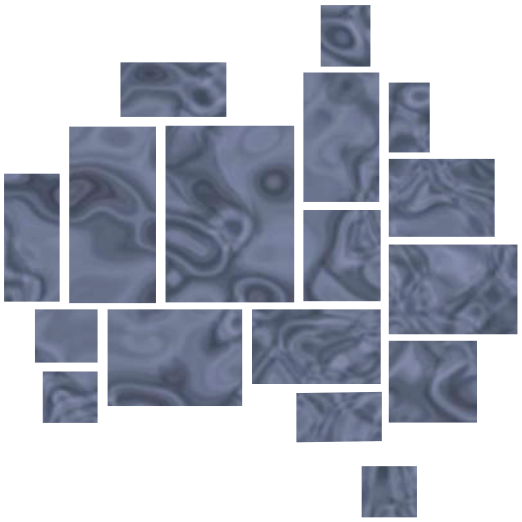
National Directions On Inhalant Abuse



Final report

National Inhalant Abuse Taskforce

November 2005

with Addendum July 2006

The final report of the National Inhalant Abuse Taskforce, *National Directions on Inhalant Abuse*, was endorsed by the Ministerial Council on Drug Strategy on 15 May 2006.

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Contents

Glossary

ABS	Australian Bureau of Statistics
ADAC	Aboriginal Drug and Alcohol Council of South Australia
AERF	Alcohol Education and Rehabilitation Foundation
ANCD	Australian National Council on Drugs
APY	Anangu Pitjantjatjara Yunkunytjatjara
ASSAD	Australian Secondary Students' Alcohol and Drug Survey
Avgas	Aviation fuel
CAP	*National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003–2006*
CAYLUS	Central Australia Youth Link-Up Service
Comgas evaluation	*An evaluation of the Comgas Scheme* undertaken in 2004 for the Australian Government Department of Health and Ageing.
Comgas Scheme	A scheme administered by the Office for Aboriginal and Torres Strait Islander Health which initially subsidised the supply of leaded Avgas and currently subsidises the supply of Opal fuel to remote Indigenous communities in place of petrol.
Customs	Australian Customs Service
CSIRO	Commonwealth Scientific and Industrial Research Organisation
ERDs	Ecstasy and related drugs
Framework	The *National framework for addressing inhalant abuse in Australia* developed by NIAT which sets out a comprehensive national approach for dealing with inhalant abuse (see section II of this report).
Guiding Principles	The *Guiding principles for inhalant legislation* drafted by NIAT to aide the development of best practice inhalant abuse legislation (see section 7.5).
IGCD	Intergovernmental Committee on Drugs
Inhalant abuse	The deliberate inhalation of inhalants to achieve a change in mental state. Also commonly referred to as solvent abuse, volatile substance abuse and volatile substance misuse.
Inhalants	Volatile solvents, aerosols, gases and nitrites. Also commonly referred to as volatile substances or solvents.
MCDS	Ministerial Council on Drug Strategy
National Inhalant Abuse Clearinghouse	A national clearinghouse for information on inhalant abuse, the establishment of which is proposed by NIAT (see section 2.7).
National Inhalant Abuse Coordinating Group	A group consisting of representatives of the IGCD, the Australian Government and all state and territory governments that NIAT proposes be established to oversee the implementation of the framework and recommendations set out in this report (see section II).
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCIS	National Coronial Information System
NDS	*National Drug Strategy 2004–2009*
NDSHS	National Drug Strategy Household Survey
NIAT	National Inhalant Abuse Taskforce
OATSIH	Office for Aboriginal and Torres Strait Islander Health (in the Australian Government Department of Health and Ageing)
Opal	An unleaded fuel developed by BP Australia which contains very low levels of aromatic hydrocarbons.
Petrol sniffing kit	The *Petrol sniffing and other solvents* kit produced in 2000 by the Aboriginal Drug and Alcohol Council of South Australia.
Petrol sniffing kit evaluation	*A broad evaluation of the Petrol Sniffing and Other Solvents* kit undertaken in 2004 for the Aboriginal Drug and Alcohol Council of South Australia.
SaCC	Schools as Community Centres initiative
Senate Select Committee Guidelines	Guidelines for media reporting of inhalant abuse recommended by the Commonwealth of Australia Senate Select Committee on Volatile Substance Fumes 1985 (see section 2.8).
TKP	Tjungungku Kuranyukutu Palyantjaku
UK	United Kingdom
US	United States
Victorian Parliamentary inquiry	Parliament of Victoria Drugs and Crime Prevention Committee *Inquiry into the inhalation of volatile substances* 2002
Volatile substances	See definition of inhalants above.
Volatile substance abuse	See definition of inhalant abuse above.
VSM	Volatile substance misuse. See definition of inhalant abuse above.
3D Strategy	BP Australia's **D**eterrent, **D**iversion and **D**evelopment Strategy to address petrol sniffing.

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Victorian Department of Human Services (IGCD health representative)

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Australian Government

Attorney-General's Department

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Ms Anne Mosey

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Mr Greg Bourke (until May 2005)

Ms Toni Craig (from May 2005)

South Australian Department for Families and Communities

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Western Australian Drug and Alcohol Office

Ms Kathryn Kerry (until May 2005)

Mr Eric Dillon (from May 2005)

Other

Australian National Council on Drugs

Mr Scott Wilson

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Mr Paul Dillon

Mr Andrew Biven, author of the *Petrol sniffing and other solvents* kit, co-author of *An evaluation of the Comgas Scheme* and Executive Officer of the South Australian Network of Drug and Alcohol Services, also provided expert advice.

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This report was written by Ms Kerryn Riseley.

I. Executive summary

> Inhalants are cheap. Really accessible. Easy to steal. So easy to do. It kind of numbs you.
>
> *Non-Indigenous female, 21, current occasional inhalant user, urban area*[1]

The National Inhalant Abuse Taskforce (NIAT) was established by the Ministerial Council on Drug Strategy (MCDS) to consider existing initiatives, programs and strategies to address inhalant abuse in Australia and to make recommendations for a national response to inhalant abuse. Over an 18-month period, NIAT has extensively researched and investigated programs and interventions and consulted a wide range of stakeholders in relation to inhalant abuse in Australia.

Inhalant abuse is an issue in both Indigenous and non-Indigenous communities in Australia. It is a problem that manifests in different ways in different communities at different times. Outbreaks are often highly localised and spasmodic. Urban, regional and remote communities may experience inhalant abuse in different contexts, as may Indigenous and non-Indigenous communities. Inhalant products are cheap and easily accessible by young people. 'Chroming' (inhaling spray paint) and petrol sniffing are two forms of inhalant abuse that are currently common in Australia, with the practice of chroming being more common in urban and rural areas, while petrol sniffing is more common in remote Indigenous communities.

There is evidence that, while significant numbers of young people across Australia experiment with inhalant products, few go on to become regular or chronic users. Those who do, however, are generally among the most disadvantaged and marginalised members of society. They are generally poor, lack access to education and employment opportunities and are often users of other drugs in addition to inhalants. Inhalant users are also disproportionately represented in the mental health, juvenile justice and protective service systems.

> There are different [reasons for] chroming. Family situations, jealousy, boyfriend girlfriend stuff, people wanting to bash you up. For me family, personal relationships [were the reasons]. Sniffing makes me forget about all that. Erases things from my mind. I think about fun things.
>
> *Indigenous female, 17, ex-inhalant user, urban area*[2]

Inhalant use can have a devastating impact not only on individual users and their families, but also on the broader community. Inhalant use is often associated with a range of negative behaviours such as crime, vandalism, accidents and suicide. In small, remote communities a few inhalant users can therefore have a large and disproportional impact, potentially affecting the wellbeing of the entire community. The broad-reaching negative impacts of petrol sniffing were emphasised by South Australian Coroner, Wayne Chivell, in inquiries into petrol sniffing deaths in that state in 2002 and 2005:

> ***Petrol sniffing poses an urgent threat to the very substance of the Anangu communities on the Anangu Pitjantjatjara Lands. It threatens not only death and serious and permanent disability but also the peace, order and security of communities, cultural and family structures, education, health and community development.***[3]

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[1] MacLean S, d'Abbs P 2005. *Impact of the modification of volatile substance products on the behaviour of inhalant users.* Prepared for Victorian Department of Human Services, Melbourne: Youth Research Centre, p. 47.

[2] Ibid.

[3] *Chivell W 2002. Finding of inquest at Umuwa, South Australia, in May, June and September 2002 into three deaths.* Adelaide: South Australian Coroner's Office, paragraph *13.2*; Chivell W 2005. *Finding of inquest at Umuwa, South Australia, in November 2004 and March 2005 into four deaths.* Adelaide: South Australian Coroner's Office, paragraph 13.4.

Intensity and damage of sniffing is increasing, with more users sniffing for longer periods of time.[4]

In undertaking this research, NIAT encountered concerning evidence that petrol sniffing is increasing in some remote Indigenous communities, with a 'culture of sniffing' reported as emerging in some places. In addition, there is evidence of concerning levels of inhalant use by both Indigenous and non-Indigenous people in urban and regional areas. The evidence considered by NIAT suggests that while the number of actual inhalant users may not be large, immediate action is required to address inhalant use in Australia.

As part of this comprehensive investigation of inhalant abuse, NIAT considered a range of responses and programs that are currently in place in Australia and has identified a number of examples of current best practice, which are highlighted in this report.

NIAT's investigation into inhalant abuse in Australia has generated considerable interest from the government and non-government sectors and the community in general. The consultation process revealed widespread concern about inhalant abuse in Australia and the lack of coordinated government action to address this issue to date.

There is a need for recognition that solvent abuse is a drug and alcohol issue, rather than a social aberration involving disengaged youth.[5]

NIAT believes that a comprehensive and sustained national approach is required to address inhalant abuse in Australia and has, therefore, developed a *National framework for addressing inhalant abuse in Australia* ('the framework') which is supported by a number of specific recommendations. The framework is structured around six strategic areas, namely:

- information resources
- research
- prevention
- treatment
- supply reduction
- legislation.

The framework is designed to sit within the structure provided by the National Drug Strategy (NDS) and reflects the three main tenets of the NDS: demand reduction, supply reduction and harm reduction.

- **Demand reduction** is addressed by a broad approach to prevention and treatment that provides a mix of generic responses and responses specifically targeted at inhalant use and/or inhalant users.
- **Supply reduction** is addressed through a comprehensive approach that includes working with retailers, modifying products and supporting the use of Opal (a non-sniffable alternative fuel to petrol).
- **Harm reduction** is addressed through carefully targeted information resources and legislative responses that allow inhalant products to be confiscated and intoxicated inhalant users to be taken to places of care.

[4] Australian Government Department of Family and Community Services 2005. Submission to the National Inhalant Abuse Taskforce, p. 2.
[5] Mt Isa Substance Misuse Action Group and Mt Isa Alcohol, Tobacco & Other Drug Service 2005. Submission to the National Inhalant Abuse Taskforce, p. 2.

NIAT believes that a broad approach is necessary if inhalant abuse is to be successfully tackled in Australia. Therefore, the framework and recommendations set out in this report are wide-reaching, requiring the commitment of all levels of government. NIAT acknowledges that the highly localised and spasmodic nature of inhalant abuse means that interventions and strategies often need to be carefully targeted and that there is no national one-size-fits-all intervention. The framework, therefore, provides a flexible structure that supports the implementation of local or regional interventions where appropriate.

Key features of the framework and recommendations are:

- improved access to information on inhalant abuse through the establishment of a National Inhalant Abuse Clearinghouse and the development of carefully targeted information resources
- development of national treatment guidelines that explore the full range of treatment options for inhalant users
- increased private/business sector involvement in inhalant abuse initiatives
- reducing the supply of abusable products by supporting the widespread use of Opal fuel and exploring options for the modification of commonly abused inhalant products to deter abuse
- establishment of a national coordinating group under the auspices of the MCDS to provide strategic guidance and to monitor the implementation of the framework and recommendations.

NIAT commends this report and the recommendations and framework contained in it to the MCDS.

Addendum to the final report of the National Inhalant Abuse Taskforce July 2006

NIAT completed its final report in November 2005 and its report and recommendations were subsequently endorsed by the MCDS on 15 May 2006. The MCD also agreed to make NIAT's report publicly available.

In July 2006, an addendum was prepared to ensure that NIAT's repost contains information that is current at the time of publication. The addendum is included at the end of this report. The addendum provides updated factual information about developments in relation to responses to inhalant abuse in Australia since NIAT's report was finalised in November 2005. The addendum does not affect the report's recommendations nor the *National framework for addressing inhalant abuse in Australia* that is set out in the report. The addendum also provides information about current progress in implementing the recommendations of NIAT's report.

II. National framework for addressing inhalant abuse in Australia

> [A] comprehensive range of measures including legislative, regulatory, public health and treatment approaches are required to prevent and reduce the negative impacts of inhalant misuse and abuse in Australia.[6]

Rationale for a national framework

The Ministerial Council on Drug Strategy (MCDS) established the National Inhalant Abuse Taskforce (NIAT) in recognition that there is currently no coordinated, systematic response to inhalant abuse. NIAT believes that inhalant abuse in Australia can only be tackled successfully through a coordinated and sustained national response. Inhalant abuse is a complex phenomenon that demands a truly whole-of-government and cross-sectorial response. Government departments at different levels, across a breadth of diverse portfolio areas, including health, education, justice, police, youth, sport and recreation, must work together to offer a collaborative and seamless response to inhalant abuse. Therefore, NIAT has developed the *National framework for addressing inhalant abuse in Australia* which provides the structure for a coordinated, holistic response. NIAT hopes that the framework will place inhalant abuse on the national drug agenda and ensure that the appropriate policy attention is given to this issue.

The framework recognises that there is no simple 'quick fix' to address inhalant abuse in Australia. Rather, it acknowledges that a successful strategy involves a number of comprehensive responses implemented concurrently across a range of levels. The framework reflects the concept of harm minimisation, which is the cornerstone of the National Drug Strategy (NDS). Harm minimisation balances the three principles of demand reduction, supply reduction and harm reduction. These principles underpin the six strategic areas around which the framework is based, namely:

- information resources (demand reduction, supply reduction and harm reduction)
- research (demand reduction, supply reduction and harm reduction)
- prevention (demand reduction and harm reduction)
- treatment (demand reduction and harm reduction)
- supply reduction
- legislation (demand reduction, supply reduction and harm reduction).

The framework provides a model of coordination across governments in these six strategic areas. Beneath the framework sit specific recommendations to address gaps identified by NIAT through its research and consultation process.

The framework identifies the roles and responsibilities of the MCDS, the Australian Government and the state and territory governments in these six areas. The roles of the different levels of government often interconnect and overlap and this is highlighted in the framework.

The framework recognises that the 'solution' to inhalant abuse is bigger than just government and that government at all levels must effectively engage with the community and non-government sectors as well as the private sector to effect and sustain change.

Roles and responsibilities of the MCDS, the Australian Government and state and territory governments

The *National framework for addressing inhalant abuse in Australia* sets out a comprehensive strategy for addressing inhalant abuse in Australia. NIAT proposes that the national framework and the recommendations made in this report be endorsed by the MCDS and implemented under the umbrella of the NDS. The framework recognises the central coordination and leadership function of the MCDS in relation to drug policy in Australia and places the MCDS at the core of a comprehensive strategy to address inhalant abuse. Under the framework, the MCDS will play a leadership role, including monitoring the implementation of the framework, which will ensure a nationally coordinated and integrated approach to inhalant abuse.

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[6] Alcohol, Tobacco and other Drugs Council of Tasmania 2005. Submission to the National Inhalant Abuse Taskforce, p. 2.

