is the result of organic tetraethyl lead contained in leaded petrol being absorbed into the body, where it can be stored for long periods, causing injury to the brain. The most severe form of the syndrome is called 'petrol sniffers encephalopathy', which is correlated with heavy sniffing of leaded petrol over a prolonged period. Survivors of acute encephalopathy often suffer permanent neurological effects and mental impairment. As the neurological damage caused by petrol sniffing is cumulative, chronic sniffers are more likely to sustain permanent brain damage.

## **Health System Response**

The Australian Government has a leadership role in developing national health policies and improving the delivery of, and access to, health services for all Australians, including Aboriginal and Torres Strait Islander people. A major focus of the Department's activities in Indigenous health is improving access to comprehensive primary health care for Aboriginal and Torres Strait Islander people.

The State and Territory Governments are primarily responsible for the delivery and management of public health services and for maintaining direct relationships with most health care providers. The States and Territories deliver public hospital services

and a wide range of community and public health services including communicable disease control, health promotion, rehabilitation, school health, and substance use services.

The role of the Australian Government and State and Territory Governments in providing Aboriginal and Torres Strait Islander health services have been set out in various agreements over the years. The *Agreements on Aboriginal and Torres Strait Islander Health*, known as Framework Agreements, are the primary vehicle for ensuring collaboration between key stakeholders in Indigenous health within each state and territory. The Framework Agreements commit signatories to four key areas:

- Increased level of resources allocated to reflect the level of need;
- Joint planning;
- Access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related services which reflect their higher level of need;
- and
- Improved data collection and evaluation.

To date, decisions on developing and operationalising initiatives in Aboriginal and Torres Strait Islander health have been most effectively made collaboratively by the Framework Agreement signatories. Aboriginal and Torres Strait Islander Health Forums or partnerships are established under the Framework Agreements to oversee this collaborative work. They also provide a mechanism for engaging in dialogue with non-health portfolios to progress common objectives for improving the health status of Aboriginal and Torres Strait Islander peoples.

Until 30 June 2004 the signatories to the Framework Agreements and membership of the Health Forums included: the Australian Government; State/Territory governments; the Aboriginal community controlled health sector (represented by state/territory organisations affiliated with the peak national body representing and advocating for Aboriginal community controlled primary health care services and improvements in Indigenous health, the National Aboriginal Community Controlled Health Organisation); and ATSIC and the Torres Strait Regional Authority. Since the abolishment of ATSIC and ATSI, Framework Agreements and Health Forums involve the three remaining partners plus the Torres Strait Regional Authority. State policy managers from the Office for Indigenous Policy Coordination have been invited to participate in the Health Forums.

Reports outlining progress made in implementing the commitments under the Framework Agreements are presented to the Australian Health Ministers' Conference on an annual basis.

There are a number of overarching policy frameworks that Governments use to guide their action in relation to Aboriginal and Torres Strait Islander substance use. The most significant of these are:

- a) The *National Drug Strategy (NDS) 2004-2009*, endorsed by the Ministerial Council on Drugs, provides the framework and policy context for a coordinated, integrated approach to drug issues in the Australian community with the aim of improving health, social and economic outcomes. The principle of harm-minimisation has formed the basis of successive phases of

Australia's NDS. Harm-minimisation is a comprehensive approach to drug-related harm which involves a balance between demand reduction, supply reduction and harm reduction strategies.

- b) The *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006* was developed under the NDS in recognition that Indigenous peoples continue to suffer a greater burden of ill health than the rest of the population and that mainstream drug strategies and action plans do not always relate well to the particular drug issues that affect Aboriginal and Torres Strait Islander people.
- c) Substance use is identified as a priority for action in the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)*. Strategies addressing substance use are a key feature of jurisdictional implementation plans under the Framework.
- d) The Australian, State and Territory governments are developing the *National Aboriginal and Torres Strait Islander Health Performance Framework* which will provide the mechanism for quantitative measurement of progress and impact against the *National Strategic Framework*. Implementation of the *National Strategic Framework* is being monitored by the Australian Health Ministers' Advisory Council through joint meetings of its Standing Committee on Aboriginal and Torres Strait Islander Health and the National Aboriginal and Torres Strait Islander Health Council.

### **The Department of Health and Ageing's role and funding for addressing petrol sniffing**

The Department takes a broad approach to substance use. While some programs address substance use in general, others focus on specific substances such as petrol and other volatile substances. National policies and programs take into consideration the need to address key priorities at the community level, and the complexity and interconnectedness of substance use issues with social and emotional well being and primary health care. The Department's specific Aboriginal and Torres Strait Islander programs supplement State and Territory activity and mainstream initiatives.

The Department recognises that treatment and rehabilitation may require different approaches depending on the substance/s involved and the geographic location of the user. It recognises that within communities, specific substance use is not handled as a singular issue, but through community development activities and education programs that address causal factors and impacts upon communities, families and individuals.

