

About inhalant abuse

community development



Acknowledgments

The State Government of Victoria would like to acknowledge the *Petrol sniffing and other solvents resource kit for Aboriginal communities* developed by the Aboriginal Drug and Alcohol Council of South Australia and funded by the Department of Human Services, South Australia and Commonwealth Department of Health and Ageing. This kit formed the basis for the information contained in this resource. The State Government of Victoria would also like to acknowledge the advice of the Koori Drug Strategy Advisory Committee including:

Victorian Aboriginal Community Control Health Organisation

Victorian Aboriginal Health Service

Central Gippsland Aboriginal Health Cooperative

Aboriginal Torres Strait Islander Commission

Aboriginal Hostels Ltd

Rumbalara Aboriginal Cooperative

Ngwala Willumbong Cooperative Limited

Koori Education Unit, Department of Education and Training

Koori Liaison Unit, Victoria Police

Indigenous Issues Unit, Department of Justice, Victoria

community development



What's in this booklet

Introduction	1
• What is community development?	2
• Why do community development?	2
• The role of health and community workers	2
• The stages of community development	3
• Further information	4
Guidelines for implementing a community development strategy	5
1) Guidelines for community members	5
Stage 1 Planning	5
Stage 2 Action	9
Stage 3 Evaluation	9
Stage 4 Looking ahead	9
2) Guidelines for workers from outside a community	10
A community development workshop	12
Session 1 Introduction	13
Session 2 About paint	14
Session 3 About kids who sniff	16
Session 4 Not all kids who sniff are the same	17
Session 5 How sniffing affects us all	18
Session 6 Helping kids who sniff	19
Session 7 Learning from the past	21
Session 8 Community development - making it happen	23
Attachments	
Developing your action plan	25
Your action plan	26
Useful resources	27
Koori community alcohol and drug workers	30

Introduction



This booklet is written for people who are supporting and encouraging community action to reduce paint sniffing, often referred to as chroming, and to prevent sniffing from starting or from growing into a bigger problem. You may be a health worker, a community worker, a community leader or someone working on a special project. The booklet includes a community development workshop which aims to give some guidance to workers about how they can educate their community about all the issues and then to assist them to make decisions and implement actions to address a paint sniffing problem.

What is community development?

Community development involves planning and then taking action when people recognise that there is something they would like to do about a particular problem or issue. It's pretty simple really, something that most communities do from time to time when problems come up or when they want to change things.

The process involves:

- Getting together to talk about the particular problem or issue, finding out what options they have, deciding what to do and how to go about it (Planning).
- Working together to make it happen (Action).
- The final stage of community development is often to check what happened and to make changes if necessary, based on what you learn from your successes and mistakes (Evaluation and Further Action).

Why do community development?

All through this manual we have said that for any paint sniffing action to work, it is essential that the local community is actively involved. Outside people can bring in information, resources and ideas but they have to work in a partnership with the people who live in the community.

Community development aims to:

- Improve the lives of individuals, families and whole communities.
- Increase the opportunities for people to take more control over their lives.
- Improve how people feel about themselves and their community.
- Increase the opportunities for more people to be involved in improving things in their community.

The role of health and community workers

The most successful actions against paint sniffing and other inhalant abuse have come from groups of people in Aboriginal communities getting together and deciding that something has to be done. Often it is just a few concerned people to start with, but as they talk with more and more people, they get more help and ideas. Health and other community workers can be of great help **by supporting, encouraging and assisting** the group until more and more of their community get involved.



In some places, people have been exhausted by all the problems caused by paint sniffing, alcohol, violence and other problems so they need help and encouragement to get going. Here community workers may need to sow the seeds of community action by encouraging people to do something about it.

Health and community workers also bring skills, expertise and information which community leaders may need to help them make good decisions based on what is known about paint sniffing. Health and community workers can help a community make **good decisions based on good information.**

The process of community development outlined here will be familiar to many workers and communities. These are guidelines only - each community will create their own process.

The stages of community development

1. Planning
2. Gathering the tools
3. Action
4. Seeing what happened (evaluation)
5. Looking ahead

1. Planning is the most important stage because if it isn't done properly the other stages won't work properly either. Planning can take a long time because it involves people in the community:

- learning about the problem and about what options are available
- learning about working together
- building up the confidence to believe that by taking action they can make a difference.

Planning often involves lots of talking - usually starting with a few committed people and building up the momentum by getting more and more people involved. Planning is about what to do and how to do it. Before we can answer the question 'what to do', we need to:

- **Know about the problem** - what information do we have about the problem or issue? Do we need more? Do we all have the same picture of what the real issues are?
- **Know about the community** - who are the important decision-makers? What ways will and won't work? What ways are culturally appropriate? What special things do we have to look out for?
- **Know about tools and resources (people, skills, equipment, money)** - what do we have already? What will we have to find?
- **Know about other communities** - what ways have already been tried in other places?





2. Gathering the tools Once we know what to do, how we want to do it and what we need, then we have to gather those tools or resources that will help put our plans into action. This could involve persuading people and organisations to get involved, persuading the community cooperative to do something, writing submissions for funding, employing people, training people, collecting information, researching, talking with politicians, etc.

3. Action Now the fun starts - having put all the effort into planning, we can finally get on with what we really want to do. Our planning will have worked out who is doing what and when. In the action phase we have to keep an eye on what is happening, how it is all going and whether we need to make any adjustments as we go along. Regular meetings are a common way to keep an eye on what is happening. No matter how good our planning has been, there will always be new things coming up as we go along. It is important to have planned for ways to cope with the unexpected. We all know the saying 'back to the drawing board' which reminds us that we constantly need to review our plans and make adjustments.

4. Seeing what happened (evaluation) There are many ways of seeing what happened. We can ask the people who did the planning how they think it went. We can ask the people who are the target group of the action (for example, kids who sniff paint). We can collect information about what changes the action has brought and we can get people from outside the community to look at what happened and write a report.

5. Looking ahead From the information we get about what happened we can look at what to do next. It could be that there are changes we want to make and then to keep going with the action. Or we could decide that the action has achieved what we wanted and that there is no need to continue. Or we could decide to launch a new round of planning and action.