The implementation of the framework and recommendations in relation to Indigenous communities will be informed by the *National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003–2006* which provides a framework for addressing drug misuse in Indigenous communities in a culturally appropriate and holistic manner. In addition, on page 38, NIAT identifies principles for working with Indigenous communities, which it suggests guide government interactions with Indigenous communities.

The framework proposes the establishment of a National Inhalant Abuse Coordinating Group, in which the Australian Government and all state and territory governments will participate. It may be appropriate for the National Inhalant Abuse Coordinating Group to also have representatives from local government and the non-government and private sectors, including Indigenous organisations. The National Inhalant Abuse Coordinating Group will oversee the implementation of the framework and provide regular reports to the MCDS, through the Intergovernmental Committee on Drugs (IGCD). In addition, it is proposed that the National Inhalant Abuse Coordinating Group play a role in areas that require a coordinated national approach, such as coordinating national data collection and developing general principles in relation to legislative interventions.

Despite being identified as one of the ten drugs of main concern in the NDS, inhalant abuse has, to date, received limited attention at the national level. The creation of the National Inhalant Abuse Coordinating Group will ensure that inhalant abuse receives the ongoing attention of the MCDS and that a long-term strategic approach is taken to addressing inhalant abuse at a national level.

Under the MCDS' leadership, the Australian Government and state and territory governments also have responsibilities in the implementation of the framework. The Australian Government has a central position in providing leadership in relation to treatment, prevention and research. In addition, the Australian Government has an important role in a number of supply and product issues, including product modification, import restrictions and the Comgas Scheme.

Key roles that the states and territories have to play include implementing legislation, developing locally relevant strategies and resources, and implementing appropriate prevention and treatment responses. The episodic nature of inhalant abuse means that carefully targeted local strategies and interventions are often appropriate. Therefore, states and territories have the important task of working with local governments and communities to build local capacity to respond to inhalant abuse.

In some areas, such as prevention and treatment, the Australian Government and the state and territory governments share responsibility. However, the emphasis of these roles may differ, with the Australian Government providing important strategic direction and guidance and state and territory governments more focused on local responses and service delivery. The overlapping responsibilities of the Australian Government and state and territory governments are described in Table I and Diagram I.

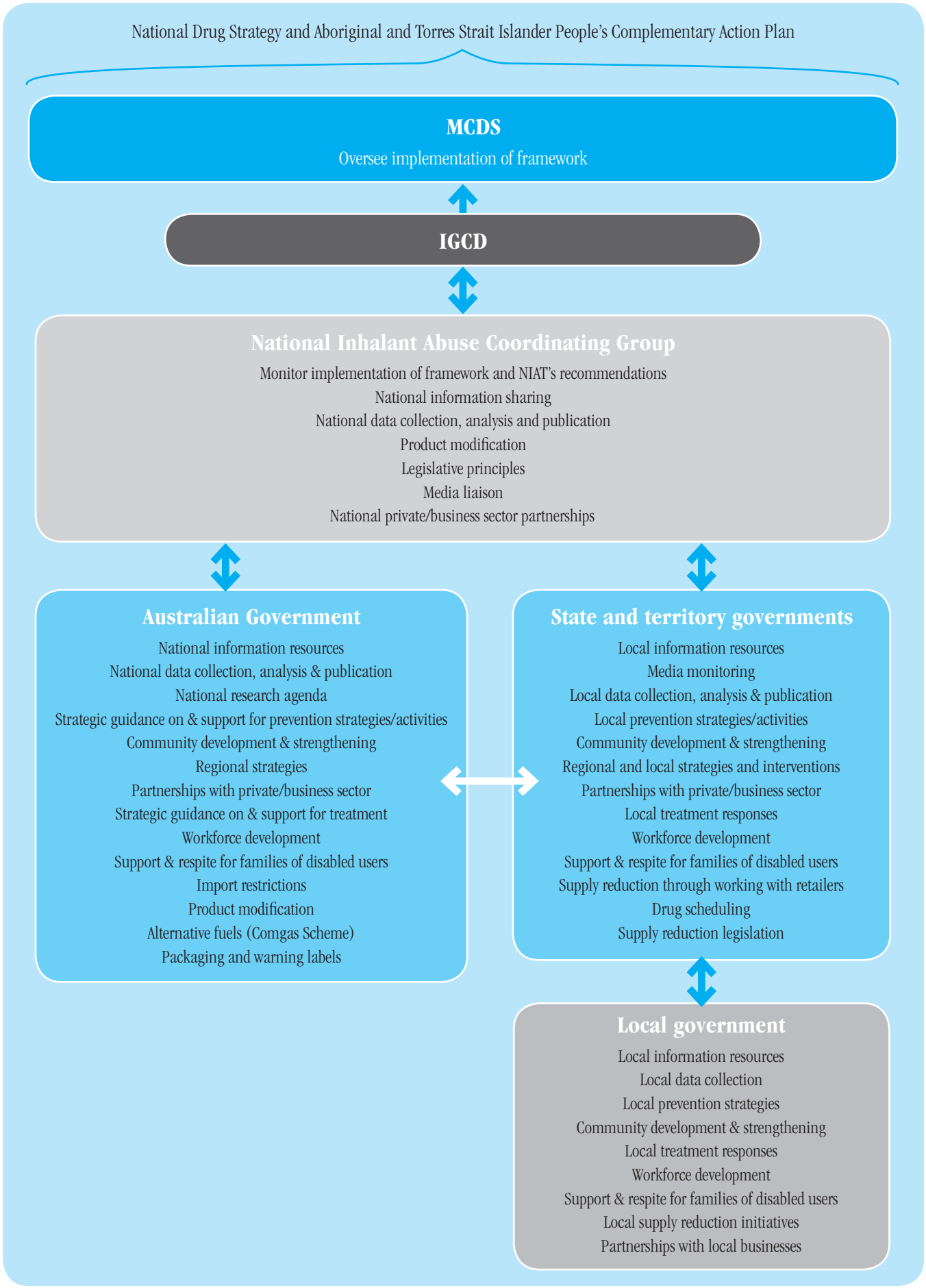
NIAT recognises that there is considerable industry goodwill, particularly in the paint, petrol and gas industries, in relation to reducing and stopping inhalant abuse that needs to be effectively harnessed. All level of governments should actively encourage private sector involvement in initiatives to address inhalant abuse. The proposed National Inhalant Abuse Coordinating Group, with the support of the MCDS, has a critical role to play in exploring opportunities for the private/business sector to become involved as a partner at the national level.

The framework summarises the various roles and responsibilities of the MCDS and Australian governments in addressing inhalant abuse and is set out below in Table I and Diagram I.

Table I: Roles and responsibilities of the MCDS and Australian governments in addressing inhalant abuse: a framework for national action

MCDS	
Endorse the framework and NIAT's recommendations	
Establish the National Inhalant Abuse Coordinating Group	
Monitor the implementation of the framework and recommendations via annual reports from the National Inhalant Abuse Coordinating Group (through the IGCD)	
National Inhalant Abuse Coordinating Group	
Monitor the implementation of the framework and recommendations and report to the IGCD and MCDS	
Facilitate information sharing at the national level	
Coordinate national data collection, analysis and publication	
Explore opportunities for product modification	
Provide strategic guidance on legislation	
Liaise with the media	
Encourage national private/business sector partnerships	
Australian Government	**State/territory governments**
1. Implementation of framework and NIAT's recommendations	
Participate in and report to National Inhalant Abuse Coordinating Group	Participate in and report to National Inhalant Abuse Coordinating Group
2. Information resources	
Develop resources of national relevance	Develop locally relevant information resources
	Monitor and respond to media coverage
3. Research	
Collect, analyse and publish national data	Collect, analyse and publish local data
Implement national research agenda	Contribute to and support the national research agenda
4. Prevention	
Provide national strategic guidance on prevention, for example, through the Prevention Agenda, and support prevention interventions	Implement and support locally relevant prevention interventions
Implement strategies to improve health and wellbeing of Indigenous people and communities	Implement strategies to improve health and wellbeing of Indigenous people and communities
Support and implement community development and strengthening initiatives	Support and implement community development and strengthening initiatives
Leadership in and support for regional strategies and responses	Participate in and support regional strategies and responses and support and empower local government and communities
Explore opportunities for private/business sector partnerships	Explore opportunities for private/business sector partnerships
5. Treatment	
Provide national strategic guidance on treatment, for example, through treatment guidelines, and support treatment responses	Implement locally relevant treatment responses
Support workforce development strategies	Implement workforce development strategies
Provide support and respite for families of disabled users	Provide support and respite for families of disabled users
6. Supply and product issues	
Explore possibilities for import restrictions on volatile substance products	Explore options for reducing supply through drug scheduling
Explore opportunities for product modification	Work with retailers to reduce supply
	Implement supply reduction legislation
Support the widespread use of Opal fuel, for example, through the Comgas Scheme and strategies to secure alternative fuel supplies and to address petrol trafficking	Support the widespread use of Opal fuel, for example, through subsidies and strategies to secure alternative fuel supplies and to address petrol trafficking
Explore opportunities for modifying product packaging	
Consider options for product warning labels	
7. Legislation	
	Implement supply reduction legislation and user-based legislative interventions

Diagram I: Roles and responsibilities of the MCDS and Australian Governments in addressing inhalant abuse: a framework for national action



Implementing the framework

The *National framework for addressing inhalant abuse in Australia* attempts to respond to criticism that previous initiatives in this area were piecemeal and reactive, by providing the structure for a coordinated, collaborative, sustained national approach to inhalant abuse. This is achieved by locating the framework under the NDS umbrella and providing for MCDS oversight of its implementation and continuing operation.

The framework sets out the respective roles and responsibilities of the MCDS, the Australian Government and state and territory governments and provides a structure for this report and its recommendations. In this report, NIAT makes 52 recommendations which are grouped under the six headings set out in the framework, namely:

- information resources
- research
- prevention
- treatment
- supply reduction
- legislation.

NIAT's recommendations are summarised in section III.

If the framework and recommendations set out in this report are adopted by the MCDS, it is important to sustain momentum on this issue. NIAT, therefore, proposes that the MCDS establish a national coordinating group, with representation from the IGCD, the Australian Government and each state and territory, to monitor the implementation of the framework. It may be appropriate for the National Inhalant Abuse Coordinating Group to have representatives from local government and the non-government and private sectors, including Indigenous organisations. Each state and territory and the Australian Government should report annually to the National Inhalant Abuse Coordinating Group on their progress in implementing the framework and NIAT's recommendations. This information should also be provided through the IGCD to the MCDS.

III. Summary of recommendations

NIAT has developed the *National framework for addressing inhalant abuse in Australia,* which sets out a coordinated, collaborative and sustained national approach to inhalant abuse. The framework, which was set out in section II, is supported by a number of specific recommendations that are made throughout the text of this report. These recommendations provide a practical action plan for the implementation of the framework.

This summary of recommendations groups NIAT's recommendations thematically rather than in the order in which they appear in the text or in order of priority. While a brief rationale for each group of recommendations is provided, readers should refer to the corresponding part of the report for the detailed background of each recommendation.

1. Implementation of national framework to address inhalant abuse and NIAT's recommendations

Rationale

The implementation of the *National framework for addressing inhalant abuse in Australia* and the recommendations of NIAT's report requires MCDS leadership and the ongoing commitment and cooperation of government at all levels.

A. Endorsement of framework and NIAT's recommendations

To provide a comprehensive approach to addressing inhalant abuse in Australia, **NIAT recommends that:**

- the MCDS endorse the *National framework to address inhalant abuse in Australia*
- the MCDS endorse the recommendations made in NIAT's *National directions on inhalant abuse, Final report.*

B. Ongoing monitoring

To ensure that a committed and sustained approach is taken to the implementation of the framework, **NIAT recommends that:**

- the MCDS establish a National Inhalant Abuse Coordinating Group to monitor the implementation of the framework and report progress through the IGCD to the MCDS annually
- the Australian Government and state and territory governments participate fully in the National Inhalant Abuse Coordinating Group
- the Australian Government and state and territory governments provide annual reports to the National Inhalant Abuse Coordinating Group on progress in implementing the framework.

2. Information resources

Rationale

The community, particularly policy makers and those dealing directly with young people and/or inhalant users, such as teachers, parents, drug and alcohol workers, and police, need to be well informed about inhalant abuse and appropriate responses and interventions.

A. National Inhalant Abuse Clearinghouse

To increase the accessibility of accurate and up-to-date information on inhalant abuse and to ensure cooperation and information flow between jurisdictions and communities, **NIAT recommends that:**

- a national inhalant abuse clearinghouse be established to:
  - provide an information database in electronic form (with hard copies of material available where necessary)
  - collate, analyse and publish data on inhalant use
  - facilitate information sharing about inhalant abuse.

  The clearinghouse could potentially be co-located with an existing clearinghouse. (Recommendation 7, page 18).

B. Development of new resources

To minimise resource duplication, ensure the widespread use of effective resources and ensure that previously identified information gaps are filled, **NIAT recommends that:**

- the proposed National Inhalant Abuse Clearinghouse provide a range of information resources on inhalant abuse in electronic template form. Priority audiences for whom information resources should be provided are drug and alcohol workers, police, teachers, ambulance officers and parents. These resources should include carefully targeted information on reducing harms for inhalant users (Recommendations 4, page 14, 6, page 16, and 29, page 49)
- the *Petrol sniffing and other solvents* kit be redeveloped as a national resource as recommended by *A broad evaluation of the Petrol Sniffing and Other Solvents* kit, and incorporating the additional resources and information recommended by the evaluation (Recommendation 1, page 13)
- material be developed for parents and frontline workers in Indigenous communities as recommended by *A broad evaluation of the Petrol Sniffing and Other Solvents* kit (Recommendation 3, page 14)
- the Australian Government develop a Comgas Scheme information kit as recommended by *An evaluation of the Comgas Scheme* (Recommendation 2, page 13)
- recognising that best practice involves focus testing all proposed inhalant abuse information resources and evaluating resources once developed, all levels of government should consider incorporating mechanisms for focus testing and evaluation in resource development (Recommendations 5, page 14 and 17, page 28).

C. Media

Recognising the important role that the media plays in shaping public opinion in relation to inhalant abuse, and cognisant that efforts to ensure responsible media reporting of inhalant abuse have been largely unsuccessful to date, **NIAT recommends that:**

- the MCDS write to media outlets formally requesting adherence to the Senate Select Committee guidelines on reporting inhalant abuse and, if there are continuing breaches of the guidelines, that the MCDS meet with major media organisations to reinforce the importance of adherence to the guidelines (Recommendation 8, page 19)
- the National Inhalant Abuse Coordinating Group develop and promote an information resource for media to support the Senate Select Committee guidelines on reporting inhalant abuse (Recommendation 9, page 19).

3. Research

Rationale

Accurate and up-to-date data on inhalant use prevalence and inhalant-related morbidity and mortality, as well as research on a wide range of issues relating to inhalant abuse, is required to inform the development of effective policy and interventions.

A. Data

To assist in monitoring inhalant abuse and informing policy and service development, **NIAT recommends that:**

- the National Inhalant Abuse Coordinating Group establish a national dataset for inhalant abuse prevalence, morbidity and mortality (Recommendation 13, page 25)
- the National Inhalant Abuse Coordinating Group establish mechanisms for the analysis and dissemination of national data on inhalant abuse on an annual basis (Recommendation 14, page 25)
- the National Inhalant Abuse Coordinating Group develop a guide to gathering and recording data in relation to inhalant use in the local community to assist in monitoring both long and short term trends in inhalant use (Recommendation 11, page 23)
- the Australian Government investigate the feasibility of collecting information to supplement the Australian Secondary Students' Alcohol and Drug Survey and the National Drug Strategy Household Survey with samples from homeless, institutional, refuge and supported accommodation (Recommendation 12, page 23)

- the Australian Government review the data collection mechanisms used for the National Aboriginal and Torres Strait Islander Social Survey in relation to substance misuse in remote communities to ensure the survey provides accurate data in relation to inhalant abuse (Recommendation 10, page 23).

