

GUYERNAMA CONTRACTOR OF THE CO

MINISTER FOR HEALTH

ATTORNEY GENERAL: ELECTORAL AFFAIRS

FOR WESTERN AUSTRALIA

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

## Dear Mr Humphrey

Our Ref: 4-48915

I reply to your correspondence dated 25 June 2008 inviting a submission to the Inquiry into petrol sniffing and substance abuse in central Australia. The Minister for Indigenous Affairs, Hon Michelle Roberts MLA has referred this matter for my direct reply.

The Western Australian Government's Drug and Alcohol Office (DAO) is signatory to the Agreement for the Implementation of the Central Australian Petrol Sniffing Strategy in the Ngaanyatjarra Lands.

The Indigenous Coordination Centre (ICC) in Kalgoorlie has overarching responsibility for managing the Central Australian Petrol Sniffing Strategy Implementation Plan. DAO coordinates the involvement of Western Australian government agencies in the implementation process. DAO has been informed that the ICC and local government will provide separate submissions to the Inquiry.

This submission addresses those issues of direct relevance to the State Government's involvement in the plan. The other matters are primarily the responsibility of the Australian Government's ICC and local government.

Of the areas for which you have sought feedback, the most relevant for the purposes of this submission relates to item 2 (d) in your letter which relates to the effectiveness and adequacy of resources provided to address petrol sniffing and substance abuse in central Australia. In this regard, DAO advises that following commencement of implementation of the implementation plan, the incidence of petrol sniffing within the Western Australian area of the central desert continues to be cyclical and sporadic. DAO also advises that petrol sniffing is currently occurring in Warburton and has been for a number of weeks. For most of the year prior to this latest outbreak, there has been little reported use. Generally, use in the Ngaanyatjarra Lands can be summarised as being mostly opportunistic, occasional and experimental in nature with a small core group of regular users.

The rollout of Opal has been of assistance in reducing the problem. The nearest non-Opal supply of unleaded petrol for Warburton is Laverton. This has been identified as the primary source of supply associated with the latest outbreak. It is my understanding that the Australian Government's Department of Health and Ageing is working towards introducing Opal fuel to Laverton.

Additional resources for outreach alcohol and drug services into the region are recognised as being of value. Accordingly, in 2007, DAO in conjunction with the Office of Aboriginal and Torres Strait Islander Health (OATSIH), organised the provision of Council of Australian Governments (COAG) funding to enhance alcohol and other drug (AOD) service delivery for people in the region, including the Ngaanyatjarra Lands. Funding was allocated for two workers to provide outreach alcohol and drug services to complement the other initiatives that were being implemented. Unfortunately, the service provider has had great difficulty in filling the positions and it was only possible to offer a limited service which commenced in 2008. DAO in partnership with OATSIH have reviewed this funding allocation and are appointing an alternative service provider for 2008/2009.

State Government agencies are providing services locally in accordance with identified need and in collaboration with the Ngaanyatjarraku Shire. This includes the DAO-funded School Drug Education and Road Aware program. DAO is liaising with the Shire to identify further workforce development support that can be provided to enhance AOD related activities. DAO will seek to engage local AOD service providers to sustain this support on an ongoing basis.

The Shire is working towards establishing Treatment Camps in the region for youth aged 16 and above. These camps offer education and connection to country and family and reintegration into family and cultural participation. Juvenile Offender Camps for 12-16 year olds are also being developed which will have a strong AOD treatment focus, offering family and community involvement and sport and recreational activities.

Initiatives to effectively address petrol sniffing require ongoing communication between key stakeholders. The active coordination of the ICC is considered to be critical to this communication. DAO welcomes this coordination, is committed to continued liaison with all parties, and will liaise with the ICC to this effect.

Thank you for the opportunity to comment on this important subject.

Yours sincerely

JIM McGINTY MLA
MINISTER FOR HEALTH

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