Further information

For more information on community development see:

The grog book Maggie Brady, "Minu Warni learning together" Western Australian Alcohol and Drug Authority

Guidelines for implementing a community development strategy

There are two different guidelines presented here.

1. For people who live in a community who are concerned about a chronic problem or who want to make sure their community doesn't get a paint sniffing problem.
2. For workers from outside a community who want to help the community to develop paint sniffing strategies.

Remember, this is only a guideline, each situation and each community is unique and you will have to work out what is best, based on who you are, your skills, your position in the community and what is happening in the community.

1. Guidelines for community members

2. Gathering the tools Once we know what to do, how we want to do it and what we need, then we have to gather those tools or resources that will help put our plans into action. This could involve persuading people and organisations to get involved, persuading the community cooperative to do something, writing submissions for funding, employing people, training people, collecting information, researching, talking with politicians, etc.

3. Action Now the fun starts - having put all the effort into planning, we can finally get on with what we really want to do. Our planning will have worked out who is doing what and when. In the action phase we have to keep an eye on what is happening, how it is all going and whether we need to make any adjustments as we go along. Regular meetings are a common way to keep an eye on what is happening. No matter how good our planning has been, there will always be new things coming up as we go along. It is important to have planned for ways to cope with the unexpected. We all know the saying 'back to the drawing board' which reminds us that we constantly need to review our plans and make adjustments.

4. Seeing what happened (evaluation) There are many ways of seeing what happened. We can ask the people who did the planning how they think it went. We can ask the people who are the target group of the action (for example, kids who sniff paint). We can collect information about what changes the action has brought and we can get people from outside the community to look at what happened and write a report.

5. Looking ahead From the information we get about what happened we can look at what to do next. It could be that there are changes we want to make and then to keep going with the action. Or we could decide that the action has achieved what we wanted and that there is no need to continue. Or we could decide to launch a new round of planning and action.

Further information

For more information on community development see:

The grog book Maggie Brady, "Minu Warni learning together" Western Australian Alcohol and Drug Authority



Gathering information - as the small action group grows, people will probably want to know more about the problem - why are kids sniffing paint? What does the paint do to their bodies? How can we help them? What have other communities done? Who can help us get some action happening? What is the best thing to do?

The group needs good **information** so they can make good decisions. This manual aims to provide a lot of this information. You can also get information from your local health workers and health services. The resources section at the end of this booklet also has details of lots of books, videos and programs that different communities have used.

A community meeting(s) is often the next step. Your action group may need to have a meeting with your community council to talk about the paint sniffing situation and to discuss what can be done. This could lead to holding a community meeting(s) to share information, to talk about what could be achieved and to try and get more people involved. Community development aims to bring people together. In some places, workshops have been run for council members or the whole community, so that everyone can decide what to do. The workshop contained in this booklet is one way of getting started.

At the community meeting, try to get as many people along as possible - elders, council members, families, community workers, police, teachers, health workers, etc.

At the meeting try to get everyone to decide about three things:

1. What does the community see as the problem? - Let everyone say what they think the problem is, talk about what has been tried to fix it, talk about what they would like to see happen about this problem. Then try to get more information about the problem - what exactly is happening, when, who is involved, what other information do we have that might be useful in learning about the problem? Is there other information that we need before we can decide what to do? At this point it may be useful to bring in new information for the community to think about. Here one of the workshop exercises could be used so that people get to learn more about what other communities have done about sniffing. The aim is to give people better information on which they can then make good decisions.

2. What does the community want to see happen? - We will have to look at questions like 'will there be other problems because of what we have decided to do?', 'are there likely to be any people or groups against what we are trying to do?', 'how can we get around them?', 'what do we need to make things happen?'

3. What is our action plan? - it is always good to try and come away from a community meeting with an action plan - it may not be possible to develop a detailed plan in a big meeting. One of the actions often is to get a smaller group to work out the details later. However, it is good to get a general plan agreed at the community meeting.

Your action plan

From the community meeting your group can put together an action plan:

What will be done.

How it will be done.

Who will do what, when and where.

what will be done

This manual has lots of ideas about what different communities have done about sniffing. We hope you will get some good ideas from here to help you when you are deciding what to do.

When you are making this decision you may need to think about:

- The type of problem - is it about preventing sniffing happening, nipping it in the bud, treating long-term users, supporting families or something else?
- The size of the problem - how many people are involved, how bad is it, what obstacles do we have to overcome?
- The reasons for sniffing paint and other inhalants - why they are doing it?
- What actions will be likely to work best in your community? - programs, youth activities, education, rehabilitation, etc. You might draw up a list of priorities, starting with simple things you can do now, then things you can do with some help or training, then things that might take longer because you will need more resources.
- What resources can you get involved - leader, elders, health workers, volunteers, money, vehicles, land, buildings, books and videos?

How it will be done

This will depend to a large degree on the resources (people, money, information) you are able to gather. Most community development projects need people's time, enthusiasm and energy. Sometimes, some money and other resources are also needed.

This is where knowledge of your community is very important - who you have to get approval from, who you have to tell, what is the right way to go about it so that everyone is consulted properly?

Things you will need to think about include:

- How do we consult with everyone properly?
- How much time can people volunteer?
- What money and other resources can we get?
- Do we have the necessary skills?
- How do we keep the enthusiasm going?
- What training and practice do people need?
- What meetings and reviews do we need to check how we are going?

Who will do what, when and where

Once you have decided what you are going to do, you then need to divide up the work into smaller jobs and pass them around to all the people involved. You can use a worksheet like the one below. This can help you to see clearly how you are going to put your plans into action:

Action worksheet example

Action	Steps	Person	Timetable
1. Organise community meeting	a) Talk to Council b) Arrange meeting place and BBQ c) Send out notices d) Hold meeting e)	Mary Bill Bill Mary - chairperson	Next council meeting 24th May by 6th June 7th June 16th June
2. Community education program	a) Get booklets and posters b) Arrange for health worker to come/set the date for 1st session c) Organise room/video d) Advertise program e) Hold 1st session f) Arrange more sessions	Sonny Mary Sonny Sonny Health worker Health worker	By 30th Sept By 30th Sept In 1st week Oct In 2nd week Oct Oct At 1st session

Stage 2 Action

There's not a lot we can say about this stage - it's the time when you work through all the plans you have made in Stage 1. Of course, not many projects go exactly according to plan. That is why regular meetings are necessary. You can make changes as you go along.