B. Qualitative research

To promote quality research into inhalant abuse in order to inform policy and service development, **NIAT recommends that:**

- the Australian Government, through its relationship with the national drug research centres, develop and implement a national inhalant abuse research agenda and prioritise funding for research on inhalant abuse (Recommendation 15, page 28)
- the Australian Government identify supply, demand and harm reduction interventions in relation to inhalant abuse and, in particular, prevention and treatment interventions, as priority research areas (Recommendation 16, page 28).

4. Prevention

Rationale

Prevention interventions aim to prevent or delay the uptake of inhalant use, stop early use and protect inhalant users against risks and harms. There is no simple 'solution' to inhalant abuse and different interventions will be successful in different communities at different times. A successful prevention strategy involves a range of initiatives implemented concurrently at a number of levels, including working with communities, strengthening families and supporting and providing opportunities for individuals. A holistic approach should be taken to prevention through strategies focused on improving the overall health and welfare of a community, particularly in relation to employment, recreation, education and training and cultural enhancement.

A. Partnerships

Recognising the important role that the private/business sector can play in promoting and supporting healthy lifestyles, particularly in disadvantaged communities, and to ensure that adequate funding is available for research and interventions in relation to inhalant abuse, **NIAT recommends that:**

- the private/business sector, particularly those industries operating in or near remote or disadvantaged communities, fund inhalant abuse interventions through corporate social responsibility programs and implement programs that enhance the overall health and wellbeing of communities (Recommendation 22, page 39)
- all levels of government are encouraged to work in partnership with the private/business sector to fund and support research and interventions to reduce and prevent inhalant abuse (Recommendation 23, page 39)
- the National Inhalant Abuse Coordinating Group explore options for the business/private sector to fund and support research and interventions to reduce and prevent inhalant abuse at a national level, for example, through the establishment of a trust fund (Recommendation 24, page 39)
- funding for the Alcohol Education and Rehabilitation Foundation, the only foundation that currently provides funding for inhalant abuse projects and programs, be continued and increased (Recommendation 25, page 39).

B. Prevention interventions

To prevent uptake of inhalant use, stop early use and protect inhalant users against risks and harms, **NIAT recommends that:**

- strategies relevant to inhalant abuse be included in the National Prevention Agenda (Recommendation 18, page 30)
- all levels of government build evaluations into the planning and funding of all prevention programs, where practicable (Recommendation 17, page 28)
- all levels of government support, encourage and, where appropriate, undertake local action on inhalant abuse, including implementing local forums and drug strategies (Recommendation 21, page 37)
- state, territory and local governments develop and implement protocols for key agencies (for example, between police and drug and alcohol agencies) to help ensure consistent responses (Recommendation 20, page 36).

C. Families

Recognising the important role that families (including extended families and elders in Indigenous communities) play in relation to preventing inhalant use and supporting current and ex-users, **NIAT recommends that:**

- all levels of government support programs that strengthen families, such as parenting programs, in order to build communities that are more resilient to drug use (Recommendation 19, page 36)
- the Australian Government and state and territory governments provide ongoing support and respite for the families of long-term disabled inhalant users, particularly in remote communities (Recommendation 28, page 47).

5. Treatment

Rationale

A variety of treatment responses need to be available for regular or chronic inhalant users. Treatment responses should incorporate a range of general drug and alcohol service responses and specifically tailored responses for inhalant abuse, taking into account a range of factors, including the user's age and, if appropriate, Indigenous background.

A. Treatment for inhalant users

To ensure that a range of best practice treatment responses is available for regular or chronic inhalant users and that workers likely to come into contact with inhalant users are well-equipped to respond to their needs, **NIAT recommends that:**

- the Australian Government develop guidelines for the treatment of inhalant abuse that explore the range of treatment options for inhalant users and include information relevant to workers in the broad health and welfare sector, in particular, those in the mental health, juvenile justice and protective service sectors (Recommendation 26, page 43)
- all levels of government distribute the proposed guidelines for the treatment of inhalant abuse and provide training to support their implementation to drug and alcohol workers and workers in the health and welfare sector (Recommendation 27, page 43)
- all levels of government build evaluations into the planning and funding of all treatment programs, where practicable (Recommendation 17, page 28).

B. Skill training for workers

Recognising the need for a skilled drug and alcohol workforce, **NIAT recommends that:**

- the Australian Government and state and territory governments implement proactive strategies for attracting and retaining suitably experienced drug and alcohol workers in remote areas (Recommendation 30, page 50)
- the Australian Government and state and territory governments implement strategies to recruit, train and retain Indigenous drug and alcohol workers (Recommendation 31, page 50).

6. Supply and product issues

Rationale

There is a wide range of volatile substance products available from a variety of retail outlets. Strategies that reduce the supply of these products to persons at risk of misusing them are, therefore, vital. It is also possible to modify some products or their packaging to make them less susceptible to misuse.

A. Encouraging responsible retailing

To educate retailers about inhalant abuse and to encourage their cooperation in reducing the supply of volatile substance products to persons who are at risk of misusing them, **NIAT recommends that:**

- a national template for a 'responsible retailing' kit be developed (based on the evaluation of existing state-based resources) and made widely available through the National Inhalant Abuse Clearinghouse (Recommendation 33, page 54)
- state, territory and local governments adapt the 'responsible retailing' template kit to local conditions and implement the kit and a supporting retailers' education campaign (Recommendation 34, page 54)
- state, territory and local governments support local and community responsible retailing and supply reduction initiatives (Recommendation 35, page 54)
- the South Australian and New South Wales Governments evaluate the impact and effectiveness of existing legislation prohibiting the sale of petrol, spray paint and siphon bulbs to young people in those states and report to the MCDS through the National Inhalant Abuse Coordinating Group (Recommendation 32, page 52).

B. Import restrictions

To further inform consideration of measures to reduce the supply of volatile substance products through import restrictions, **NIAT recommends that:**

- the Australian Government explore possible options, and the implications of those options, for restricting the supply of volatile substance products through import restrictions (Recommendation 36, page 55).

C. Modification of volatile substance products

To reduce the toxicity or palatability of some products that are subject to inhalant abuse, **NIAT recommends that:**

- the National Inhalant Abuse Coordinating Group commission further research on the industrial capacity and consumer acceptability of the modification of gaseous fuels (Recommendation 37, page 60)
- the National Inhalant Abuse Coordinating Group conduct further research into the feasibility and impact of reducing toluene levels in aerosol spray paints (Recommendation 38, page 60).

D. Alternative fuels

Recognising the effectiveness of the Comgas Scheme in reducing petrol sniffing in remote Indigenous communities, and to ensure maximum availability of non-sniffable petrol in remote areas, **NIAT recommends that:**

- Opal fuel should be made available to all communities that wish to use it (Recommendation 39, page 62)
- the Australian Government implement the following recommendations of *An evaluation of the Comgas Scheme*:
  - communities registered on the Comgas Scheme should become eligible for payment of the Comgas subsidy from the time of the first delivery of Opal
  - the role of the Comgas Scheme should be expanded to facilitate and promote the use of Opal at the community level
  - the feasibility of locating Opal on highways and in towns should be investigated (Recommendation 40, page 62)
- the Australian Government encourage fuel companies to support a range of anti-petrol sniffing initiatives financially and in kind by providing information and/or support to communities as recommended by *An evaluation of the Comgas Scheme* (Recommendation 41, page 62)

- state and territory governments ensure that there is no price disparity between Opal and regular unleaded petrol (where the cost of regular unleaded petrol is subsidised by the state or territory) (Recommendation 45, page 63)
- the Australian Government evaluate the impact of the supply of Opal to communities under the Comgas Scheme, with the involvement of relevant state, territory and local governments (Recommendation 46, page 63).

E. Securing fuels

To reduce the availability of sniffable fuels in or near communities using Opal, **NIAT recommends that:**

- the Australian Government consider making Opal available at strategic sites in regional centres (for example, Alice Springs) to enable people intending to visit or return to a community using Opal to refuel with Opal (Recommendation 42, page 62)
- the Australian Government encourage industries operating near communities using Opal to use Opal instead of petrol at their sites (Recommendation 43, page 62)
- the Australian Government and relevant state, territory and local governments work with communities to address the issue of petrol trafficking in communities (Recommendation 44, page 62)
- the aviation and petroleum industries and all levels of government ensure the security of new, unleaded aviation fuel at all airfields (Recommendation 47, page 63).

F. Packaging and labelling

Recognising that modifying product packaging and/or labelling products with a warning about the dangers of abuse may discourage the misuse of some inhalant products, **NIAT recommends that:**

- the Australian Government work with industry to encourage the manufacturers of products packaged in aerosol cans to find alternatives to pressurised containers (Recommendation 48, page 64)
- an evaluation of the impact of warning labels on aerosol products on inhalant abuse in Australia be conducted with the participation of the aerosol industry (Recommendation 49, page 64).

7. Legislation

Rationale

In recent years, Australian governments have increasingly used legislative responses to address inhalant abuse. Through legislation, governments have the ability to implement a range of measures to address inhalant abuse, ranging from supply reduction to the confiscation of inhalant products from inhalant users.

Recognising that legislation may have a role to play as one part of a comprehensive response to inhalant abuse and to ensure the appropriateness and effectiveness of legislative interventions, **NIAT recommends that:**

- the Northern Territory and Victorian Governments evaluate the existing legislation in relation to police powers to seize inhalant products and search, apprehend and detain inhalant users and report to the MCDS through the National Inhalant Abuse Coordinating Group (Recommendation 50, page 67)
- the National Inhalant Abuse Coordinating Group review the *Guiding principles for inhalant legislation* to take into account the findings of the proposed evaluations of existing state legislation (Recommendation 51, page 68)
- all state and territory governments consider enacting legislation consistent with the *Guiding principles for inhalant legislation* in the following areas:
  - supply reduction interventions: prohibiting the sale of inhalant products to suspected inhalant users and restricting the sale of specific inhalant products (for example, age restrictions or display/storage restrictions)
  - user-based interventions: confiscation of inhalant products from, and apprehension and detention of, inhalant users

  (Recommendation 52, page 68).

1. Introduction

1.1 National Inhalant Abuse Taskforce

1.1.1 Background

The Drugs and Crime Prevention Committee of the Parliament of Victoria conducted an extensive 18-month inquiry into volatile substance abuse in 2001–2002. The committee recommended the establishment of a national committee to coordinate national responses and strategies for addressing volatile substance abuse across all Australian states and territories.[7]

In August 2003, the Victorian Minister for Health proposed the establishment of a national committee on inhalant abuse to the Ministerial Council on Drug Strategy (MCDS). The MCDS agreed that the Intergovernmental Committee on Drugs (IGCD) would establish a taskforce to develop a national approach to inhalant abuse, following which the National Inhalant Abuse Taskforce (NIAT) was established in December 2003.

1.1.2 Terms of reference

The terms of reference provide that the NIAT will:

- facilitate collection and dissemination of information about inhalant abuse initiatives, programs and strategies nationally
- identify best practice examples in the areas of:
  - research
  - information resources
  - prevention
  - supply/production
  - treatment
  - legislation
- investigate current state, territory and national approaches and policies in relation to inhalant abuse and make recommendations for a national approach to inhalant abuse
- make recommendations on further action and directions.

1.1.3 Process

NIAT met on six occasions:

- 24 February 2004
- 5 May 2004
- 28 October 2004
- 15 December 2004
- 5 April 2005
- 26 August 2005

In March 2004, NIAT wrote to state, territory and national health, police and education departments, national research centres and other relevant organisations requesting information on significant strategies, programs, policies and initiatives in relation to inhalant abuse.

NIAT subsequently prepared a *National directions on inhalant abuse – Consultation paper* based on the outcome of that information gathering exercise as well as on informal consultations with a range of stakeholders. The consultation paper set out NIAT's preliminary thinking in relation to national directions on inhalant abuse and requested feedback on the proposed directions and input on other issues that should be considered. The consultation paper was circulated in June 2005 to nearly 200 stakeholders Australia-wide, including relevant Australian Government and state and territory government departments, peak bodies, community organisations, Indigenous organisations, national drug research centres, service providers and industry associations.

A total of 45 submissions were received. Many stakeholders were highly complimentary of NIAT's initial research and approach to the issue. The organisations that made submissions to NIAT are listed in Appendix 1.

NIAT has revised its thinking and directions in light of stakeholder submissions and prepared this final report. This report includes the *National framework for addressing inhalant abuse in Australia* and an extensive list of recommendations.

1.2 Strategic frameworks

1.2.1 National Drug Strategy

The *National Drug Strategy 2004–2009* (NDS) provides a framework for a coordinated, integrated approach to drug issues in the Australian community. The NDS identifies inhalants as one of the ten drugs of main concern and notes the establishment of NIAT to examine this issue.[8]

The NDS is underpinned by the principle of harm minimisation. Harm minimisation provides a balance between several strategies, namely:

- supply reduction
- demand reduction
- harm reduction.[9]

[7] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report*. Melbourne: Government Printer for the State of Victoria, p. viii.
[8] Ministerial Council on Drug Strategy 2004. *The National Drug Strategy. Australia's integrated framework 2004–2009*. Canberra: Commonwealth of Australia, p. 17.
[9] Ibid, p. 2.

The NDS is complemented, supported and integrated with a range of national, state, territory, government and non-government strategies, plans and initiatives. Of particular significance is the *National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003–2006* (CAP). The CAP recognises that Indigenous people continue to suffer a greater burden of ill health than the rest of the population and that drug action plans and strategies do not always relate well to the particular drug issues that affect Aboriginal and Torres Strait Islander people.[10]

The framework provided by the NDS and the CAP forms the basis of NIAT's consideration of the issue of inhalant abuse in Australia.

A National Drug Strategy Prevention Agenda is also currently being developed to provide a systematic, practical approach to prevention.[11] The completed prevention agenda will provide a useful framework for a comprehensive response to inhalant abuse.

1.2.2 Inhalant abuse-specific frameworks

Despite the significant harms associated with inhalant abuse, there is currently no national strategy or action plan specifically dealing with inhalant abuse in Australia. Four states have developed, or are currently developing, whole-of-government responses that provide useful frameworks for dealing with the issue.

- **Northern Territory:** As a result of submissions to the Select Committee on Substance Abuse 2004, legislation dealing with volatile substance abuse was passed in early 2005, but has not yet taken effect. In November 2004, Cabinet approved an accompanying $10 million over four years to be spent on a range of prevention, early intervention and rehabilitation programs. The majority of the funding is recurrent.
- **Queensland:** The Queensland Government's response to volatile substance misuse was developed following a report by the Commission for Children and Young People into volatile substance misuse in Queensland in 2002. While the components of the strategy have been enunciated in public policy statements, there is no publicly available written strategy. The strategy has elements of supply reduction, demand reduction and treatment.
- **Victoria:** The *Government response to the Drugs and Crime Prevention Committee inquiry into the inhalation of volatile substances* was tabled in the Victorian Parliament in March 2003 and forms the basis for action on this issue in Victoria.
- **Western Australia:** The Western Australian *Volatile substance use plan: a guide for government and service providers 2005–2009* (draft) is currently being finalised. It provides a framework for coordinated and integrated action by government agencies and service providers to support local communities to address volatile substance use problems.