The Australian Government has for a significant period been involved in tackling petrol sniffing in remote Aboriginal and Torres Strait Islander communities. The Department's approach to petrol sniffing is consistent with the overarching harm minimisation approach and includes effort under each of the three elements (supply reduction, demand reduction and harm reduction). The Department provides funding for a range of services to deliver on the ground programs, including outstations, rehabilitation, prevention, support and advocacy in an effort to combat petrol sniffing.

These programs include a mix of primary, secondary and tertiary interventions. For the purposes of this submission:



- primary interventions are those actions taken to prevent the emergence of a problem, and/or to prevent it from spreading to new areas or groups (eg. health promotion and fuel substitution);
- secondary interventions are those actions targeted towards a population either deemed to be at risk, or already in the early stages of exhibiting a problem, designed to halt further progress of the problem (eg. individual and family counselling); and
- tertiary intervention, or treatment, are actions targeted towards persons already misusing drugs habitually, designed to halt further misuse or to rehabilitate (eg. residential rehabilitation).

While there is a significant focus on the supply intervention of fuel substitution, evidence indicates that ultimate success or otherwise of petrol sniffing interventions requires a whole of community and whole of government strategy. It is rare that a single intervention on its own represents the answer to this issue.

The onus for management of petrol sniffing issues has largely fallen on health agencies, but as part of a comprehensive approach to combating petrol sniffing a collaborative response is required from a range of organisations, including police, education, housing and a range of community and non-community service sectors.

### ***Fuel Substitution***

In response to the clear evidence of the effectiveness of measures to substitute petrol with non-sniffable fuels, the Australian Government has significantly increased the resources to combat the scourge of petrol sniffing. From a base of \$1 million recurrent funding provided in 2004-05, the Government announced, in the 2005-06 Budget, that it would provide an additional \$9.6 million over four years from 2005-06. The additional funding will also allow for trials of regional specific approaches to reducing petrol sniffing in two trial sites chosen by the Council of Australian Governments.

In September 2005, the Government announced further funding of \$9.5 million to extend the rollout of *Opal* to the central desert region including Yulara Resort and Mutitjulu, down the Stuart Highway from Henbury to Eralunda and Kulgera Roadhouse to Marla. The funding includes \$500,000 to enable active collaboration with State and Territory governments to implement an immediate crackdown on persons who traffic in petrol. This further initiative will bring the number of communities and sites provided with *Opal* fuel to more than 85.

### ***Health promotion***

Approximately \$2.3 million per annum is allocated at a national level to support the development of infrastructure and resources to address substance use by Aboriginal and Torres Strait Islander people. These activities aim to facilitate access to primary prevention through provision of health promotion information regarding alcohol and other drugs. For example:

- *The Grog Book – Strengthening Indigenous Community action on alcohol* was revised and released in May 2005;
- *Deadly Vibe Magazine* is funded by the Department of Health and Ageing and the Department of Education, Science and Training to promote health related messages nationally to young people about alcohol, tobacco and other drugs;

- *Deadly InVibe Magazine and the Deadly Sounds radio program* is funded by the Department;
- *National Indigenous 3on3 Basketball and Hip-Hop Challenge* is a jointly funded initiative between the Department, Rio Tinto and the Department of Communications, Information Technology and the Arts, using the medium of 3on3 street basketball and hip-hop music to promote health and substance-free lifestyles to young Aboriginal and Torres Strait Islander people; and
- the *Deadly Awards*, a national awards night recognising champions in the arena of Aboriginal Affairs, is funded by the Department, the Office for Indigenous Policy Coordination and a number of private contributors.

### *Early Intervention*

Early intervention in petrol sniffing is critical, as people are much more likely to stop early in their career when they are only sniffing sporadically than when they have sniffed intensely or over a long time. Accordingly, resources and attention must be focussed on preventing people sniffing in the first place (primary intervention), and stopping sniffers early in their careers (secondary intervention). Information and education aimed at the community, professional workers within the community and parents is a key strategy. This includes providing information to communities about the health effects of sniffing, what other communities have done in response to it, and fostering links between communities for exchange of information.

Recreational programs have been part of most successful campaigns and have a useful role to play, provided:

- staff are sensitive to the needs of the community and provide a range of programs that are genuinely engaging and exciting, including opportunities for risk-taking;
- activities are available during after-school hours, at evenings and weekends, and during school holidays;
- sniffers are encouraged to take part, but not given preferential treatment; and
- activities for girls and young women are included.

#### **Youth Wellbeing Project, Top End Region**

The Council for Aboriginal Alcohol Program Services (CAAPS) has been engaged by the Department to deliver the Youth Wellbeing Project in the Top End Region of the Northern Territory. The Project will assist in increasing the capacity of Indigenous communities affected by petrol sniffing to respond to and minimise the harm associated with petrol sniffing, decrease crime related to petrol sniffing, and improve the social and emotional wellbeing of Indigenous communities.