Community development plans can take a long time to work through - months and sometimes a year or more, depending on what you are trying to achieve. If you are involved in lobbying governments for support and funds, it can take a long time before decisions are made. So sometimes the action stage is also a waiting stage - putting some of your plan into action, then waiting for replies, waiting for community decisions, waiting for funding to come, etc. By having regular meetings, you can keep people informed and enthusiastic.

Stage 3 Evaluation

If you get money from government, then they will probably ask for an evaluation to be done - this will mean keeping records of what you do, how many people are involved and what happens as a result of what you do. Evaluation is looking at what goes well and what doesn't and then making changes accordingly. It can be really useful in helping you to monitor your action plan.

Stage 4 Looking ahead

This is an important area when dealing with sniffing. In the past, some community development actions have been successful but after a while the actions have slowly stopped being done and gradually the sniffing has returned. Looking ahead can help the community to keep going with actions to **prevent** the problem coming back

2. Guidelines for Workers from outside a community

These guidelines are for workers from outside a community. In some places, workers have been employed by government or non-government services to help communities develop strategies to stop sniffing.

Choosing your community

If you are responsible for implementing strategies to stop sniffing across a number of communities, it is suggested that you initially select communities where you will be able to make some progress with good community support. Getting the program implemented successfully in one community will assist in promoting the idea to other communities. Select communities on the basis of need and state of readiness to become involved in a strategy process.

Getting permission from the community council and elders

Unless you are very well known in the community, you will need to get an invitation to visit. It is often best to write to the Cooperative, even to have the head of your organisation write, as this shows respect for the Cooperative. Proper consultation is very important. It may take a number of visits, lots of informal meetings and chats over a number of weeks or months to interest and involve community leaders and others before the next steps can be taken. Be prepared for a community not to want your help - they may be facing other issues that are more important for them and not feel they have the energy to tackle more than they are at present. This is why being able to be flexible and return later is a sensible option for a strategy to stop sniffing.

Getting to know the community

People need to get to know you and you need to get to know the community. How much time you spend on this will depend on things like whether you are Aboriginal or non-Aboriginal, whether you are from the community or nearby, whether you have relatives or kinship relations into the community, whether you are recognised in that area as a person with knowledge. Spending time on introducing yourself and your role can save a lot of time in the future, and so should not be seen as unproductive work. As you get to know the community, start to build up a community profile: What are the major issues facing the community? What role does sniffing play? Who are the important people in the community? What are the major family groups, clan and interest groups and what role do these groups play in the community? What are the main services in the community?



Getting started

Once people have got to know you a bit you can start to talk more about what your role is. Through informal discussions with community leaders you can aim to encourage them to assist a process of community discussion and decision-making about prevention, education and treatment of paint sniffing problems. Often it is useful to begin an education process with some of the important people in the community to increase their knowledge of paint sniffing. Once you have approval from the Council and elders, you can begin to talk with more people in the community.

Some of the ways you could begin to work in the community include:

- Informal discussions with family groups affected - aim to get them interested and to encourage them to participate in the process of developing a plan.
- Informal discussions with community service providers - health, education, CDEP, administration.

Aim to build up a small group of people who are interested in helping to do something about sniffing.

Once you have started to develop a small working group, the rest of the steps you take will be similar to those outlined above in previous section 'Guidelines for community members'.

The following workshop is designed for health workers or other community workers to use in the process of community development. There are a number of sessions and these can be run separately or consecutively according to the needs of the community. The workshops are designed to be flexible - you can adapt them to your own needs. To run the workshop successfully, you will need to be familiar with the contents of the manual as it provides a lot of the background information.

The timings given are indications only, and you may choose to vary these substantially according to the level of interest and discussion at particular points in the workshop. The order the sessions are presented in follows the order used in this manual - again, you may choose to change the order or leave out sessions according to your communities' needs.

The workshop is based on materials contained in booklets 1 and 2. Where you need more information to run a session, refer to relevant sections in booklets 1 and 2.

Community development workshop

Session 1	Introduction	1.1 Introduction 1.2 History
Session 2	About Inhalants	2.1 Introduction 2.2 What's in paint? 2.3 What happens to paint in our body? 2.4 The brain story 2.5 Sometimes kids that sniff die 2.6 Paint and alcohol 2.7 Summary
Session 3	About kids who sniff	3.1 Why are our kids sniffing? 3.2 Linking reasons to answers
Session 4	Not all kids who sniff are the same	4.1 Our community 4.2 The different mobs 4.3 Community action
Session 5	How sniffing affects us all	5.1 Identifying the problems 5.2 The problems and the mobs
Session 6	Helping kids who sniff	6.1 Helping kids/preventing sniffing 6.2 Dealing with anger 6.3 Dealing with intoxication 6.4 Medical help 6.5 Building up trust
Session 7	Learning from the past	7.1 What our community has done in the past 7.2 What other communities have done 7.3 Community decision
Session 8	Community development - making it happen	8.1 Getting started 8.2 Planning 8.3 Developing the action plan 8.4 Conclusion

SESSION 1 Introduction

The aim of this session is to give a brief introduction to you and to outline and reinforce that your process is to work with them and using their knowledge and experiences.

If people don't know you, start by introducing yourself and your purpose for being there. (5 minutes)

Short talk emphasising the importance of community knowledge and experience. (5 minutes)

Draw a large triangle on board/sand with one of these at each point (5 minutes)

Short talk (5 minutes)

Group discussion - start by asking some of these questions (30 minutes)

Objectives

By the end of this session participants will understand:

1. that the workshop aims to help the community decide on actions needed.
2. that we can learn from other communities' experiences with chroming.
3. the history of sniffing in their community and elsewhere.