The Central Australian Cross Border Reference Group on Volatile Substance Use, which includes representatives of the Australian Government, service providers, Aboriginal health forums and state and territory police departments, has developed a *Framework to address volatile substance use in the cross border region of Central Australia*. The purpose of the framework is to improve information exchange, cooperation and coordination of responses between stakeholders in order to reduce the incidence and impact of volatile substance and other substance use on Aboriginal communities in the cross border region of Central Australia. The cross border region is defined as the traditional Ngaanyatjatjara Pitjantjara Yankunytjatjara lands, which covers the southern area of the Northern Territory, the north-western area of South Australia and the nearby region in Western Australia.

On 12 September 2005, the Australian Government announced an eight-point strategy to address petrol sniffing in the central desert region of Australia. The Northern Territory, South Australian and Western Australian Governments have expressed in principle support for the strategy. The strategy involves consistent legislation across the three jurisdictions, appropriate levels of policing to stop petrol trafficking, a further roll-out of non-sniffable petrol, alternative activities for young people, treatment and respite facilities, communication and education strategies, strengthening and supporting communities, and evaluation. Subject to consultation with the Aboriginal Benefits Account Committee, $3 million will support diversionary and rehabilitation programs in the Northern Territory. The initiatives in relation to petrol trafficking and the provision of non-sniffable fuel are discussed further in section 6.8.

In addition, the Aboriginal Lands Taskforce in South Australia was established in March 2004 to address conditions on the Anangu Pitjantjatjara Yunkunytjatjara (APY) lands. The taskforce consists of state and Commonwealth representatives who are working collaboratively with Anangu to improve the planning and coordination of service delivery in the APY lands. The taskforce has developed a two-year strategic plan to address petrol sniffing, including its underlying causes.

Many local communities have also developed strategic plans to address the inhalant abuse issue. For example, in Inala, Queensland, a local inhalants strategy was developed by a working party with broad community representation.

A number of studies in relation to Indigenous petrol sniffing have criticised the lack of a long-term strategic response to the issue. D'Abbs and Brady comment that policy in this area is often made 'on the run' in response to media outbreaks and that effective responses require sustained funding and coordination through the different tiers of government.[12] D'Abbs and MacLean made a similar criticism,

[10] Ibid, p. 3.
[11] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence*. Canberra: Commonwealth of Australia, p. 3.
[12] Brady M, d'Abbs P 2004. 'Other people, other drugs: the policy response to petrol sniffing among Indigenous Australians' *Drug and Alcohol Review* 23, 253-260, p. 259.

commenting on the short-sighted and reactive government responses to this issue:

> *Governments have an important role in addressing petrol sniffing…all too often, governments fund short-term projects in response to a wave of increased sniffing prevalence: without ongoing funding, however, these responses have little long-term influence. Most programs, whether operated through government or non-government agencies, are reactive and inconsistent. When petrol sniffing is not present in a significant way, communities and governments move their attention to other issues, rather than establishing preventative interventions.*[13]

Having extensively explored the issue of inhalant abuse in both Indigenous and non-Indigenous Australian communities, NIAT has formed the view that inhalant abuse requires a coordinated, national response which involves government at all levels effectively engaging with the community and non-government sectors. Therefore, NIAT has developed the *National framework for addressing inhalant abuse in Australia*. The framework seeks to address concerns that previous government responses have been reactive and piecemeal. It sets out a structure for a coordinated, whole-of-government, cross-sectorial approach and includes a mechanism for monitoring its implementation over the long term. The framework does not seek to replace the existing strategic frameworks which have been outlined in this section, but rather to support them by providing an overarching national context and structure. The establishment of the National Inhalant Abuse Coordinating Group, with its mechanisms for reporting to the IGCD and MCDS, will ensure that successes under existing local strategic frameworks are highlighted and shared at the national level. The framework is set out in section II of this report.

1.3 Overview of inhalant abuse

1.3.1 The nature of inhalant abuse

Inhalant abuse is the 'deliberate inhalation of a volatile substance to achieve a change in mental state'.[14] It is also commonly referred to as solvent abuse, volatile substance abuse and volatile substance misuse. There are many types of inhalant products that may be abused. 'Chroming' (inhaling spray paint) and petrol sniffing are two forms of inhalant abuse that are currently common in Australia.

There are four different categories of inhalant products:[15]

1. **Volatile solvents:** liquids or semi-solids that vaporise at room temperature, for example, petrol, glue and paint thinner.
2. **Aerosols:** propellant gases and solvents contained in spray cans, for example, spray paints, deodorants and hairsprays.
3. **Gases:** for example, butane cigarette lighters, bottled domestic gas, cylinder propane gas and whipped cream bulbs.
4. **Nitrites:** usually comes in liquid form, for example, amyl nitrite, butyl nitrite and isobutyl nitrite.

The users of nitrites, in general, are a very different group than the users of other inhalant products. Nitrite use is often associated with the dance party/nightclub scene and/or the gay community.[16] NIAT is of the view that nitrites are best dealt with in conjunction with ecstasy and related drugs (ERDs). Therefore, this paper does not specifically address issues associated with nitrite use. Information on the use of these products by these groups can be collected through the PDI conducted by the National Alcohol and Drug Research Centre.

Inhalants may be used in a number of ways, for instance, sniffing directly from a container or from fabric (for example, a rag or shirt sleeve), spraying directly into the mouth or inhaling aerosols from plastic bags. When inhaled, these products enter the bloodstream quickly via the lungs and are carried to the brain where they depress the central nervous system.[17] Absorption is rapid, with intoxication occurring within minutes of inhalation. A euphoric effect is produced immediately after inhalation and lasts from a few minutes to an hour. One young person described the feeling of intoxication as 'just like being really, really, really drunk'.[18]

The risks and harms associated with inhalant use are discussed in section 1.3.3.

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[13] d'Abbs P, MacLean S 2000. *Petrol sniffing in Aboriginal communities: A review of interventions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, pp. 26–27.
[14] Advisory Council on the Misuse of Drugs 1995. *Volatile substance abuse: a report*. London: Home Office, p. 14.
[15] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report*. Melbourne: Government Printer for the State of Victoria, pp. 16–17 citing National Institute on Drug Abuse (NIDA) 2000. *Research Report Series – Inhalant Abuse.* Maryland: NIDA, pp. 1–2.
[16] National Drug & Alcohol Research Centre 2003. *Amyl Nitrite-fact sheet*. Sydney: NDARC, pp. 1–2.
[17] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report*. Melbourne: Government Printer for the State of Victoria, p. 19.
[18] MacLean S, d'Abbs P 2005. *Impact of the modification of volatile substance products on the behaviour of inhalant users.* Prepared for Victorian Department of Human Services, Melbourne: Youth Research Centre, p. 45.

Inhalant abuse differs from other kinds of substance misuse in a number of ways, including:

- the often young age of users (most users are aged 12–16 years)
- the experimental nature of much inhalant abuse
- the episodic nature of use
- the public nature of use (users often use in parks and at railway stations)
- the low cost and easy accessibility of inhalant products
- the fact that the abused products are legal products designed for common, everyday purposes
- the fact that inhalation of volatile substances is not illegal
- the social unacceptability of use: volatile substances are generally viewed as 'gutter drugs' and many users would choose to use another drug if possible.[19]

In addition, inhalant use is often part of a pattern of poly drug use. As one young inhalant user interviewed as part of research conducted on behalf of NIAT stated:

> ***It's almost inevitable they're [inhalant users] gonna graduate to something bigger and better. Most chromers are already also using other drugs. As you get older you kind of integrate the chroming into using other drugs.***
>
> *Non-Indigenous male, 21 years, occasional inhalant user, urban area.*[20]

The 2001 National Drug Strategy Household Survey (NDSHS) found that almost two thirds of persons who had used inhalants in the previous 12 months had also, on at least one occasion, used another drug at the same time.[21] Alcohol and cannabis were the drugs most commonly used in conjunction with inhalants, followed by amphetamines and ecstasy/designer drugs. Nearly half of recent inhalant users reported that they had used other drugs when inhalants were not available, with most consuming alcohol (20.3 per cent) and cannabis (13.3 per cent).[22]

Evidence suggests that while many young people experiment with inhalants, very few go on to become chronic, long-term users. Experimental users tend to be motivated by curiosity or peer association, while chronic long-term abuse is usually associated with deep-rooted problems.[23] Factors contributing to young people becoming chronic inhalant users include social disadvantage and marginalisation, family dysfunction and mental health problems.[24] The full range of risk factors for engaging in inhalant abuse is discussed in section 4.2. The risk factors for inhalant abuse mirror those for substance misuse in general and there is evidence to suggest that regular users of inhalants are more likely to go on to become users of other drugs.[25]

Inhalant abuse is often episodic and occurs in cycles. Abuse of different products tends to come in localised 'fads'. For example, in Western Australia, fads included aerosol vegetable oil in the early 1980s, glue in the late 1980s and early 1990s, toluene in the mid 1990s and spray chrome paints from the mid 1990s to now.[26]

Inhalant abuse is an issue in both Indigenous and non-Indigenous communities and occurs throughout a range of urban, regional and remote communities. Research conducted on behalf of NIAT found that inhalant choice is influenced more strongly by the location in which a person lives (urban, rural or remote) than by cultural identity.[27] The research showed little difference between patterns of inhalant abuse in rural and urban areas.[28] Most Australian jurisdictions find that, in general, petrol sniffing is associated with remote Aboriginal communities, and the inhalation of paint fumes (chroming) is more frequently associated with urban or regional areas among non-Indigenous and, increasingly, Indigenous young people.

Availability and cost appear to be key factors in young people's choice of inhalant products. Spray paints are cheap, even in comparison to other inhalants, with some brands costing as little as two or three dollars.[29] Butane gas is the second most abused inhalant product in urban and rural areas.[30]

In both Indigenous and non-Indigenous communities, inhalant use can have a detrimental impact not only on young users and their families, but also on the wider community, often being associated with vandalism, crime, accidents and aggressive behaviour. In particular, petrol sniffing in remote Indigenous communities can have devastating effects on entire communities. This is discussed further in section 1.3.5.

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[19] Commissioners' Drugs Committee 2004. *The policing implications of volatile substance misuse*. Marden: Australasian Centre for Policing Research, p. 2; Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report.* Melbourne: Government Printer for the State of Victoria, p. 38.

[20] MacLean S, d'Abbs P 2005. *Impact of the modification of volatile substance products on the behaviour of inhalant users*. Prepared for Victorian Department of Human Services, Melbourne: Youth Research Centre, p. 1.

[21] Australian Institute of Health and Welfare 2002. 2001 *National Drug Strategy Household Survey: Detailed findings*. Canberra: Australian Institute of Health and Welfare, pp. 78–79.

[22] Ibid.

[23] Bellhouse R, Johnston G, Fuller A 2000. *A report on volatile solvent use for the Victorian Department of Employment Education and Training*, p. 8.

[24] Toumbourou J, Dimsey L, Rowland B 2004. *Preventing harms associated with volatile substance abuse*, Prevention Research Evaluation Report Number 11. Melbourne: Australian Drug Foundation, pp. 6–10.

[25] Ibid, p. 7.

[26] Rose, J 2001. *Volatile substance abuse background paper*. WA Solvent Abuse Working Party, p. 7.

[27] MacLean S, d'Abbs P 2005. op. cit., p. 62.

[28] Ibid, p. 43.

[29] Ibid.

[30] Ibid, p. 44.

1.3.2 Prevalence

> Although it is only a low-status, minority drug, VSM [volatile substance misuse] appears to be increasing, at least in some areas… in many instances, inhalants are not a drug of choice, but of economic necessity.[31]

Inhalant abuse tends to occur in highly localised and spasmodic waves. There is also a high level of experimentation with inhalants, with many young people trying inhalants a few times and then stopping. Thus the number of people engaging in inhalant abuse fluctuates significantly, making it difficult to accurately estimate prevalence.

The 2004 NDSHS found that 2.5 per cent of Australians aged 14 years and older had used inhalants in their lifetime.[32] The survey found that 0.4 per cent of those surveyed had used inhalants within the last 12 months and, on this basis, estimated that about 70,000 Australians had done so. Males were found to be more likely to use inhalants than females. Inhalant use has been found to be more likely to occur in metropolitan than regional locations.[33] The 1994 NDSHS Urban Aboriginal and Torres Strait Islander Peoples Supplement is the only national survey of drug use by Indigenous Australians from which data is currently available. The survey found that Indigenous people were almost twice as likely to have inhaled solvents in their lifetime, compared with the general population.[34]

The 2002 Australian Secondary Students' Alcohol and Drug Survey (ASSAD) reported that 23 per cent of 12–15 year olds had used inhalants in their lifetime, down from 29 per cent in the previous survey in 1999.[35] In 2002, 11 per cent of students reported having used inhalants in the previous month as opposed to 13 per cent in 1999.

Reported recent use of inhalants decreased with age in both the 1999 and 2002 ASSAD surveys. This is consistent with research that suggests that young people's use of volatile substances is often experimental. As in previous surveys, reported lifetime use in 2002 decreased with age, with 26 per cent of 12 year olds reporting ever having used inhalants, compared with 12 per cent of 17 year olds. Decreasing reported lifetime use with age is common with inhalants (as opposed to other drugs) and there are a number of possible explanations, such as older students forgetting their use at a young age or attempting to hide their previous 'childish' behaviour.[36] It should be noted that ASSAD does not capture inhalant use by those young people who have dropped out of mainstream education, which in itself is a major risk factor for inhalant abuse. It also does not capture inhalant use by very young users, still at primary school.

Table 1.1 summarises the findings of the 1999 and 2002 ASSAD surveys.

Table 1.1: Australian secondary school students' use of inhalants in 1999 and 2002[37]

	1999 (per cent)	2002 (per cent)
12–15 years		
Used in month before survey	13	11
Ever used in lifetime	29	23
16–17 years		
Used in month before survey	4	4
Ever used in lifetime	17	14
Total 12–17 years		
Used in month before survey	11	9
Ever used in lifetime	26	21

While available evidence suggests that most inhalant users are aged between 12 and 16 years, there is a growing body of evidence that the age group of inhalant users is widening, with inhalant use starting earlier and continuing later. There is evidence that, in some Indigenous communities, older users are continuing to use inhalants into their 20s, 30s and 40s.[38] There is also evidence that some non-Indigenous inhalant users are continuing to use inhalants into their 20s.[39] This concerning phenomenon was mentioned in several stakeholder submissions to NIAT and requires monitoring and further investigation.

While the ASSAD data suggests that inhalant use is fairly stable and may actually be decreasing among the mainstream population, there is anecdotal evidence that this may not be the case in non-mainstream populations, such as those in the protective service system. In addition, there is evidence that petrol sniffing is increasing in some Indigenous communities. This is discussed in more detail in section 1.3.5.

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[31] d'Abbs P 2005. Submission to the National Inhalant Abuse Taskforce, p. 2.
[32] Australian Institute of Health and Welfare 2005. *2004 National Drug Strategy Household Survey: First results*. Canberra: Australian Institute of Health and Welfare, pp. 34–35.
[33] Williams P 2001. 'Illicit drug use in regional Australia, 1988-98', *Trends and Issues in Crime and Criminal Justice*, vol 192. Canberra: Australian Institute of Criminology, pp. 1–6.
[34] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence*. Canberra: Commonwealth of Australia, p. 46.
[35] White V, Hayman J 2004. *Australian secondary students' use of over-the-counter and illicit substances in 2002*. Canberra: Department of Health and Ageing, pp. 21–24.
[36] Toumbourou J, Dimsey L, Rowland B 2004. op. cit., p. 4.
[37] White V, Hayman J 2004. op. cit., pp. 21–24.
[38] MacKenzie M, Johnson P 2004. *A broad evaluation of the Petrol Sniffing and Other Solvents kit*. Aboriginal Drug and Alcohol Council of South Australia, p. 2; Chivell W 2005. *Finding of inquest* at U*muwa, South Australia, in November 2004 and March 2005 into four deaths*. Adelaide: South Australian Coroner's Office, paragraph 6.5.
[39] Premier's Drug Prevention Council 2004. *Victorian Youth Alcohol and Drug Survey 2003: Illicit drug findings*. Melbourne: Victorian Department of Human Services, p. 21.