The Project will support and train members of Indigenous communities to improve their understanding of petrol sniffing issues and a “two-way learning” cultural exchange format will be developed between young people and people with specific expertise in the required area.

Included in the Project is a flexible need-based brokerage fund that will be available to assist Indigenous communities to deliver activities for young people in their community.

### **Youth Wellbeing Project, Central Australia**

Tangentyere Council are funded by the Department to develop specific youth programs, link existing programs and services and develop a holistic and coordinated approach to address youth health issues across the region.

The Central Australian Youth Link Up Service (CAYLUS) is a consortium of organisations in Central Australia which was formed and auspiced in 2002 by Tangentyere Council to provide these services.

CAYLUS implements a broad promotion, prevention and early intervention strategy for increasing health and wellbeing of all young people in communities affected by petrol sniffing. It provides regional coordination of youth and inhalant substance misuse issues; works collaboratively with communities and agencies to develop, fund and implement strategies and projects for addressing youth issues; increases positive activities for young people; and manages a flexible need-based brokerage fund that is used to assist remote Indigenous communities with short term or start-up funding of projects. CAYLUS assists communities in the areas of Alice Springs, Pintubi/Luritja, Walpiri and Western Arrente Pitjantjatjara in developing responses to petrol sniffing at a community and regional level.

### *Outstations*

The Department currently funds three remote outstations in Central Australia to provide rehabilitation for young petrol sniffers. The outstations are Intjartnama (130 km west of Alice Springs), Ilpurla (220 km southwest of Alice Springs) and Mt Theo (450 km northwest of Alice Springs). The most successful of these is the Mt Theo/Yuendumu program, which combines many elements of a total VSM program.

### **Yuendumu and Mt Theo Outstation**

Yuendumu is a community of about 1,150 people located 290 km northwest of Alice Springs.

Petrol sniffing became an increasingly serious problem among the young people of Yuendumu from the 1970s on. By 1993, there were up to 70 sniffers in a population of about 400, and the community was plagued with problems caused by the petrol sniffers, including violence and damage to property.

In 1994, after many community meetings, Yuendumu Warlpiri elders decided to send young petrol sniffers to Mt Theo outstation, 160 km northwest in the Tanami Desert. Traditional owners moved out to Mt Theo to help the young people and teach them traditional culture. At Mt Theo, young people were geographically isolated and had no access to petrol, so they had a chance to recover from the effects of sniffing, while people in Yuendumu had some respite from the destructive behaviour of the sniffers.

### **Yuendumu and Mt Theo Outstation cont'd.**

At around the same time, a program of activities was started in Yuendumu to ensure that young people have alternative activities and opportunities when they return from Mt Theo to the community. The success of the Mt Theo/Yuendumu Substance Misuse Program lies in giving young people traditional culture and respite from sniffing at Mt Theo, with diversion through education and recreation activities in the home community of Yuendumu. These complementary programs have been successful in reducing the number of regular petrol sniffers in Yuendumu from seventy to zero within a decade.

This has been a true partnership of Indigenous and non-Indigenous skills, drawing strength and experience from both cultures. Mt Theo now takes young Warlpiri petrol sniffers from other communities and Alice Springs.

The outstations offer a means of combating petrol sniffing in two ways: first, as a primary preventive measure, in that families who move to outstations are less likely to be plagued by petrol sniffing or alcohol misuse or other symptoms of familial dysfunction, and are more likely to lead healthy and satisfying lives; and second, as a remedial centre to which petrol sniffers can be sent for a time in the hope that they will mend their ways – as either a secondary or tertiary intervention. They provide a combination of a number of treatment options such as detoxification, rehabilitation, diversion and deterrence.

These outstations depend on the ongoing commitment of a family group, and this can place a lot of strain on individuals. Outstations are an Aboriginal initiative and the needs and wishes of Aboriginal staff working at outstations must be respected. Although governments can support them, outstations must be initiated, controlled and maintained by Aboriginal people. They appear to be most successful in helping young people with family ties to the land on which they are based, and so communities made up of different language or clan groups may need a number of outstation programs.

### ***Rehabilitation***

For historical reasons, DoHA funds a number of residential rehabilitation services, although this is generally a State/Territory responsibility. Currently 41 services are funded under the Australian Government's Aboriginal and Torres Strait Islander Substance use program to provide residential rehabilitation services specific to Aboriginal and Torres Strait Islander people. Twenty eight of these are residential in status, while 13 are non-residential. Most residential rehabilitation services also receive funding from other departments, agencies and programs such as Aboriginal Hostels Limited, and the Supported Accommodation Assistance Program.