1.1 Introduction

Introduce yourself - who you are, what your job is, what you are going to do:

1. You are not the experts, but are there to help the community decide what to do - the aim of this workshop is to help the community make up its own mind about what it wants to do to prevent, to educate and to treat paint sniffing problems.
2. Have lots of time for people to discuss what is important for their community and what could be done.
3. Come back later and follow up with ideas the community develops.

Three things we need to know about, to make good decisions:

- about paint and what it does to our kids
- about kids who sniff and why they do it
- about what different communities have tried and how it worked.

1.2 History

Brief history of sniffing - began shortly after the war. Minor outbreaks in some NT communities in 50s and 60s. Increase amount of sniffing in 70s and 80s and start of efforts by communities to do something. Many communities in SA, NT, WA and Qld have developed programs over last 20 years and there is a lot of experience and knowledge around. This workshop will help with learning from these communities.

Open discussion of sniffing in this community - use these questions to start discussion:

- When it started?
- Who was sniffing?
- What problems did it cause?
- What has been tried in the past?
- What happened?
- Have there been cycles of sniffing?

Summarise with the major points that come out of the discussions.

SESSION 2 About paint

The aim of this session is to explain the effects of paint on the body

Short talk
(2 minutes)

Use a jerry can to explain about the chemicals in paint.
(5 minutes)

Use large poster of body functions to show path of fumes/chemicals into various parts of the body (see Booklet 1 page 2, for diagram of the body)
(5 minutes)

Brief discussion on reasons people can die from sniffing
(5 minutes)



Objectives

By the end of this session participants will:

1. know the effect of inhalants on the body
2. compare inhalants and alcohol as they effect the body.

2.1 Introduction

Tell the group that lots of people want information about paint - what it does, why kids like it. This session is to answer some of these questions.

2.2 What's in paint?

Hold up an empty jerry can with a picture on the outside showing lots of small dots representing the lead and other chemicals and with skull and crossbones superimposed. Talk about the lead in leaded paint (red stuff), and the hydrocarbons (stuff that gives it the strong smell). Explain that the smell is actually tiny drops of chemicals and these are breathed in when someone sniffs paint.

2.3 What happens to paint in our body?

On the large poster of the body, follow the process of fumes going in the mouth and nose, down into lungs, then in to blood stream and up to the brain, to the liver and kidneys. Explain about the lead collecting in the brain - use little dots to show this happening.

2.4 The Brain Story (optional), see Appendix A

2.5 Sometimes kids who sniff die

Talk about how kids can die from sniffing:

- Poisons slowly make their bodies sick
- Paint fumes cause their lungs to get sick
- Sniffers don't look after their bodies when they get sick - don't go to the clinic
- They have accidents or get into fights
- They die suddenly, sniffing too much at once.

Use a board to compare alcohol and paint. Ask participants about the effects of alcohol.
(15 minutes)

2.6 Paint and alcohol

Explain that lots of us know about what grog does and this knowledge can help us to understand about paint. On a board, write two headings:

Too much grog

Too much paint

(Ask people to say what happens with too much grog)

Headaches	Same
Vomiting	"
Violent	"
Crazy talk	"
Forgetting stories	"
Getting weak and sick	"
Brains, livers no good	"

Write differences on the board
(3 minutes)

Talk about the differences between grog and paint:

- Paint works much faster (3–5 minutes)
- Paint is usually cheaper
- Paint causes people to see things that aren't there (hallucinations).

Link this session to the next one
'About kids who sniff'
3 minutes

2.7 Summary

Emphasise that knowing about paint is only one part of the story. We also have to know about the people who sniff and why they do it, and also about the communities they live in.



SESSION 3 Kids who sniff

The aim of this session is to help participants recognise the various reasons why kids sniff paint, and to increase their confidence in addressing the underlying issues.

This activity can be done as a big group, or you can get them in to small groups. If using small groups, come back together as a big group to summarise all the reasons - ask each group to give their reasons (20 minutes)

Summary
(10 minutes)

Group discussion
(10 minutes)

Short talk and group discussion
(15 minutes)



Objectives

By the end of this session participants will be able to:

1. recognise that there are a number of different reasons why kids might choose to sniff
2. make the link between reasons for sniffing and solutions to sniffing problems.

3.1 Why are our kids sniffing?

Ask the group if any of them have talked with any sniffers or their families about why they are doing it. What did they say? (If no-one in your group has talked with anyone about it, ask for their own opinions). Write down the answers.

Summarise the main reasons for sniffing:

- For fun and excitement, they like how it makes them feel.
- They are angry with parents, elders, teachers, etc.
- Because they are bored or sad.
- To be part of a gang (peer pressure).
- Other?

Are any of these reasons also reasons people give for drinking grog? Group discussion to answer this question.

3.2 Linking reasons to answers

Talk about the importance of knowing the reasons kids are sniffing - because this gives us ideas about how to help them stop (or how to prevent them from starting). Give an example (or ask someone in the group to) - if boredom is seen to be a major problem, then activities to prevent boredom may work. Get the group to suggest some activities.

SESSION 4 Not all kids who sniff are the same

The aim of this session is to identify the characteristics of the different types of kids who sniff, and understand the importance of this when deciding community actions.

Group discussions
(5 minutes)

On whiteboard, storyboard or butchers paper draw an egg shape and divide it into four segments, one large and three smaller ones. Write in 'don't sniff', 'sometimes', etc., as you talk about each group.
10 minutes (see illustration Booklet 1, page 7)

Group activity
(10 minutes)

Group discussion
(15 minutes)

Short talk
(5 minutes)

Objectives

By the end of this session participants will be able to:

1. recognise the different sniffing mobs
2. identify the groups in their own community
3. recognise that each mob needs different help.

4.1 Our community

Ask the group if all the kids they know are the same or do some sniff more than others, some cause more problems than others, some still work or go to school, and some don't. Group discussion about the different types of sniffers.