In section 3.2 of this report, NIAT discusses current data collection mechanisms in detail and makes recommendations for improvements.

1.3.3 Risks and harms associated with inhalant abuse

Common short-term effects of inhalant use include a loss of inhibition, hallucinations, drowsiness, disorientation, anxiety, tension, vomiting, coughing and sneezing.[40]

The wide range of different inhalant products that are abused and the different methods by which they can be used, means that there is limited understanding of the long-term health consequences of inhalant abuse.[41] The Victorian Parliamentary inquiry into volatile substance abuse noted that there is some debate about the longer term impact of using inhalants:

> *Australian researchers have described evidence of long term harm resulting from solvent abuse as 'controversial'. Mechanisms by which individual solvents damage organs and organ systems are not well understood.*[42]

Long-term use of inhalants has been linked to a large number of negative health consequences such as chronic headache, hearing loss, bone marrow damage, sinusitis, chest pain or angina, depression, stomach ulcers and toxic damage to organs such as the heart, lungs, liver and brain.[43] Chronic long-term sniffing of leaded petrol can lead to brain damage. In addition, for both long and short-term users, injuries may be associated with the method of inhalation, for example, burns from spraying inhalants directly into the mouth. Furthermore, accidents such as falls or traffic accidents may occur while the user is intoxicated.

There is contradictory evidence about whether damage to the central nervous system and other organs may be partly reversible when a person ceases using inhalants.[44] However, a recent study of the recovery of brain dysfunction from the effects of petrol sniffing found that if petrol sniffing is stopped before the impairment is too debilitating then, depending on the extent of the impairment, at least partial and maybe full recovery of brain function is possible.[45]

Death associated with inhalant use can occur in a number of ways:

- 'sudden sniffing death' where the heart stops beating; this may also occur if a sniffer is frightened or engages in heavy exercise shortly after sniffing
- suffocation from plastic bags placed over the head in order to inhale a substance
- accidents from risk taking behaviour while intoxicated, for example, traffic accidents
- organ failure, for example, liver failure
- suicide.[46]

1.3.4 Mortality and morbidity

Very limited data is available on mortality (deaths) and morbidity (harms) associated with inhalant abuse at a national level. The 1985 Senate Select Committee on Volatile Substance Fumes recorded 49 inhalant abuse deaths nationwide between 1974 and 1985. A study conducted by the National Drug Abuse Information Centre reported that 121 deaths occurred between 1980 and 1987.[47] There is no up-to-date national data available on inhalant abuse-related morbidity. The Victorian Parliamentary Committee found that, in Victoria, inhalant abuse was related to 337 ambulance attendances between August 1998 and March 2001 and 202 hospital admissions between 1998–1999 and 2001–2002.[48] In Western Australia, there was an average of 32 inhalant abuse-related hospitalisations each year from 1994 to 2000.[49]

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[40] Commission for Children and Young People 2002. *Volatile substance misuse in Queensland*. Brisbane: Commission for Children and Young People, p. 11.
[41] Toumbourou J, Dimsey L, Rowland B 2004. op. cit., p. 6.
[42] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report*. Melbourne: Government Printer for the State of Victoria, p. 33.
[43] Ibid, p. 37.
[44] Ibid, p. 28.
[45] Cairney S, Maruff P, Burns C, Currie J, Currie B 2005. 'Brain function recovery after petrol sniffing' *Neuropsychopharmacology*, 30:5, pp. 1019–1027.
[46] Toumbourou J, Dimsey L, Rowland B 2004. op. cit., p. 6.
[47] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., p. 93.
[48] Ibid, pp. 108–109.
[49] Drug and Alcohol Office WA 2005. *Draft volatile substance use plan: A guide for government and service providers 2005–2009*. Perth: Drug and Alcohol Office, pp. 6-7.

1.3.5 Petrol sniffing in Indigenous communities

At the population level, the percentage of Aboriginal and Torres Strait Islander people who sniff petrol is relatively small. Nevertheless, in those communities in which sniffing is endemic, especially small communities, the proportion of sniffers is high and the impact of their sniffing activity is far greater than their numbers would suggest.[50]

While the actual number of non-Indigenous inhalant users is greater than the number of Indigenous inhalant users, Indigenous people are almost twice as likely to use inhalants compared to the general population.[51] In particular, petrol sniffing is considered to be a significant issue in many Indigenous communities, especially remote communities. Petrol sniffing has been described as 'a way out, if only for a short time, from a hopeless situation…children who sniff are more likely to be suffering from the emotional abuse of neglect, from hunger, and from the total trauma of living in a dysfunctional community with little or no prospects for change'.[52] As noted earlier, there is evidence that young Indigenous people in urban and regional areas are increasingly using inhalants other than petrol.[53] Petrol sniffing is discussed in more detail here because, while there may be small numbers of users, it can have a disproportionate and devastating impact on small, remote communities.

It is difficult to ascertain the extent of the petrol sniffing problem in Indigenous communities. In 1992, Brady estimated that there were between 600 and 1,000 habitual petrol sniffers in South Australia, Western Australia and the Northern Territory. This represented between 2 and 3 per cent of the 10–24 year age group in those areas.[54] The Northern Territory Select Committee on Substance Abuse recently reported that petrol sniffing was a current or persistent problem in 23 communities, with an estimated 355 heavy petrol sniffers in the territory and the tri-state region made up of communities on the border of South Australia, Western Australia and the Northern Territory.[55]

The 2004 evaluation of the Comgas Scheme found that there are at least 33 communities where petrol sniffing has previously been reported but is not currently occurring.[56] These communities are mostly in Arnhem Land and the Anangu Pitjantjatjara (AP) and Nagaanyatjarra Lands. However, the evaluation also noted anecdotal evidence suggesting that petrol sniffing may be increasing in some Gulf and Peninsula communities of Queensland.[57] South Australian Coroner, Wayne Chivell, found that persons who sniff petrol on the AP Lands had increased in number from around 200 (4.5 per cent of the population) in 2002 to 222 (8.4 per cent of the population) in 2004.[58]

The Comgas Scheme evaluation states that there were 63 petrol sniffing related deaths in Australia in the ten years from 1981 to 1991, mostly in Western Australia and South Australia.[59] In the five years from 1998 to 2003, there were 37 deaths in South Australia, Western Australia and the Northern Territory, with major increases in deaths in the Central Northern Territory and the East Kimberley.

There is evidence to suggest that the age group of sniffers is getting broader, with younger children commencing to sniff in some communities, while other communities are experiencing 'ageing sniffers' who continue to sniff into their 20s, 30s and 40s.[60] While the overall number of petrol sniffers does not seem to be large, petrol sniffing has significant impact on the communities where it occurs. For example, in one remote community there are 40 people who sniff petrol, which amounts to 10 per cent of the population.[61] One recent report found that 'in some communities the sniffing of petrol and other volatile substances has become so entrenched in everyday life that young people are participating in the activity daily'.[62] Petrol sniffing can also have a significant impact on the whole community, particularly isolated communities with small populations, where as well as causing community disruption through behaviour such as theft, vandalism and aggressive behaviour, it may strain inter-family relationships.[63] In an inquest into three petrol sniffing deaths on the AP Lands in South Australia, Coroner Wayne Chivell concluded:

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[50] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. *An evaluation of the Comgas Scheme*. Canberra: Australian Government Department of Health and Ageing, p. 42.
[51] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence.* Canberra: Commonwealth of Australia, p. 46.
[52] Select Committee on Substance Abuse in the Community 2004. *Petrol sniffing in remote Northern Territory communities*. Darwin: Legislative Assembly of the Northern Territory, p. 21.
[53] MacKenzie M, Johnson P 2004. *A broad evaluation of the Petrol Sniffing and Other Solvents kit*. Aboriginal Drug and Alcohol Council of South Australia, p. 3.
[54] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 41.
[55] Select Committee on Substance Abuse in the Community 2004. *Petrol sniffing in remote Northern Territory communities*. Darwin: Legislative Assembly of the Northern Territory, p. 17
[56] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 46.
[57] Ibid.
[58] Chivell W 2005. *Finding of inquest at Umuwa, South Australia, in November 2004 and March 2005 into four deaths*. Adelaide: South Australian Coroner's Office, paragraphs 6.7–6.9.
[59] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 49.
[60] MacKenzie M, Johnson P 2004. op. cit, p. 2; Chivell W 2005. op. cit., paragraph 6.5.
[61] Australian Government Department of Family and Community Services 2005. Submission to National Inhalant Abuse Taskforce, p1.
[62] MacKenzie M, Johnson P 2004. op. cit., p. 1.
[63] d'Abbs P, MacLean S 2000. *Petrol sniffing in Aboriginal communities: A review of interventions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, p. 21.

> *Petrol sniffing poses an urgent threat to the very substance of the Anangu communities on the Anangu Pitjantjatjara Lands. It threatens not only death and serious and permanent disability but also the peace, order and security of communities, cultural and family structures, education, health and community development.*[64]

Indigenous communities with inhalant abuse crises (in particular petrol sniffing) typically suffer many problems, including poor health, significant unemployment, poor numeracy and literacy standards, limited levels of infrastructure and overcrowded housing.[65]

There are significant levels of disability reported among communities with current or past sniffing problems.[66] Brain damage is the most common form of disability and is generally associated with the inhalation of leaded petrol. It has been estimated that there are currently 15 brain-damaged sniffers being cared for in Central Australia.[67] Since 2002, only unleaded petrol has been available throughout Australia. However, for those who inhaled leaded petrol in the past, lead is stored in fat and bone where it continues to be re-released into the bloodstream, even years after the cessation of petrol sniffing. It has therefore been predicted that the number of brain-damaged sniffers may rise to 60 within the next 10 years, with the full-time care of each sniffer estimated to cost $150,000 per year.[68] Families usually carry the burden of caring for chronic and disabled sniffers, often with little external support, which has significant effects on their quality of life and health.[69]

1.3.6 Conclusion

This section has outlined the nature and extent of inhalant abuse in Australia. The lack of systematic data gathering, especially of a type that is sensitive to the cyclical and localised nature of inhalant use, means that the true extent of the problem is difficult to ascertain. While there seems to be widespread experimentation with inhalants among young Australians, few go on to become regular, chronic users. In general, regular users of volatile substances are among the most marginalised and disenfranchised young people. Indigenous Australians are proportionally more likely than non-Indigenous people to have used inhalants, particularly petrol in remote areas. There are also concerning levels of inhalant use, particularly 'chroming', among both Indigenous and non-Indigenous young people in urban and rural areas. There is concerning evidence that petrol sniffing is increasing in some remote Indigenous communities and that the age range of inhalant users in both Indigenous and non-Indigenous communities is widening. Inhalant use can have significant negative impacts not just on the health and welfare of young people and their families, but also on the broader community.

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[64] Chivell W 2002. op. cit., paragraph 13.2.
[65] Australian Government Department of Family and Community Services 2005. Submission to National Inhalant Abuse Taskforce, p1.
[66] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 54.
[67] Select Committee on Substance Abuse in the Community 2004. op. cit., p. 19.
[68] Ibid, p. 7.
[69] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 54.

2. Information resources

2.1 Introduction

Many of the reviews of inhalant abuse in Australia comment on the general lack of community knowledge about the issue. The community is often informed by sporadic sensationalist media portrayal of inhalant use rather than accurate factual information. In addition, those who may deal directly with inhalant users, for instance, teachers, parents and police, often have limited understanding of inhalant abuse and how to respond to users. This chapter examines the available information resources and identifies information and dissemination gaps and opportunities.

2.2 Current resources

Dr Maggie Brady recently reviewed the resources available in relation to petrol and other solvent abuse by Indigenous Australians as part of the evaluation of the Aboriginal Drug and Alcohol Council of South Australia's (ADAC) *Petrol and other solvents kit*. She reports that in the 1980s there was such a paucity of material on inhalant abuse in Australia that persons seeking information were forced to rely on international material.[70] The Commonwealth Senate Select Committee on Volatile Substance Fumes in 1985 did not make strong suggestions for national leadership in developing information resources on inhalant abuse, instead recommending that such materials be addressed by school-based curricula and materials developed by Aboriginal educational institutions.

In recent years, particularly since the 2002 Victorian Parliamentary inquiry which generated considerable interest in the issue, there has been an increase in the number of inhalant abuse related information resources produced. Table 2.1 summarises currently available Australian information resources on inhalant abuse. This list was initially compiled from information gathered by writing to all state and territory health, police and education departments and national research centres and by independent research. Stakeholders were then invited to add to this list during the consultation process. While not representing an exhaustive list of Australian inhalant abuse resources, NIAT is satisfied that Table 2.1 is comprehensive.

[70] MacKenzie M, Johnson P 2004. op. cit., p. 55.

Table 2.1: Current information resources on inhalant abuse in Australia

Title of resource	Publisher	Date
Parents		
Dealing with inhalant use: a guide for parents	Australian Drug Foundation	2005
Volatile substance use tip sheet – parents and significant others	Drug and Alcohol Office, Western Australia	2004
Volatile substance use: an information guide for parents about glue and other volatile substance use	Drug and Alcohol Office, Western Australia	2004
Inhalant use by young people: fact sheet for parents	DrugInfo Clearinghouse, Australian Drug Foundation	2004
Inhalants – website aimed at parents http://www.cyh.com/cyh/parentopics/usr_index0.stm?topic_id=372	Child and Youth Health, South Australia	2003
Misuse of inhalants: a guide for parents	Victoria Police	1996
Teachers – inhalant specific		
Volatile substance use tip sheet – guidelines for schools	Drug and Alcohol Office, Western Australia	2004
Background paper for schools – volatile substance misuse	Education Queensland	2004 (draft)
Guidelines for schools – volatile substance misuse	Education Queensland	2004 (draft)
Sniffing: the dangers of solvent use by young people	Department of Education and Training, New South Wales	2002
Volatile solvents – a resource for schools	Department of Education and Training, Victoria	2000
Solvent sniffing: an information guide	Western Australian Alcohol and Drug Authority	1997
Teachers – general resources with inhalant component		
Intervention matters (procedural framework for school to manage suspected drug related incidents)	Department of Education and Children's Services, South Australia	2004
Management of drug issues and drug education in Tasmanian schools	Department of Education, Tasmania	2002
Guidelines for managing drug related incidents in schools	Department of Education and Training, New South Wales	2000
School drug education project	Department of Education and Training, Western Australia	1998
Youth		
Inhalants – youth website aimed at 12–25 year olds (http://www.cyh.com/cyh/youthtopics/usr_index0.stm?topic_id=1409)	Child and Youth Health, South Australia	2003
Drug and alcohol sector		
Alcohol and other drugs: a handbook for health professionals	National Centre for Eduction and Training on Addiction for Australian Government Department of Health and Ageing	2004
Volatile substance use tip sheet – managing street intoxication	Drug & Alcohol Office, Western Australia	2004
Interagency protocol between Victoria Police and nominated agencies	Department of Human Services, Victoria	2004
Young people, volatile substances and workers in alcohol and drug services	DrugInfo Clearinghouse, Australian Drug Foundation	2004
Inhalant use: an introduction for workers	DrugInfo Clearinghouse, Australian Drug Foundation	2004
Management response to inhalant use: guidelines for the community care and drug and alcohol sector	Department of Human Services, Victoria	2003
People working with young people		
Young people, volatile substances and the law	DrugInfo Clearinghouse, Australian Drug Foundation	2004
Young people, volatile substances and workers in out-of-home care services	DrugInfo Clearinghouse, Australian Drug Foundation	2004
Police – inhalant specific		
Volatile substance misuse information available for police via intranet and public via the QPS website http://www.police.qld.gov.au/pr/services/drugs/vsm/index.shtml	Queensland Police Service	2004
Volatile substance use tip sheet – managing street intoxication	Drug and Alcohol Office, Western Australia	2004
Response to volatile substance misuse protocol	Queensland Police Service and Queensland Ambulance Service	2004
Interagency protocol between Victoria Police and nominated agencies	Department of Human Services, Victoria	2004
Fact sheet for police	Queensland Police Service	2003