Rehabilitation raises a number of issues. The first concerns the role of residential programs. These involve treating the person outside of his or her community. On return to the community following a period of rehabilitation, it is critical that follow-up interventions, preferably community based, are available to ensure the ongoing rehabilitation and reintegration of the person into their home community.

A second issue concerns the theoretical models underlying rehabilitation: to what extent are residential models which have been developed primarily in the context of adult substance misuse among urban, western societies appropriate for young Aboriginal people? To what extent are addiction-based models of substance misuse relevant to petrol sniffing?

These questions cannot be answered with the information that is currently available. In 2006, the Department will undertake an assessment of rehabilitation options to inform future policy and programs. The assessment will consider the most feasible options, and compare these with outcomes that can be obtained from alternative arrangements such as respite and dry out services and outstation programs.

The issue of rehabilitation also poses policy questions for government departments. In short, there is little evidence regarding the efficacy or otherwise of residential programs for rehabilitation. However, such programs do make an important contribution by providing respite to communities and parents, and an enforced break for sniffers. The limited outcome data available suggests that residential care may be less effective than a program based on recreation, community development, and individual and family counselling<sup>5</sup>.

Under no circumstances should residential treatment and rehabilitation facilities be regarded as an alternative to adequate primary and secondary interventions. At best, they complement these strategies.

#### **New rehabilitation facilities**

In response to community concerns about the need for rehabilitation facilities in regional areas, the Australian Government has given a \$2.2 million commitment to a rehabilitation facility for Anangu. The SA Government has agreed to provide recurrent funding of about \$1 million per year. This is in addition to a commitment by the NT Government to continue the rehabilitation facility in Darwin and establish a new rehabilitation facility in Alice Springs.

Under the Australian Government's eight point plan, the Government will undertake a scoping exercise into the need for rehabilitation and treatment facilities for petrol sniffers, including respite and support services.

#### ***Long term care of sniffers***

Most of the responsibility of care of chronic and disabled sniffers falls to families, with physiotherapy and other allied health in short supply in remote communities. Most outstation programs are unsuitable places to care for very 'difficult' or brain damaged sniffers. It has been suggested that the next decade will see a significant increase in the number of disabled sniffers requiring long-term residential care. There are limited options for long-term care, including residential care, for young people with a disability. The Australian Government is working with State and Territory Governments through the Council of Australian Governments' Health Working Group to improve the availability of appropriate long-term care.

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<sup>5</sup> Peter d'Abbs, and Sarah MacLean, *Petrol Sniffing in Aboriginal Communities: A Review of Interventions*, Cooperative Research Centre for Aboriginal and Tropical Health, 2002.

## State and Territory funded health services

As noted earlier, state and territory governments are primarily responsible for the funding and delivery of public hospital services and a wide range of community and public health services including communicable disease control, health promotion, rehabilitation, school health, and substance use services.

The only national data on petrol sniffers' use of state and territory health services is the national hospitals data collection. This data suggests that in 2003-04:

6. there were 28 hospitalisations for Indigenous Australians with a *principle* diagnosis of toxic effects of petrol; and
7. there were 40 hospitalisations for Indigenous Australians with *any* diagnosis of toxic effects of petrol.

The Northern Territory collects more detailed data on the health system impacts of petrol sniffing. This data shows that petrol sniffing admissions to hospital are most frequently a result of burns and other injuries, and mental and behavioural disorders. Petrol sniffing injuries are usually life threatening, requiring airlifting to acute specialist care in either Territory or interstate hospitals. Since 1999-00, 214 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.

The end result of petrol sniffing, other than early death, is brain damage which leaves the sniffer in a vegetative state. States and Territories are primarily responsible for the long term care of these individuals. A conservative estimate of the cost to the Northern Territory of maintaining an ex-sniffer in this state is \$160,000 pa. While there are presently 15 such persons in central Australia, it is estimated that this could escalate to upwards of 60 in the near future, with an ongoing (and growing) cost of \$9m per annum. These figures exclude numbers being cared for by family members.

The Australian Government is working collaboratively with State and Territory Governments to address petrol sniffing. The benefits of such a cross-jurisdictional approach are most obvious in central Australia. The Western Australian, Northern Territory and South Australian governments recently gave their support to an eight point plan of action developed by the Australian Government to combat petrol sniffing in the central desert region of central Australia.

The whole-of-government eight point initiative aims to tackle petrol sniffing through consistent legislation, appropriate levels of policing, a further roll-out of non-sniffable fuel, alternative activities for young people, treatment and respite facilities, communication and education strategies, strengthening and supporting communities and evaluation. The Australian Government has been actively working with the jurisdictions to ensure their support to this plan.

The Australian Government plays a key role in facilitating collaborative action. For example, the Government has provided \$500,000 to support a coordinated crackdown on petrol trafficking.