4.2 The different mobs

Talk about each of the mobs:

- Sometimes mob
- Most of the time mob
- Sick mob

Talk about the characteristics of each group - that sometimes it's hard to fit a particular kid into one group or another, but that it can help us to understand the problem and what to do about it if we look at a few bigger groups. Ask the group (or small groups), to divide it up into a picture of their community, with dots representing the kids in each of the mobs.

Group discussion about how we can help kids in each of the mobs - what should we be aiming to do with kids in the don't sniff mob (prevention), what with the kids in the sometimes mob (early intervention to get them back to the don't sniff mob)?

4.3 Community action

Talk about the need, when we are deciding on community action, to include kids in all the mobs, not just the ones causing the most problems now.



SESSION 5 How sniffing affects us all

The aim of this session is to summarise all the problems sniffing can cause to kids who sniff, families and communities.

Group discussion. Start by drawing three columns on the board, with headings of 'kids who sniff', 'family' and 'community'.
(30 minutes)

Summary
(3 minutes)

Group discussion
(15 minutes)

Summary
(5 minutes)

Objectives

By the end of this session participants will be able to:

1. identify the main problems caused by sniffing
2. identify the problems linked with each mob.

5.1 Identifying the problems

Group discussion about the problems sniffing has and can cause. As people talk about the problems, ask whose problem is it (who is affected)? Write it up on the board in the appropriate column(s).

Summarise that sniffing can cause problems for everyone.

5.2 The problems and the mobs

Group discussion about the problems caused by the different types of kids who sniff.

- Sometimes mob
- Most of the time mob
- Sick mob

Summarise that the all the time mob are usually the ones causing most trouble, but that families are often really worried if their kids are in the sometimes mob, because they are scared they will join the all the time mob. Also, the sick mob are a big burden on everyone, because they can't look after themselves.



SESSION 6 Helping kids who sniff

The aim of this session is to give participants skills and understanding of intoxicated kids, so they can assist them safely and with more confidence.

Short talk about the basics of helping (5 minutes)

Group discussion (10 minutes)

Group discussion. Ask group what difficulties they have when dealing directly with kids who sniff. Write main points on the whiteboard. (15 minutes)

Use people's experience as to best ways to deal with anger and violence. Summarise with whiteboard/flipchart presentation of main points. (15 minutes)

Objectives

By the end of this session participants will be able to:

1. understand what steps they can take to protect themselves when helping kids who sniff
2. cope better with anger
3. assess when medical help may be needed.

6.1 Helping kids/preventing sniffing

Introduction - talk about the basic guidelines:

- no easy answers - if there were you would have done them already
- any actions need to be based on families and communities
- all actions should strengthen Aboriginal culture.

Group discussion about what is the best way to deal with kids who sniff - helping them or punishing them? Try to develop agreement that a mixture of both approaches can be tried.

Staying safe - talk about the need to make sure that whatever you do you need to look after yourself too.

Discuss the difficulties of working with sniffers - violence, anger, tiring.

6.2 Dealing with anger

Dealing with angry kids. Group discussion about the best ways to deal with angry people. Summarise - don't hit or chase, talk quietly, don't try to shut them up, be patient and friendly.



Summarise effects of being intoxicated by paint from Session 2.6. Use board.

Group discussion on dealing with drunken people.

Group discussion and summary of dealing with intoxicated sniffers. (30 minutes)

Group discussion (5 minutes)

Short talk (3 minutes)

Use whiteboard to summarise main medical issues and what to do about them. Use chart of body or model to show main parts affected. (15minutes)

Group discussion (10 minutes)

6.3 Dealing with intoxication

Remind the group of effects of paint (Session 2.6). Ask the group of best ways of dealing with drunken people. Compare with paint and add to list with other strategies. Summarise on board:

- Try to stay calm and don't get worried.
- Don't yell at them or chase after them.
- Don't try to take their paint away - that makes them angry.
- Make sure they've got lots of fresh air.
- If they are unconscious and aren't breathing, call for help quick. Do CPR if known.
- If they are awake, talk quietly with them and try and get them home.
- Show them that you really care what happens to them, that way they'll trust you. When they trust you they might start to listen to you.
- Later, try and get them to talk with someone - a health worker, family or elders.
- Remember you may not get them to stop sniffing by talking with them once. It may take a long time.

Discuss usefulness of CPR training. Explore with group ways to provide this if necessary.

6.4 Medical help

Brief talk about detoxification from paint, making the point that it is different to coming off alcohol. Talk about the need for medical help even though people may continue to sniff - keeping them safe. Talk about other difficulties that may occur when a person stops sniffing. Need for medical assessment. Brain damage and help for disabled sniffers.

6.5 Building up trust

Need for trust. Group discussion about ways to build up trust:

- Being fair
- Being reliable
- Modelling the behaviour you expect from other people.

SESSION 7 Learning from the past

The aim of this session is to remind participants of efforts their own community has tried and to inform them of the range of strategies that they can consider.

Group discussion. On a board, draw three columns. One headed 'What we did', the second 'What happened'. Leave the third column blank for the moment. Write into this table as people talk.
(30 minutes)

Group discussion. Write the heading for the third column 'What have we learnt?' and write ideas into this as people suggest them.
(20 minutes)

Group discussion. Use same heading on columns as in 7.1 above.

Give examples for each of the ways listed here. Talk about what happened and give reasons why some ways have worked better than others.
(45 minutes)



Objectives

By the end of this session participants will be able to:

1. identify past efforts to deal with sniffing in their community
2. identify ways other communities have dealt with sniffing
3. understand the strengths and weaknesses of some of the ways communities have dealt with sniffing.

7.1 what our community has done in the past

Group discussion about all the efforts that the community, families, organisations, health services, police or individuals have tried in the past in their community. Encourage people to talk about what these people/organisations did and what were the results. Summarise on the board.

When all the discussion has finished, ask the group what has been learnt from these past experiences. Summarise on the board.

Group discussion about what is the best way to deal with kids who sniff - helping them or punishing them? Try to develop agreement that a mixture of both approaches can be tried.

7.2 what other communities have done

Group discussion about what they know of the efforts of other communities to deal with paint sniffing problems. Summarise on a black/white board. Use the same format of headings.