Table 2.1: Current information resources on inhalant abuse in Australia – continued

Title of resource	Publisher	Date
Police - general resources with inhalant component		
Victoria Police drug guide	Victoria Police	1996
Retailers		
Volatile substance use tip sheet – working with retailers	Drug and Alcohol Office, Western Australia	2004
Volatile substance retailers' kit	Anne Mosey for Tangentyere Council, Alice Springs	2004
Management of solvent based products – inhalants in the goldfields	Goldfields South East Health Regional Public Health Unit, Centrecare Goldfields Community Drug Service Team, Chamber of Minerals and Energy, Western Australia	2004
Responsible sale of solvents. A retailers' kit	State Government of Victoria	2003
Let's can chroming	Department of the Premier and Cabinet, Queensland	2003
Retailers' kit	Brisbane City Council, Queensland	2003
Retailers' resource kit	Western Australian Drug Abuse Strategy Office	1999
Indigenous resources		
Story board for students based on Indigenous drug education support materials	Department of Education, Science and Technology, Northern Territory	Under develop-ment
Sniffing and the brain	Menzies School of Health Research, for the Australian Government Department of Health and Ageing	2005
Volatile substance use tip sheet – working with aboriginal communities where petrol sniffing or other solvent use is a problem	Drug and Alcohol Office, Western Australia	2004
Young people, volatile substances and workers with Indigenous young people	DrugInfo Clearinghouse, Australian Drug Foundation	2004
About inhalant abuse. Koori kit containing materials for parents, health and community workers and on community development	Department of Human Services, Victoria	2003
Dangers of petrol sniffing (aimed at parents)	Cummeragunja Community Drug Action Team in conjunction with the New South Wales Premier's Department	2003
Chroming: At what cost?	Victorian Aboriginal Community Controlled Health Organisation	2003
Drugs and the brain: Gunja and petrol	Menzies School of Health Research	2003
Sniffing risky business	Wu Chopperen Health Service	2002
Indigenous drug education support materials (aimed at teachers - contains a unit on petrol sniffing). Note: currently being evaluated.	Department of Education, Science and Technology, Northern Territory	2002
Petrol sniffing and other solvents. A resource kit for Aboriginal communities	Aboriginal Drug and Alcohol Council, South Australia	2000
The brain story (aimed at parents of petrol sniffers but also used with young people)	Petrol Link Up, Northern Territory	1994
Media		
Volatile substance use tip sheet – media guidelines	Drug and Alcohol Office, Western Australia	2004
Community		
Volatile substance use tip sheet – developing a community-based response	Drug and Alcohol Office, Western Australia	2004
Volatile substance use tip sheet – health promotion as a method to reduce problems of chronic volatile substance use	Drug and Alcohol Office, Western Australia	2004
Drug-specific		
Nitrous Oxide – fact sheet	National Drug and Alcohol Research Centre	2003
Amyl Nitrite – fact sheet	National Drug and Alcohol Research Centre	2003

Table 2.1: Current information resources on inhalant abuse in Australia – ***continued***

Title of resource	Publisher	Date
General inhalant resources		
Database of inhalant resources	Northern Territory Department of Health and Community Services	2005
Volatile substance abuse resources (CD compiling a range of volatile substance resources)	Drug and Alcohol Office, Western Australia	2004
Volatile substance use – background information	Drug and Alcohol Office, Western Australia	2004
Volatile substance use tip sheet – interventions with users (chronic)	Drug and Alcohol Office, Western Australia	2004
ADCA policy position on inhalants	Alcohol and Other Drugs Council of Australia	2003
Chroming and young people in Queensland	Youth Affairs Network Queensland	2003
Inhalants (this resource has a wide variety of audiences including treatment services, community health workers and schools)	National Drug and Alcohol Research Centre	2003
Inhalant use and disorder: conference papers. http://www.aic.gov.au/conferences/2003-inhalant/	Australian Institute of Criminology	2003
Chroming: beyond the headlines. Final report	Victorian Alcohol and Drug Association	2002
Inhalants: how drugs affect you	Australian Drug Foundation	2002
Volatile substances fact sheet	Drugs Programs Bureau, New South Wales Health	2002

Table 2.1 shows that a number of resources have been developed throughout Australia in recent years, targeting a wide range of audiences. With the exception of the *Petrol sniffing and other solvents* kit ('the petrol sniffing kit') produced by the Aboriginal Drug and Alcohol Council of South Australia, none of these resources has been evaluated, which makes it difficult to assess their impact and effectiveness. However, many of the resources appear to be well-developed and useful, with the capacity for wider use. The evaluation of these resources would be useful in informing the development of new resources on inhalant abuse. The consultation process revealed a high level of stakeholder support for the evaluation of existing information resources.

The consultation process also showed that there is considerable stakeholder concern about the duplication of resources on inhalant abuse throughout Australia. NIAT recognises that there would be merit in the central coordination of the production of new resources to ensure consistency and cost effectiveness. This is potentially a role for the National Inhalant Abuse Clearinghouse, which NIAT proposes in section 2.7.

Sections 2.5 to 2.7 examine ways of more effectively sharing and utilising existing and new information resources.

2.3 Identified gaps in resources

Two recent evaluations, the evaluation of the *Petrol sniffing and other solvents* kit and *An evaluation of the Comgas Scheme* have identified gaps in existing information resources. These evaluations are discussed here at length as they are the only available evaluations of Australian inhalant abuse resources and provide valuable information to inform the development of future resources.

The *Petrol sniffing and other solvents* kit produced by the Aboriginal Drug and Alcohol Council of South Australia is the most comprehensive Australian resource on petrol sniffing and other solvent abuse. The recent evaluation of the kit investigated the effectiveness of that resource and offers important advice on the design of successful information resources. While the evaluation is focused on an information resource for Indigenous communities, many of its recommendations have applicability to the wider community.

The evaluation of the petrol sniffing kit found that the kit met its primary objective of developing a comprehensive educational and information pack on petrol and other solvent use in Indigenous communities. However, the evaluators identified several weaknesses in the kit and made a number of recommendations for its redevelopment, including that the kit should have a broad national focus and include information about all inhalants and volatile substances. It was also recommended that, in order to maximise the use of the resources by groups and communities, a library of training resources and resource tools adapted to local conditions should be developed, for example, PowerPoint presentations, program outlines and a training CD.

The evaluation of the petrol sniffing kit identifies a number of information gaps and recommends the development of material on the following topics to be included in the kit:

- inhalant use and pregnancy and breastfeeding
- care for incapacitated chronic or ex-chronic sniffers
- information about the Comgas Scheme
- advice on how to apply for funding
- advice on managing the high needs behaviour of intoxicated sniffers
- advice on dealing with the media.[71]

While these topics are of particular relevance to Indigenous communities, the latter three are also applicable to the general population. Dealing with the media is discussed in more detail in section 2.8 below.

In addition, the evaluation recommends the development of a number of additional resources to support and supplement the kit:

- flipcharts for use in remote or rural settings, aimed initially at families and parents
- template resources available electronically (adapted from the flipcharts)
- video of success stories
- video showing an Indigenous practitioner working with the Brain Story
- posters on 'how solvents affect the body' and 'what you sniff the baby sniffs too'
- visually-oriented activities booklet for use by frontline service providers
- (if resources permit) practical prevention tools which use innovative communication techniques and technologies, for example, comic books, board games and interactive CD games.[72]

Recommendation 1

That the *Petrol sniffing and other solvents* kit be redeveloped as a national resource as recommended by *A broad evaluation of the Petrol Sniffing and Other Solvents kit*, and incorporating the additional resources and information recommended by the evaluation.

The 2004 evaluation of the Comgas Scheme also identified a number of information gaps in relation to petrol sniffing.* The evaluation found that communities need to be better informed about the scheme and recommended the creation of an information kit providing the following information about the scheme:

- how to implement Comgas
- frequently asked questions
- a myth and fact sheet
- an information sheet for visitors to participating communities
- information on other useful programs to reduce petrol sniffing
- promotional materials such as posters and stickers.[73]

The Comgas evaluation also suggests that the information kit be available on the Internet and distributed to all communities participating in the Comgas Scheme, in particular to the health clinic, the school and the council. It was recommended that the petrol sniffing kit also be included as part of the Comgas resource kit.

Recommendation 2

That the Australian Government develop a Comgas Scheme information kit as recommended by *An evaluation of the Comgas Scheme.*

2.4 Targeting information resources for specific audiences

As inhalant abuse has a wide impact on individuals, families and the community, there is a broad range of persons who potentially require information about inhalant abuse either in a personal or professional capacity. The Victorian Parliamentary inquiry identified the following groups for whom targeted education and information strategies and resources need to be developed:

- some young people and adolescents
- schools
- professionals other than teachers and educators (doctors, nurses, social workers, youth and substance abuse workers)
- parents, guardians and caregivers
- police, ambulance officers, railway personnel
- traders and industry representatives+
- editors, journalists and media representatives.[74]

Table 2.1 shows that information resources have been developed for some of these audiences. However, in the absence of evaluation it is difficult to determine their effectiveness.

[71] MacKenzie M, Johnson P 2004. op. cit., p. 43.
[72] Ibid, pp. 65–68.
* Note: The Comgas Scheme is discussed in detail in section 6.8.
[73] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., pp. 37–38.
+ Note: the development of resources for retailers is discussed in detail in section 6.4.
[74] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., p. 310.

The petrol sniffing kit was designed to meet the information needs of a range of audiences that can be categorised into four groups: community members, community organisations, frontline workers and organisational professionals. However, the kit's evaluation found that it was successful in meeting the needs of only some of these target groups.[75] The kit was found to be most useful to those working indirectly with Indigenous communities, for example, policy makers, educationalists and academics, but less helpful for those living in the communities and working in community-based organisations. The kit was found to be least effective for community members and parents. Therefore, the evaluation recommends engaging and empowering parents through the development of specifically targeted materials, setting out their options and helping them to understand the important role they can play in overcoming inhalant abuse.[76]

In addition, the evaluation recommends that the needs of specific frontline service providers be identified and that simple resources be developed to meet these needs. The evaluation suggests that these include:

- program outlines for the different frontline service providers
- trainer's notes with role playing scenarios or classroom lesson plans
- rapid response flow charts for how to respond in particular situations
- step-by-step guide for some actions, for example, how to seek support and funding for a local project.[77]

Recommendation 3

That material be developed for parents and frontline workers in Indigenous communities as recommended by *A broad evaluation of the Petrol Sniffing and Other Solvents kit*.

A good model for the development of resources targeted at meeting the needs of frontline workers is provided by the psychostimulant information project funded in 2003 through the MCDS National Cost Shared Funding Model. The project developed a range of resource materials specifically designed for five target groups of frontline workers. An extensive consultation process was undertaken to ensure that the final products were relevant and to inform an effective dissemination process. The following resources were developed for the key target groups:

- police and customs officers: desk pad, poster
- ambulance officers: CD ROM/Internet resource
- health care workers: promotional postcard, booklet
- corrections staff: CD ROM/Internet resource, desk pad, poster
- those who may be in a position to identify or come into contact with clandestine psychostimulant laboratories: postcard.

In addition, a general video resource, relevant to all groups, was produced.

A similar process would be very useful in developing best practice resources on inhalant abuse that are relevant for a range of audiences, including Indigenous and non-Indigenous. It is important to recognise that target groups such as teachers or parents are not homogeneous groups. For example, the petrol sniffing kit evaluation emphasises that the information needs of regional and remote Indigenous communities are very different.[78] To overcome this, resources could be developed as templates that are adaptable to local conditions. This is discussed in greater detail below in section 2.6.

Recommendation 4

That inhalant abuse information resources should be provided for the following priority audiences: drug and alcohol workers, police, teachers, ambulance officers and parents.

Several stakeholder submissions acknowledged that carefully targeted resources are the most successful. NIAT recognises that focus testing of all proposed information resources is important to ensure that the information needs of the specific target audience is met.

Recommendation 5

That all levels of government consider incorporating mechanisms for focus testing in the development of all new inhalant abuse information resources.

[75] MacKenzie M, Johnson P 2004. op. cit., p. xii.
[76] Ibid, p. 67.
[77] Ibid, p. 65.
[78] Ibid, p. 45.

In relation to Indigenous communities, information resources need to be carefully targeted to meet community needs. Box 2.1 summarises the elements of best practice inhalant abuse information resources for Indigenous communities. While many of these elements also apply to materials developed for non-Indigenous audiences, this box is highlighted in recognition that Indigenous communities need information that is specifically developed for them and that they need to be fully consulted and involved in their development.

Box 2.1: Elements of best practice Indigenous information resources[79]

- Are targeted at the community and selected groups within the community, such as parents of sniffers, rather than at sniffers or young people not sniffing.
- If directed at persons who sniff or who are at risk of sniffing, focus on effects of petrol sniffing which are likely to deter rather than encourage the practice, avoiding shock tactics.
- Promote caring and coping capacities within the community, rather than spread alarm and despondency.
- Present information in action-orientated way.
- Are highly visual (recognise that Indigenous audience is primarily a visual audience and provide access to users with low literacy levels).
- Utilise cards, flipcharts, posters, videos, comics and electronic mediums.
- Involve 'real people telling real stories'.
- Use simple, clear messages and colourful imagery.
- Recognise that the community responds well to material in their own language and spoken rather than written word.
- Provide training to give workers confidence in using the resources (for example, a training CD may help workers not confident with written documents).
- Recognise the diversity of Indigenous communities and provide templates that can be customised to local conditions.
- Are flexible and use new technologies where possible.
- Involve Indigenous people in resource development.
- Are evaluated.

2.5 Online and electronic resources

> The need to stay up-to-date is extremely important for people involved in the management of such a complex and potentially destructive activity… it is important to have access to all known research and effective interventions as they occur.[80]

The evaluation of the petrol sniffing kit emphasised the need for accurate and up-to-date information to be available to a range of audiences and suggests the use of electronic formats as a way of achieving this.[81] To date, there is a limited range of information on inhalant abuse available in electronic formats.

The Queensland Police Service has conducted a mapping exercise with the aim of profiling inhalant abuse in the community, identifying strategies, helping develop local action plans and identifying potential resources. The result of this process was an electronic register of resources on inhalant abuse, which is available for police and external agencies.[82] As part of this project, online learning options are being developed for both police and ambulance personnel.

The Western Australian Drug and Alcohol Office has developed a Volatile Substance Abuse Resources CD. The CD contains over 200 documents in electronic format, bringing together key Australian and international research and information on volatile substance abuse. The CD covers the following topics:

- Australian and international reviews and reports
- interventions
- petrol sniffing resources
- resources for parents
- resources for schools
- resources for retailers
- media guidelines
- treatment
- community action
- resources on intoxication
- law enforcement
- statistics.

