



22 February 2006

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

Dear Sir

Over the past four years the Wuchopperen Health Service's Drug & Alcohol Program has been heavily involved in developing and implementing strategies to deal with volatile substance misuse through the building of community capacity. Strategies include:

- Coordination of the Cairns Inhalant Action Group for the past four years;
- Facilitation of forums on petrol sniffing in remote Cape York Peninsula communities at the request of local Community Justice Groups and service providers;
- Development of regionally appropriate resources for both community members and service providers;
- Delivery of a Streetwork Outreach Program targeting Aboriginal and Torres Strait islander volatile substance misusers, at risk youth and their families with a strong focus on re-engaging the target group with the education & employment sectors; and
- Development and delivery of education sessions regarding volatile substance misuse interventions (including prevention) for service providers, at risk youth, and community groups.

This is our submission to the **Inquiry into petrol sniffing in remote Aboriginal communities.**

Wuchopperen Health Service is a Cairns based community controlled primary health care service for Aboriginal peoples and Torres Strait Islanders with a current active client base of 20,000. Although our geographical service area is confined to Cairns and district, our client base includes families and individuals that are Cape York Peninsula residents or who are part of the Cape York Aboriginal Diaspora. This includes youth coming to Cairns on Child Protection or Youth Justice Orders (for crimes mostly related to volatile substance misuse), or to attend school. Located in a regional centre, our role has often been to respond to the consequence of limited available services in the Cape.

It is well documented that petrol sniffing has been disrupting the life of remote Aboriginal communities with intoxication-related crimes; resultant friction between families; youth suicides

and other damage to physical, mental & emotional health which is not limited to the petrol sniffers themselves but spreads to their clan groups and the wider community.

A review of interventions to deal with petrol sniffing (d'Abbs and MacLean 2000) and related issues demonstrate that the most successful are those that utilise a range of concurrent interventions which address the three variables of drug, person and environment; are initiated by the community, enjoy widespread community support and involve strong participation by community members.

Whilst effective supply reduction strategies (such as replacement fuels) in remote communities can have great impact, it is vital that proportionate effort is devoted to other concurrent strategies addressing the complex issues underlying substance misuse. Supply reduction measures targeting one type of volatile substance alone can precipitate a shift among users to another volatile substance or a different drug altogether. There has been an increase in Butane use reported in Cairns and chroming reported from a remote Cape community where volatile substance misuse had previously been confined to petrol sniffing. In the light of these findings and others we would recommend that specific responses should include increasing the capacity of communities through:

- opportunity to engage in meaningful consultation in state and national policy development. This may mean lengthening time frames to allow for community forums with support of translators where required;
- provision of support for community governance institutions such as Community Justice Groups who mostly work voluntarily and are heavily burdened with both community and government expectations;
- strengthening the option of out stations (for community respite in times of increased volatile substance misuse; assisting youth to strengthen their sense of cultural identity including understanding of their role and place in traditional society);
- addressing supply reduction issues through access to replacement fuel (OPAL) where appropriate and enforcement of current volatile substance retail legislation (eg prosecution of those on-selling petrol);
- provision of a wider variety of well resourced community-based sentencing options that contribute both to the individual's sense of self-worth and the community.
- Youth Leadership or mentoring programs in the communities; and
- access to Aboriginal community controlled health care with a focus on prevention and delivery of holistic services delivered in a culturally safe manner.

A most basic and vital component of capacity building of communities is empowering individuals and families. This can be achieved through:

- greater emphasis on supports for young children from conception to pre-school age in order to build in resilience and protective factors;
- further opportunity to strengthen cultural identity including preservation of language, land and environment;
- access to meaningful employment through appropriately supported traineeships;
- enhanced life skills development such as budgeting, hygiene, basic health and nutrition;
- infrastructure which addresses the recreational needs of young people in the Cape;
- increased support for both transitional alternative education programs to re-engage young high school leavers and vocational education programs;

- access to community-based drug and alcohol education and treatment services for both volatile substance dependent youth and family members with other substance misuse issues of their own.

In the Cape area there has been a reported increase in the uptake of petrol sniffing and cannabis coinciding with the introduction of Alcohol Management Plans. Although Queensland Health has Alcohol, Tobacco & Other Drugs Services present on the Cape, staff have huge geographical areas to service which is a barrier to intensive treatment for those with addiction issues. In one remote community we were invited to, community members cited poor adult role modelling as partly responsible for substance abuse among their youth.

In our region some communities have developed and implemented successful strategies to reduce petrol sniffing and its associated harms. However there is a need for:

- recurrent funding for successful projects;
- project evaluations;
- local coordination of above strategies by paid community-based positions (to ease the load of Community Justice Groups);
- regional coordination headed by an individual who can encompass government and NGO sectors;
- information sharing and strategy development among remote communities through regional forums;
- proposed residential therapeutic programs for troubled Aboriginal youth developed, implemented and staffed by Aboriginal people and providing opportunity for family members to participate.

Prevention of substance misuse in remote communities will only come about when there is a commitment to properly resourcing those communities to sustain community momentum and resolve to achieve hope for the future. Tokenistic participation in policy making and strategy development, will simply not be as successful. Developing and implementing strategies should be assisted (not driven) by the dominant culture. It is our hope that some of the underlying issues will be addressed through the efforts of this Senate Enquiry. We would like to express our interest in participating in the enquiry to be held in Cairns March 8

Yours sincerely

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Substance Misuse Worker