Remember to save all the lists for the next session.



Group discussion of the two options.
(30 minutes)

Suggest that they talk with others in the community. Try and get a few people to take responsibility for continuing the discussions and keep in contact with them. Return if/when the community decides it wants to move on.

When the participants have finished with all their ideas, introduce other ideas you know about. Make sure you have covered all the main ways of dealing with sniffing:

- Punishment, making it illegal
- Education
- Making paint difficult to get
- Night patrols
- Traditional activities
- Youth activities - sport, cultural, etc.
- Keeping kids who sniff safe
- Family support program
- Outstations
- Rehabilitation
- Counselling.

7.3 Community decision

At this point of the workshop, the group has to decide if they want to continue on to develop a strategy or to finish here so that they can spend more time thinking about what they have done, talking with other community people and then developing a strategy later.

Option 1. Group decides they have had enough for now.

Option 2. Group decides to do something more - continue with workshop on community development.

Go on to Session 8.



SESSION 8 community development - making it happen

The aim of this session is to look at the steps to develop a community response to paint sniffing. The session can be used as a blueprint for developing an overall strategy for a community, so that by the end of it the group has developed a plan that can then be put into action.

Short talk. Give examples of successful community development actions, for example, Bendin House, Morwell and Youth Substance Abuse Service.
(30 minutes)

Group/small group discussions. List on board strengths and weaknesses. Discussion of ways to overcome weaknesses.
(30 minutes)

Short talk. List on board the choices. **Group discussion.** Ask for other ways.
(10 minutes)



Objectives

By the end of this session participants will be able to:

1. identify the strengths and weaknesses that will impact on the development of their communities' response to paint sniffing
2. understand the main features of a community development process
3. develop an outline for the creation of an action plan to address paint sniffing issues in their community.

8.1 Getting started

Talk about community development as a process for addressing an issue - what is community development? why do it?, The stages - planning, action, evaluation. Stress need for community participation and responsibility.

Group or small group discussion to identify the strengths and weaknesses of your community, as they will affect the way a paint sniffing strategy is implemented (what will help/what will block). Identify key individuals, key barriers and discuss strategies to address these.

8.2 Planning

Community development and paint sniffing - how can they go about developing a plan? Look at the choices:

- Informal meetings, community meetings, action groups.
- Gathering information and resources, educating the community,
- other ways?

Task for group is to develop a flow chart for their action plan:

- small action group
- information/skills gathering
- community meeting(s)
- agreement on action plan
- action committee
- gathering resources/help
- implementation
- monitoring.

Group/small group to develop flow chart. Could do this on paper or as a painting, etc. Give example of flow chart.

(30 minutes)

Use the work sheet 'Developing your action plan', for this section. A large/small group go through the work sheet section by section.

(no time limit)

This is where you try to get a written outline of what is going to happen from here on. Use the worksheet 'Your action plan'.

Make sure there is a process in place to keep the community development going.

8.3 Developing the action plan

Deciding what to do by:

- Defining the issue - type of problem? (Prevention, education, family support, etc). How can you get the information to answer this question?
- Size of the issue - how many in target group? How do you get this information?
- Reasons for the problem? Who do we ask? This will give us ideas about what the solutions are.
- What resources (help) are available? People, money, vehicles, videos, stories, etc.
- Look at the options that are possible. See the section 'About communities' in Booklet 2. How do we prioritise these?
- How do we get more help?

Deciding how to do it by:

- Having an action group.
- Giving people jobs to do.
- Developing a timetable - when things are to happen.
- Checking as things happen (monitoring implementation).
- Making changes if and when needed.
- Keeping it going.

8.4 Conclusion

Where do we go from here? How will the community keep the process going? What role will you (the workshop facilitator) have in the future?

Developing your action plan

Published by ISDD, Waterbridge House

Tasks	Actions	Outcomes
<p>What's the issue?</p> <ul style="list-style-type: none"> • Prevention • Family support • Treatment/disability 	<ul style="list-style-type: none"> • Community discussion • Key Individual discussion • Surveys/research 	<p>Community agreement on what the issue(s) is (are).</p>
<p>How big is this issue?</p> <ul style="list-style-type: none"> • Potential problems • How many kids who sniff/ others affected? • What other problems? • Impact on culture/future 	<ul style="list-style-type: none"> • Community discussions/workshop • Key individual discussion • Surveys/research • Knowledge from other communities 	<p>Community agreement on the size of the problem.</p>
<p>Reasons for this issue?</p> <ul style="list-style-type: none"> • Individual? • Family? • Community? • Other? 	<ul style="list-style-type: none"> • Community discussion/workshop • Key individual discussions • Talk with sniffers/families • Surveys/research • Other communities' experience 	<p>Community agreement on reasons for this being an issue.</p>
<p>What options are available to address this issue?</p> <ul style="list-style-type: none"> • What has been tried? • What has worked? Why? • What hasn't? Why? 	<ul style="list-style-type: none"> • Community discussions/previous experiences • Experiences of other communities • Research/manuals • New ideas 	<p>List of possible solutions to the issue(s) of concern.</p>
<p>How do we prioritise the options?</p>	<ul style="list-style-type: none"> • Community discussion/workshop • Key individual discussions • Action group decisions 	<p>Priority list for action.</p>
<p>What help (resources), is available?</p> <p>What other help might be available?</p>	<ul style="list-style-type: none"> • Collect lists of existing resources • Ask Community Council, Government. • Compile lists of possible funding sources • Compile lists of non-monetary assistance needed 	<p>Knowledge of existing resources.</p> <p>Indications of possible sources of assistance - both monetary and non-monetary.</p>

Your action plan

Action	Steps	Person(s)	Timetable

Useful resources

Resources for workers

Addy, D., & Ritter, A. (2000). *Clinical treatment guidelines for alcohol and drug clinicians. No 2: Motivational interviewing*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Biven, A. (2000). *Petrol sniffing and other solvents: A resource kit for Aboriginal communities*. Adelaide, South Australia: Aboriginal Drug and Alcohol Council SA Inc. (ADAC)/Department of Human Services, South Australia.