This is a valuable resource and NIAT notes that the Western Australian Drug and Alcohol Office plans to provide online access to this material in the near future.[83]

[79] Based on MacKenzie M, Johnson P 2004. op. cit., pp. 64–69; d'Abbs P, MacLean S 2000 op. cit., p. 42.
[80] MacKenzie M, Johnson P. 2004 op. cit., p. 52.
[81] Ibid, p. 28.
[82] http://www.police.qld.gov.au/pr/services/drugs/vsm/index.shtml
[83] http://www.dao.health.wa.gov.au

Electronic resource registers have the advantage of enabling a large amount of up-to-date information to be stored in one, easily accessible location. An online resource could also facilitate less formal sharing of information, fostering links between communities with similar problems. Such a resource would encourage information sharing between jurisdictions and has the potential to link into existing databases, such as the Indigenous Australian Alcohol and Other Drugs Projects Database – a database listing details of project objectives and strategies and contacts in relation to drug and alcohol abuse projects.

The establishment of a national electronic database of inhalant abuse resources, covering all forms of inhalant abuse, would assist in increasing information flow and ensure that up-to-date information and resources are widely available. Section 2.7 below discusses in detail how such a national database could function.

2.6 Adapting resources for local relevance

Inhalant abuse is a phenomenon that manifests itself in different ways in different communities. As noted in chapter 1, the nature of inhalant abuse (for example, the products used) may differ greatly between users in different areas, such as users in urban, rural or remote communities or between Indigenous and non-Indigenous users. Therefore, it is important that information resources are relevant to the local conditions that exist in a community. This point is emphasised in the petrol sniffing kit evaluation. For example, the evaluation notes that the illustrations used in the kit were not viewed as being relevant to urban communities. The evaluation recommends that a number of resources be available as electronic templates that are readily adaptable to the local context and situation.[84] This is an efficient form of resource development, as it allows for the material to reach a broader audience and to be easily updated.

The petrol sniffing kit was used as a model for the production of Indigenous materials in Victoria, although some adaptation was required to ensure that it was culturally appropriate to the Victorian Indigenous community. The evaluation notes that the modifications made in Victoria, although limited, actually improve the accessibility and usefulness of the resource.[85]

The consultation process showed strong stakeholder support for the development of template resources that are adaptable to local conditions. In particular, stakeholders expressed support for the cost effectiveness of such an approach. In addition, it was noted that it would be empowering for communities to have ready access to a databank of credible information which they can readily tailor to their own needs.

Recommendation 6

That a range of information resources on inhalant abuse be available through the proposed National Inhalant Abuse Clearinghouse in electronic template form.

2.7 An inhalant abuse clearinghouse

The Victorian inquiry recommended the establishment of a volatile substance abuse clearinghouse and resource centre in that state.[86] The recent Comgas evaluation noted the suggestion of Brady that a network of officers at the state/territory level be established to provide information on petrol sniffing and contribute to the development of knowledge and ideas to combat petrol sniffing.[87]

There is currently no central repository for information on inhalant abuse in Australia. A national inhalant abuse clearinghouse could increase the accessibility of accurate and up-to-date information on inhalant abuse and also increase cooperation and information flow between jurisdictions and communities. A clearinghouse could cover all forms of inhalant abuse, including petrol sniffing in Indigenous communities. A clearinghouse could contain a wide range of resources and information that is available free of charge, including a variety of action-focused material. As much of the information on inhalant abuse consists of unpublished reports and evaluations, a clearinghouse could make this currently underutilised body of information more widely available. The consultation process revealed widespread stakeholder support for the establishment of a clearinghouse to act as a repository for a wide range of materials on inhalant abuse.

Internet-based resources have limitations in terms of assisting communities that may not have the technology or the skills to fully utilise such a resource. Therefore, it would be necessary to promote a clearinghouse actively through local council networks and to have hard copies of materials available for distribution.

There was strong stakeholder support for co-locating or integrating an inhalants clearinghouse with an existing clearinghouse so as to avoid duplication. It was suggested that co-location would place inhalants information within a broader drug and alcohol context and allow integration with other resources and services that impact on, or determine, alcohol and other drug use. In addition, it was suggested that the Indigenous component of the clearinghouse could be sub-contracted to an Indigenous community controlled organisation.

[84] MacKenzie M, Johnson P. 2004 A op. cit., p. 48.
[85] Ibid, p. 53.
[86] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., p. xv.
[87] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 63.

There are several examples of successful drug clearinghouses in Australia and these would provide useful models for an inhalant abuse-specific clearinghouse. One example is the DrugInfo Clearinghouse operated by the Australian Drug Foundation with funding provided by the Victorian Government.[88] The DrugInfo Clearinghouse collects, interprets and disseminates information on drug prevention.

Another useful model clearinghouse is the Australian Indigenous HealthInfoNet based at Edith Cowan University in Perth.[89] The functions of the Australian Indigenous HealthInfoNet are:

- undertaking research
- disseminating knowledge
- facilitating information exchange
- providing Internet to Indigenous health workers and others to maximise their capacity to use web-based resources
- assisting Indigenous and other relevant agencies with Internet site development.

The research functions of the HealthInfoNet are supported by funds from a variety of sources, including the Commonwealth Department of Health and Aged Care's Office for Aboriginal and Torres Strait Islander Health.

An inhalant abuse clearinghouse could potentially have the following functions:

- provide an information database/library (see the list below for the types of information that could be available through the clearinghouse)
- provide template resources that are adaptable to local circumstances (for example, retailer kits and template protocols for police)
- monitor media reporting of inhalant abuse
- encourage information sharing between communities, for example, about successful community prevention strategies
- increase information sharing between jurisdictions, for example, sharing publications
- coordinate data collection, for example, morbidity and mortality
- disseminate information, for example, through regular emails, bulletins or updates
- provide information about important topics, issues or target groups, for example, prevention strategies targeting Indigenous or urban inhalant users
- provide training and support in using the Internet
- collect data, including identifying data trends and gaps in the data collection mechanisms.

Information that could be available through the clearinghouse includes:

- successful prevention strategies (particularly community-level interventions)
- successful treatment interventions
- supply reduction strategies (particularly community-level interventions)
- evaluations of projects and interventions
- template protocols to guide local interventions, for example, a protocol for police and ambulance officers, or a retailers' kit template
- data on inhalant abuse
- data collection templates to aid community collection of data, particularly in remote communities
- up-to-date research on inhalant abuse
- guide for designing program or policy responses
- information on dealing with the media
- carefully targeted information on harm reduction strategies for selected audiences, for example, parents, teachers, police and drug and alcohol workers
- information on funding available for community projects and how to apply for funding.

Target groups of an inhalant abuse clearinghouse could include:

- drug and alcohol workers
- health and welfare workers
- youth workers
- social and community service workers
- parents
- teachers
- local communities, including Indigenous communities
- police
- ambulance personnel
- researchers
- policy makers.

[88] Australian Drug Foundation, DrugInfo Clearinghouse, http://www.druginfo.com.au (accessed 16 April 2005).
[89] Australian Indigenous HealthInfoNet, http://www.healthinfonet.ecu.edu.au (accessed 16 April 2005).

Recommendation 7

That a national inhalant abuse clearinghouse be established to:

– provide an information database in electronic form (with hard copies of material available where necessary)

– collate, analyse and publish data on inhalant use

– facilitate information sharing about inhalant abuse.

The clearinghouse could potentially be co-located with an existing clearinghouse.

2.8 Media

The media is a significant shaper of community attitudes and political responses to alcohol and drug issues. In the case of inhalants the media is critical and can even influence behaviours.[90]

Media coverage of inhalant abuse is often highly problematic. While well-targeted local publicity and information campaigns can help address problems associated with inhalant abuse and assist in garnering support for local projects, inappropriate media coverage can cause local hysteria about the issue and cause or escalate local outbreaks of abuse by raising young people's awareness of inhalable products or inhalation methods.[91]

The 2002 Victorian inquiry recommended the development of a voluntary protocol modelled on the guidelines for reporting suicide. At the MCDS meeting in May 2004, Ministers agreed that the MCDS would write to media outlets and ask for their cooperation regarding the publishing of images reflecting inhalant abuse. A letter to this effect was sent to media outlets in October 2004. The letter draws on the findings of the 1985 Senate Select Committee which recommended that the media observe the following guidelines in reporting inhalant abuse:

- Reports should not list methods by which substances are abused.
- Reports of inhalant abuse deaths should be factual, and not sensationalised or glamorised.
- Articles on causalities of volatile substance abuse should not be superficial. The causes are complex, they vary from region to region and may be different for each individual involved. Reliable organisations should be contacted for information.
- Stories should include a local telephone number or source organisation for further information.

Many stakeholder submissions to NIAT expressed frustration about the inappropriate way in which inhalant abuse is regularly reported in the media. NIAT is aware of several inaccurate and sensationalist media reports in relation to inhalant abuse that have been published since the MCDS' letter was sent to media outlets.

NIAT believes that the Senate Select Committee guidelines remain relevant and appropriate. However, the media needs to be better educated about the guidelines and inhalant abuse generally. A good model for media education is *Reporting suicide and mental illness: a resource for media professionals,* which was produced for the Australian Government Department of Health and Ageing in 2004 with the aim of ensuring responsible and appropriate reporting of suicide and mental illness, minimising harm and copycat behaviour and reducing the stigma and discrimination experienced by people with a mental illness.[92] This resource was produced in consultation with media organisations, suicide and mental health experts and consumer organisations. It contains factual information, information on the impact of media reporting on suicide and mental illness, issues to consider when reporting these issues, where to find statistics and research on these issues, useful contacts and media guidelines. The publication is supported by a website containing up-to-date information on suicide and mental health issues.[93]

NIAT believes there would be value in the development of an information resource to promote responsible reporting of inhalant abuse in all forms of media.

[90] Australian Drug Foundation 2005. Submission to the National Inhalant Abuse Taskforce, p. 3.
[91] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., pp. 490–491.
[92] Commonwealth of Australia 2004. *Reporting suicide and mental illness: a resource for media professionals.* Canberra: Commonwealth of Australia.
[93] http://mindframe-media.com/index.php

Recommendation 8

That the MCDS write to media outlets formally requesting adherence to the Senate Select Committee guidelines on reporting inhalant abuse and, if there are continuing breaches of the guidelines, that the MCDS meet with major media organisations to reinforce the importance of adherence to the guidelines.

Recommendation 9

That the National Inhalant Abuse Coordinating Group develop and promote an information resource for media to support the Senate Select Committee guidelines on reporting inhalant abuse.

Problematic media reporting is an issue throughout the drug and alcohol field. The Australian Press Council has published *Guidelines for reporting drugs and drug addiction*. These guidelines include:

- Responsibly report public debate about drug use and addiction.
- The harmful effects of any particular drug should not be exaggerated or minimised.
- Avoid detailed accounts of consumption methods.
- Guard against any reporting which might encourage readers' experimentation with a drug, for example highlighting the 'glamour' of the dangers involved.
- Highlight elements of a story which convey the message that preventive measures against drug abuse do exist, and that people can be protected from the harmful consequences of their addictive behaviours.[94]

The Australian National Council on Drugs (ANCD) is currently undertaking a media project which aims to increase the level of sophistication and accuracy of reporting of drug and alcohol related issues in the media. The ANCD has commissioned a consultant to develop two sets of key principles, the first for the media in relation to the reporting of drug and alcohol issues and the second for the drug and alcohol sector in working with the media to achieve better reporting of drug and alcohol issues. These principles will also be of relevance to those dealing with the media in relation to inhalant abuse and should be taken into account when developing an inhalant abuse specific media kit.

[94] Australian Press Council 2001. General Press Release No 246(ii) *Drugs and drug addiction*. http://www.presscouncil.org.au/pcsite/activities/guides/gpr246_2.html (accessed 26 July 2005).

3. Research

Effective targeted policies and interventions require at least three kinds of knowledge: first epidemiological data about prevalence patterns, distribution and correlations with other phenomena of interest; secondly, knowledge about the efficacy and effectiveness of interventions and factors that influence effectiveness; and thirdly, knowledge about the ways in which inhalants affect physical and mental functioning. [95]

3.1 Introduction

The development of effective policy and interventions to reduce and prevent inhalant abuse requires a full understanding of all its aspects, including:

- the prevalence of use
- the causes of use
- the consequences of use (including social disruption)
- the impact of the substances (including the effects on physical and mental functioning)
- the effectiveness of current interventions
- identification of other possible interventions.

Therefore, an effective research base is required to inform policy development. This section examines currently available quantitative and qualitative research and identifies possible enhancements to the existing research base.

3.2 Quantitative research

The literature on inhalant abuse in Australia constantly refers to the lack of quality quantitative data on the problem.[96] Accurate data is essential to effectively allocate resources, to inform policy development and to assess the outcomes of interventions. This section discusses the current data collection in relation to prevalence, mortality and morbidity and identifies ways in which the current data collection mechanisms could be improved. Many stakeholders providing submissions to NIAT acknowledged the dearth of data on inhalant abuse in Australia and were strongly supportive of NIAT's view that improvements to data collection mechanisms are required. NIAT acknowledges that data collection is often difficult and expensive. Therefore, where possible and appropriate, in developing recommendations for improvement, NIAT has attempted to utilise existing data collection mechanisms.

3.2.1 Data on prevalence

The collection of data about the prevalence of inhalant use is inherently difficult because use tends to be cyclical (in terms of both level of use and product choice) and localised. Data on the prevalence of inhalant use nationwide is currently collected as part of two national surveys, the Australian Secondary Students' Alcohol and Drug Survey (ASSAD) and the National Drug Strategy Household Survey (NDSHS).

ASSAD collects information on the use of inhalants by Australian students aged 12 to 17 years from a sample of secondary schools (including government, Catholic and independent) around the country. As ASSAD collects data in relation to secondary school students, it fails to capture inhalant use by young people who have dropped out of mainstream education, a major risk factor for inhalant abuse. It also does not capture inhalant use by younger students still at primary school. Despite these limitations, ASSAD is a good vehicle for collecting data about inhalant use across the country. To date, the national ASSAD survey has asked only one question about inhalant use. NIAT has negotiated with ASSAD to have two additional questions in relation to inhalant abuse included in the 2005 national survey. The additional questions relate to the type of substance inhaled and the social setting of use. The questions relating to inhalants in the 2005 ASSAD national survey, including those inserted upon NIAT's request, are set out in Box 3.1.

[95] Brady M, d'Abbs P 2004. 'Other people, other drugs: the policy response to petrol sniffing among Indigenous Australians' *Drug and Alcohol Review* 23, 253–260, p. 258.
[96] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., p. 503.

Box 3.1: Questions on inhalant use in ASSAD national survey 2005

1. Existing question on ASSAD survey

How many times, if ever, have you deliberately sniffed (inhaled) from spray cans or sniffed things like glue, paint, petrol or thinners in order to get high or for the way it makes you feel:

This does not include sniffing white-out, liquid paper, textas or pens.

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
In the **last week**?	☐	☐	☐	☐	☐	☐	☐
In the **last four weeks**?	☐	☐	☐	☐	☐	☐	☐
In the **last year**?	☐	☐	☐	☐	☐	☐	☐
In your **lifetime**?	☐	☐	☐	☐	☐	☐	☐

2. Additional questions inserted in 2005 survey

Note: these questions only to be answered by those who report having deliberately sniffed or inhaled any substance in the last year.

What substance did you inhale or sniff in the last 12 months?

*Tick **all** that apply.*

☐ Glue ☐ Paint thinners
☐ Paint ☐ Butane gas
☐ Petrol ☐ Other (what substance?).....

Do you usually use inhalants by yourself or with others?