Central Australian Rural Practitioners Association (CARPA). (1997). *Standard treatment manual, 3rd Edition*. Alice Springs, Northern Territory: CARPA.

Department of Human Services. (2002). *Responsible sale of solvents - a retailers' kit*. DHS. Available: www.drugs.vic.gov.au/solvents

Drugs and Crime Prevention Committee. (2002). *Inquiry into the inhalation of volatile substances [Discussion Paper]*. Melbourne, Victoria: Victorian Government Printer.

Keenan, M., Lang, E., Brooke, T., Lynch, J., & Welsh, M. (2000). *Community partnership kit: supporting local community action on illicit drug issues*. Melbourne, Victoria: Turning Point Drug and Alcohol Centre Inc./Commonwealth Department of Health and Aged Care.

Limbrick, S. (2001). *Managing client substance misuse, policy development: information, training and resource manual*. Melbourne, Victoria: Berry Street Victoria.

National Inhalant Prevention Coalition. (2002). National Institute on Drug Abuse (NIDA). (2000). *Research report series – inhalant abuse*. Maryland, USA: NIDA. Available: www.inhalants.org

Re-Solv The Society for the Prevention of Solvent and Volatile Substance Abuse. (2002). Available: www.re-solv.org/uk

Sunshine Chroming Awareness Program (SCAP). (2001). *Traders' resource kit*. Melbourne, Victoria: Galaxy Project.

Swan, A., Hocking, S., & Ritter, A. (2002). *Clinical treatment guidelines for alcohol and drug clinicians. No 8: Assertive follow-up*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Swan, A., & Ritter, A. (2001). *Clinical treatment guidelines for alcohol and drug clinicians. No. 7: Working with polydrug users*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.

Western Australian Drug Abuse Strategy Office (WADASO). (2001). *Retailers acting against solvent use - resource kit*. WADASO. Available: www.wa.vic.gov.au/drugwestaus/

Youth Substance Abuse Service (YSAS). *The chroming wheel*. Melbourne, Victoria:YSAS.

Resources for clients

Australian Drug Foundation. (2002). *Inhalants*. Available: www.adf.org.au/drughit/facts/inhalants.html

Family Drug Support. (2002). *Inhalants*. Available: www.fds.org.au/main_facts.html

Youth Substance Abuse Service (YSAS). (2002). Available: www.ysas.org.au/drugs/chroming

Libraries

Contact your local drug and alcohol service (see contacts list below) - ask if their library service has any videos or pamphlets about paint sniffing that you can borrow.

Videos

(Note that videos are generally not recommended for young audiences - the target audience is parents and/or health workers). Videos may be available from your state drug and alcohol service library, the ADF library in Victoria (phone 03 9278 8100), or the ADCA library in Canberra (phone 02 6281 1002).

The brain story - Bigfat Productions, Alice Springs (phone 08 8953 0284)

Too much trouble/the chroming game - Next Step, WA. 1997.

Karnanytjarra - *Doing good things together*, WA. 1988.

Painta Wanti: paint story - Yalata Maralinga Health Service. 1994.

The sniffing bear (From Canada)- available from Educational Media Australia (phone 02 9699 7144) email: www.ema.com.au

A bombshell: what parents should know about solvent abuse - UK. 1988.
(available from Educational Media Australia, see above)

Illusions a film on solvent abuse - UK. 1983.

Inhalants: sniffing your way to addiction - USA. 1991.
(available from Educational Media Australia, see above)

School education

The Victorian Department of Education and Training is committed to providing relevant drug education resources for use by schools. In December 2000 they released a booklet titled *Volatile Solvents: a resource for schools*.

For further information please contact the Victorian Department of Education on (03) 9637 2000

On the Net

The brain story is available on the Internet at the website:

www.adac.org.au

www.inhalants.org

www.re-solv.org

www.ceida.net.au

www.adca.org.au - National Inhalants Prevention Coalition (USA)

- ReSolv (UK)

- CEIDA (NSW)

- Alcohol & Other Drug Council of Australia (ACT)

Manuals

Department of Human Services (2003), *Management response to Inhalant use: guidelines for the community care and drug and alcohol sector* Available:

http://www.dhs.vic.gov.au/phd/dts/downloads/guidelines_inhalants.pdf

Department of Human Services. (2002). *Responsible sale of solvents - a retailers' kit*. DHS. Available: www.drugs.vic.gov.au/solvents

Other resources

The petrol sniffing problem - a series of overheads for use with adults. Office of Aboriginal Health, Western Australia. 1987.

The brain story - a series of flipcharts using Aboriginal artworks to show the effects of sniffing on the brain, Aboriginal culture, and stories. Produced by Paint Link UP project. 1994.

Inhalants: a resource guide for health and welfare professionals - a booklet from the Australian Government Publishing Service, Canberra. 1985.

How drugs affect you: inhalants - pamphlet from the Australian Drug Foundation. 1999.

Volatile substances - CEIDA Fact Sheet No. 12, handout produced by CEIDA. 1998.

Glue sniffing: information for parents - pamphlet produced by the WA Drug and Alcohol Authority (now called Next Step). 1993.

Books and articles

Anangu way - book with stories and paintings about sniffing, alcohol and other health issues, Nganampa Health Council, Alice Springs. 1991.

Petrol sniffing in aboriginal communities: a review of interventions - written by Peter d'Abbs and Sarah MacLean, CRC Darwin. 2000 (Included in this boxed set)

A demonstration project which shows how one community dealt with petrol sniffing - booklet by Xavia Almeida, about Mimili community in South Australia. Australian Government Publishing Service, Canberra. 1994.

Heavy metal: the social meaning of petrol sniffing in Australia - book by Maggie Brady, Aboriginal Studies Press, Canberra. 1992.

The grog book - by Maggie Brady, Dept of Health and Family Services, Canberra. 1998.

'Petrol sniffing down the track' - journal article by Maggie Brady & Dr Paul Torzillo, *Medical Journal of Australia*, 160, 176-177. 1994.

'Patterns of petrol sniffing and other drug use in young men from an Aboriginal community In Arnhem Land' - journal article by Chris Burns and others, in the *Drug and Alcohol Review*, 14, 159-169. 1995.

Volatile substance abuse in Australia - report from Senate Select Committee on Volatile Substance Fumes, Commonwealth of Australia, AGPPS, Canberra. 1985.

Story about Intjartnama: a healing place - booklet by Barry and Elva Cook and Craig San Roque, National Drug Strategy Innovative Projects Occasional Series, Canberra.

Petrol sniffing among Aboriginal Australians: a resource manual - Morice, R.D., Swift, H. & Brady, M. (1981). Alcohol and Drug Foundation, Canberra.

'Out Of The Spotlight' - article by Jane Mundy, in *Connexions*, 15 (4), 269-274. 1995.

Moving on: a report on petrol sniffing and the introduction of AVGAS on the Anangu Pitjantjatjara lands - by Stewart Roper and Gill Shaw, Nganampa Health Council, Department of Human Services and Health. 1996.

(See Selected Bibliography at the end of Booklet 2, for further references).

Koori community alcohol and drug workers

Barwon South
Western Region

Wathaurong Aboriginal Co-operative

Morgan Street, Lot 62
(PO Box 402)
North Geelong 3215
Phone 5277 0044
Fax 5278 4123

Barwon South
Western Region

Gunditjmara Aboriginal Co-operative

Harris Street Reserve
Warrnambool 3280
Phone 5561 4181 or 5562 9729
Fax 5561 1650

Grampians Region

Ballarat and District Aboriginal Co-operative

5 Market Street
Ballarat 3353
(PO Box 643)
Phone 5331 5344
Fax 5331 1637

Loddon Mallee Region

Bendigo Community Health Centre

47 High Street
Bendigo 3550
Phone 5441 9800
Fax 5441 9888

Mildura Aboriginal Corporation

120 Madden Avenue
Mildura 3500
Phone 5022 1852
Fax 5023 7852

Njernda Aboriginal Co-operative

84 Hare Street
Echuca 3564
Phone 5482 3075
Fax 5482 5104

Swan Hill Hospital

79 Chapman Street
Swan Hill 3585
Phone 5033 2154
Fax

Maya Healing Centre (Minin Jalku)

7-11 Rossmoyne Street
Thornbury 3071
Phone 03 9827 5724
Fax 03 9484 7574

Hume Region	<p>Rumbalara Aboriginal Co-operative Tooloomba Rd Mooroopna 3629 (PO Box 180) Phone 5825 2111 Fax 5825 4493</p>
Gippsland Region	<p>Central Gippsland Aboriginal Co-operative Ltd\Mobile Cnr Collins and Buckley Streets Morwell 3840 Phone 5136 5100 Fax 51337973</p>
Gippsland Region	<p>Gippsland and East Gippsland Aboriginal Co-operative 37 Dalmahoy Street Bairnsdale 3875 (PO Box 634) Phone 5153 1593 Fax 5152 3115</p>
Northern Metropolitan Region	<p>Victorian Aboriginal Health Service 186 Nicholson Street Fitzroy 3065 Phone 03 9419 3000 Fax 03 9417 3897</p>
Eastern Region	<p>Ngwala Willumbong Co-operative 93 Wellington Street Windsor 3181 Phone 03 9510 3233 Fax 03 9510 6288</p>

Koori community Alcohol and Drug Resource centres

All Metro Regions	Koori Community A&D Resource Centre 150 Separation St Northcote 3070 Phone 03 9481 2666 Fax 03 9486 3034
Barwon South West Region	Koori Community A&D Resource Centre, 33 Wilkins St Corio 3214 Phone 5274 2390 Fax 5274 2390
Gippsland Region	Tanderra House, Koori Community A&D Resource Centre 37 Dalmahoy Street Bairnsdale 3875 Phone 51530125 Fax 5152 3115
Gippsland Region	Bendin House, Koori Community A&D Resource Centre 7-9 Buckley Street, Morwell 3840 Phone 5133 7969 Fax 5134 4881
Loddon Mallee Region	Bacchus House, Koori Community A&D Resource Centre 120 Madden Avenue Mildura 3500 Phone 5022 1852 Fax 5023 7852
Hume Region	Gower House, Koori Community A&D Resource Centre 69 Numurkah Rd Shepparton 3630 Phone 5831 3871 Fax 5825 4493

Aboriginal Co-operatives

Gunditjmara Aboriginal Co-operative

Harris Street Reserve
Warrnambool 3280
Phone 5562 9729
Fax 5561 1650

Goolum Goolum Aboriginal Co-operative

143-145 Baillee Street
Horsham 3400
Phone 5382 5033
Fax 5381 1563

Murray Valley Aboriginal Co-operative

Lot 2 Latje Road
Robinvale 3549
Phone 5026 4329
Fax 5026 4332

Ramahyuck Aboriginal Co-operative

117-121 Forster Street
(PO Box 1240)
Sale 3850
Phone 5143 1644
Fax 5143 3436

Gippsland and East Gippsland

Aboriginal Co-operative
37 Dalmahoy Street
Barinsdale 3875
Phone 5152 1922
Fax 5152 3115

Lake Tyers Aboriginal Trust

Rules Rd
Lakes Entrance 3909
(Post Office Box 11)
Phone 5156 5554
Fax 5156 5482

Winda Mara Aboriginal Cooperative

21 Scott St
(PO Box 215)
Heywood 3304
Phone 5527 2053
Fax 5527 2052

Aboriginal A&D workers in mainstream services

Moreland Hall

26 Jessie Street
Moreland
Phone 9386 2876

South Eastern Alcohol and Drug Service (SEADS)

2nd Floor
229 Thomas St
(PO Box 208)
Dandenong 3175
Phone 03 8792 2330

Frankston Intergrated Health Service (Pen DAP)

8-10 Hastings Rd
Frankston 3199
(PO Box 52)
Phone 03 9785 3806

Tabor House Uniting Care

105 Dana St
(PO Box 608)
Ballarat 3353
Phone 5332 1286
Fax 5331 8365