☐ By myself
☐ With others
☐ By myself and with others about equally often

NIAT is also aware of an increasing body of evidence that young people are commencing to use inhalants at a younger age.[97] Existing data collection methods do not capture inhalant use by this younger age group.

The NDSHS is conducted every three years by the Australian Institute of Health and Welfare and collects data on drug use in Australia, including inhalant use. Surveys up until the 2001 survey collected data on drug use by persons over 14 years of age. The minimum age has been lowered to 12 years for the 2004 survey. However, the 2004 NDSHS first results report is still based on inhalant use by the population aged 14 years and over, to enable comparisons over time. The full survey results will be available in late 2005. The lowering of the minimum age will make the NDSHS a better source of information in relation to inhalant use.

The NDSHS reports do not provide information about inhalant use by Indigenous persons and the best source of data in this regard remains the NDSHS Urban Aboriginal and Torres Strait Islander Peoples Supplement, which was conducted in 1994 and is now out of date. In 2002, the Australian Bureau of Statistics (ABS) conducted the first National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The survey collected information from approximately 12,000 Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas.[98] The survey contained questions on substance use, including inhalant use, based on those in the NDSHS. The data in relation to substance use has yet to be released. The ABS has indicated that the use of direct questioning in community areas has resulted in unreliable data on substance use in remote areas and therefore this data will not be released.[99] The NATSISS will be conducted every six

[97] MacKenzie M, Johnson P 2004. op. cit., p. 2; Premier's Drug Prevention Council 2004. *Victorian Youth Alcohol and Drug Survey 2003: Illicit drug findings.* Melbourne: Victorian Department of Human Services, p. 21

[98] Australian Bureau of Statistics 2004. National Aboriginal and Torres Strait Islander Social Survey (NATSISSS) Data Source. http://www.abs.gov.au/Ausstats/abs@.nsf/0/9AD558B6D0AED752CA256C7600018788?Open (accessed 25 July 2005).

[99] Australian Bureau of Statistics 2004. National Aboriginal and Torres Strait Islander Social Survey (NATSISSS) Explanatory Notes, http://www.abs.gov.au/Ausstats/abs@.nsf/0/C77B0F19D842EFC1CA256EBB00797763?Open (accessed 25 July 2005).

years and may prove useful in providing information about inhalant use in Indigenous communities. However, it should be noted that the 15 year age limit excludes many young inhalant users from the survey. In addition, it is important that data collection mechanisms in community areas be reviewed to enable more accurate data to be collected in relation to substance use in those communities.

Recommendation 10

That the Australian Government review the data collection mechanisms used for National Aboriginal and Torres Strait Islander Social Survey in relation to substance misuse in remote communities to ensure the survey provides accurate data in relation to inhalant abuse.

Large national surveys do not effectively capture inhalant use by Indigenous people. In particular, there are difficulties in collecting data in relation to remote communities and there is anecdotal evidence that many communities are feeling 'over researched'. The recent evaluation of the petrol sniffing kit recommended the development of a step-by-step guide for gathering and recording data in the local community.[100] Such an informal data collection mechanism would encourage the collection of data locally, without subjecting communities to invasive external research. In developing such a tool, care needs to be taken to ensure that Indigenous people's concerns and sensitivities regarding data collection from their communities are recognised. A localised approach has the potential to empower communities to develop their own solutions to address inhalant abuse.

Recommendation 11

That the National Inhalant Abuse Coordinating Group develop a guide to gathering and recording data in relation to inhalant use in the local community to assist in monitoring both long and short term trends in inhalant use.

NIAT notes that the Australian Government Department of Family and Community Services has engaged a consultant to evaluate the *BP Australia 3D Strategy*. One component of this project involves the development of a petrol sniffing data collection tool kit that provides for consistency across different regions and different information sources. Baseline information on the incidence of petrol sniffing will be collected in the following six regions: Central Anmatjerre, Anungu Pitjantjatjarra, Ngaayatjarra, East Kimberly/Yilli Rreung, Arnhem and Cape York. It is anticipated that this project will be completed by July 2006. The 3D Strategy is discussed in more detail in section 4.7.

The existing national surveys also fail to collect information about other at risk groups, for example, those who are homeless or not engaged in mainstream education. To capture data on inhalant use by people in other at risk groups, consideration should be given to supplementing ASSAD and the NDSHS with samples from homeless, institutional, refuge and supported accommodation settings.

Recommendation 12

That the Australian Government investigate the feasibility of collecting information to supplement the Australian Secondary Students' Alcohol and Drug Survey and the National Drug Strategy Household Survey with samples from homeless, institutional, refuge and supported accommodation.

3.2.2 Data on mortality

The use of volatile substances can contribute to death in a number of ways: from the direct toxic effect of the substances inhaled (sudden sniffing death), chronic toxicity resulting from longer term use, accidental death (for example, a car accident while intoxicated) and suicide.[101] At present, there is no collection of data on mortality associated with inhalant abuse at either a national or state/territory level.

In the United Kingdom, data on deaths from inhalant abuse is collected every year and published by St George's Hospital Medical School, London. This data has been collected since 1971 and provides valuable information about deaths due to solvent abuse. The data is collected from a range of sources including coroners' reports, toxicology units and press clippings. Information reported in relation to deceased persons includes:

- age/gender
- substances abused
- method of administration of volatile substance
- mechanism of death, for example, plastic bag, toxic effects
- place where substance was abused
- suicides associated with volatile substance abuse.

[100] MacKenzie M, Johnson P 2004. op. cit., p. 65.
[101] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., pp. 87–90.

The 2002 Victorian Parliamentary inquiry recommended that comprehensive data collection on mortality associated with volatile substance abuse should be collected in Australia, in the same manner as it is collected in the United Kingdom by St George's Hospital.[102]

The coronial process is the main way of identifying inhalant-related deaths in Australia. Each state and territory has its own legislation governing the duties and responsibility of coroners. There is currently no standardised reporting process and the role of inhalant use in a death may not be noted in cases where the death appears to be unrelated to inhalant use (for example, a traffic accident or suicide). There is scope for improving the way in which inhalant abuse is captured as part of the coronial process.

Information on inhalant abuse that is captured in coronial reports is stored in the National Coronial Information System (NCIS) run by the Victorian Institute of Forensic Medicine. However, currently this data is not being extracted. The following information could potentially be extracted from the NCIS:

- volatile substance used (both where the cause of death is volatile substance overdose/toxicity and where there is another primary cause of death, for example, being hit by a motor vehicle while intoxicated)
- other drugs, for example alcohol, used by a deceased person in conjunction with volatile substances
- age of inhalant user at death
- place of death
- gender and race of deceased (including Indigenous)
- coronial recommendations in relation to inhalant use.

Data is entered into the national database at a state/territory level. While there are standard national codes, resourcing issues and individual interpretations of codes may mean that not all deaths associated with inhalant abuse are captured by the database.

Data on deaths associated with inhalant use is important in informing policy in this area. D'Abbs and Brady have recommended that data on inhalant-related deaths and hospitalisations be published in regular bulletins, along the lines of the National Alcohol Indicators Bulletins published by the National Drug Research Institute.[103] The annual publication of the number of inhalant abuse related deaths would enable trends to be identified, for example, the use of particular substances. NIAT has identified data collection, analysis and dissemination as a potential function of a national inhalant abuse clearinghouse, the establishment of which is recommended in section 2.7. Data collection mechanisms should be regularly reviewed to identify gaps and areas for potential improvement.

While stakeholders who provided submissions to NIAT were generally supportive of the publication of such data, several emphasised the need for caution when publishing data on inhalant abuse to ensure that it is not presented in a sensationalist manner in the general media. Media reporting is discussed in detail in section 2.8.

Submissions to NIAT, including those by persons with considerable research experience in the area of inhalant abuse, such as Dr Maggie Brady and Ms Sarah MacLean, emphasised the importance of linking inhalant-related deaths to specific products, as is done by St George's Hospital Medical School in the UK. This would allow efficient responses to reduce immediate sources of harm. For example, the inhalation of Pure and Simple cooking oil spray was linked to a number of deaths throughout Australia in the mid 1980s. Pure and Simple was subsequently reformulated and the chlorofluorocarbon propellant removed. This modification was deemed successful in preventing the product's further abuse.[104]

[102] Ibid, p. 510.
[103] Brady M, d'Abbs P 2004. op. cit., p. 259.
[104] MacLean S, d'Abbs P 2005. op. cit, p. 15.

3.2.3 Data on morbidity

Data on morbidity, that is, illness, associated with inhalant abuse is also not currently being collected at a national or state/territory level. This data could potentially be collected from ambulance attendance, hospital admission and hospital emergency department incident data. As with data on mortality, this data should be collected and reported on an annual basis.

Data on both hospital emergency and admitted patients is collected nationally under national minimum datasets. Emergency data has been collected since 1 July 2003 and information on admitted patient care has been collected since 1 July 1989. This data is collected by state and territory health authorities and provided to the Australian Institute of Health and Welfare on an annual basis. This data has the potential to identify inhalant-related emergency treatments and hospital admissions. Again there will be some difficulties in verifying the accuracy of this data, especially in emergency situations where the main reason for presenting may appear to be unrelated to volatile substance intoxication, for example, a motor vehicle accident resulting from inhalant intoxication. However, this data would be a useful starting point for estimating inhalant abuse-related morbidity.

It would appear that data on inhalant-related ambulance attendances is not collected at a state/territory level, although it may be collected locally.

There was widespread stakeholder support for the collection, analysis and reporting of inhalant-related morbidity data.

Recommendation 13

That the National Inhalant Abuse Coordinating Group establish a national dataset for inhalant abuse prevalence, morbidity and mortality.

Recommendation 14

That the National Inhalant Abuse Coordinating Group establish mechanisms for the analysis and dissemination of national data on inhalant abuse on an annual basis.

3.3 Qualitative research

3.3.1 Research

> The near total absence of any publications that feature inhalants is a telling indicator of the place that inhalants occupy in mainstream drug research in Australia … the lack of any sustained institutional interest in petrol sniffing among government agencies is matched by a dearth of high quality research. [105]

Inhalant abuse is an under-researched area both in Australia and internationally. One researcher has argued that the lack of research into inhalant abuse is not just due to lack of funding but also to the fact that it is not considered to be a 'glamorous' or a sufficiently important topic for researchers in the field, even those specialising in substance abuse.[106] This appears to be true in relation to inhalant abuse in both Indigenous and non-Indigenous communities. Box 3.2 summarises research barriers to research on inhalant abuse.

Box 3.2: Barriers to research on inhalant abuse

- Lack of funding.
- Many Indigenous communities feel 'over researched' and may not welcome more researchers.
- Sensitivity of interviewing young people about this issue.
- Inhalant users are generally disenfranchised young people and may be difficult to engage.
- Difficulty accessing young people on protective orders.
- Sporadic and highly localised nature of use.
- Difficulty accessing data due to privacy issues or cost.
- Other drugs (for example, alcohol) seen as a bigger issue.
- Research in this area not seen as 'glamorous'.

Research that has been undertaken or is currently being undertaken into inhalant abuse issues in Australia is summarised in Table 3.1. This list was initially compiled from information received by writing to all state and territory health, police and education departments and national research centres and by independent research. Stakeholders were then asked to add to this list during the consultation process. Therefore, NIAT is satisfied that this list is comprehensive.

[105] Brady M, d'Abbs P 2004. op. cit, p. 259.
[106] Beauvais F 1997.'Research topics for the problem of volatile substance abuse' *Drugs and Society,* vol 10, no 1/2 pp. 103–7, p. 103.

Table 3.1: Research into inhalant abuse in Australia

Title of research	Researcher	Year
Reviews		
Petrol sniffing in remote Northern Territory communities	Select Committee on Substance Abuse in the Community	2004
Volatile substance abuse: briefing paper for the Controlled Substances Advisory Council	Volatile Substances Subcommittee, South Australia	2003
Parliamentary inquiry into the inhalation of volatile substances	Drugs and Crime Prevention Committee, Victoria	2002
Substance misuse in Queensland	Commission for Children and Young People	2002
Volatile substance abuse background paper	Western Australian Solvents Abuse Working Party (J Rose)	2001
A report on volatile solvent abuse for the Victorian Department of Employment, Education and Training	R Bellhouse, G Johnston and A Fuller (unpublished)	2000
Volatile substance abuse in Australia	Senate Select Committee on Volatile Substance Fumes	1985
Evaluations		
Review of inhalants legislation	Victorian Department of Human Services	Proposed 2006
Police powers and VSM: a review	Queensland Crime and Misconduct Commission	2005
The Places of Safety Model: an evaluation	Queensland Crime and Misconduct Commission	2005
A broad evaluation of the *Petrol Sniffing and Other Solvents* kit	Aboriginal Drug and Alcohol Council of South Australia	2004
An evaluation of the Comgas Scheme	Australian Department of Health and Ageing	2004
Makin Tracks final evaluation report	National Drug Research Institute	2004
Indigenous issues		
The level of solvent misuse among NSW Indigenous communities	Drug and Alcohol Program, New South Wales Health	Proposed
Evaluation of BP 3D Strategy	Australian Department of Family and Community Services	Current
The policing implications of petrol sniffing and other inhalant misuse in Aboriginal and Torres Strait Islander peoples communities	National Drug Research Institute	Current
Feasibility study into effective community service models to address volatile substance use in the cross border region of Central Australia	Central Australian Cross Border Reference Group on Volatile Substance Use	Current
Brain function recovery after petrol sniffing	S Cairney, P Maruff, C Burns, J Currie and B Currie	2004
Other people, other drugs: the policy response to petrol sniffing among Indigenous Australians	P d'Abbs and M Brady	2004
Summary of findings from the Get Real Challenge evaluation	Indigenous Youth Health Service	2004
Petrol sniffing in Aboriginal communities: a review of interventions	Cooperative Research Centre for Aboriginal and Tropical Health – P d'Abbs and S MacLean	2000
Dry spirit: petrol sniffing interventions in the Kutjungka Region, WA 1999–2000	A Mosey	2000
Literature review: development of a manual for the detoxification and treatment of Aboriginal solvent abusers	Aboriginal Drug and Alcohol Council (M Lehmann)	1998
Neurological and cognitive abnormalities associated with chronic petrol sniffing	P Maruf, C Burns, P Tyler, B Currie and J Currie	1998
A review of petrol sniffing in Central Australia	A Mosey	1997
Time to stop reinventing the wheel: petrol sniffing in the Top End	A Garrow	1997
Evaluation of strategies used by a remote Aboriginal community to eliminate petrol sniffing	C Burns, B Currie, A Clough and R Wuridjal	1995
A review of night patrols on remote Aboriginal communities in Central Australia 1991–1994	A Mosey	1994
An evaluation of unleaded petrol as a harm reduction strategy for petrol sniffers in an Aboriginal community	C Burns, B Currie and J Powers	1994
Heavy metal: the social meaning of petrol sniffing in Australia	M Brady	1992

Table 3.1: Research into inhalant abuse in Australia – continued

Title of research	Researcher	Year
Prevention		
Prevention of harms associated with volatile substance abuse	DrugInfo Clearinghouse, Australian Drug Foundation	2004
Product modification		
Scientific research and technical trials regarding the modification of volatile substance products subject to inhalant abuse	CSIRO for Victorian Department of Human Services	Current
The impact of the modification of volatile substance products on the behaviour of inhalant users	P d'Abbs and S MacLean for Victorian Department of Human Services	2005
Feasibility of adding bittering agents to volatile substance products	CSIRO for Victorian Department of Human Services	2004
A technical evaluation in relation to the use of Avgas as a vehicle fuel (under the Comgas Scheme)	Environment Australia Atmosphere and Sustainable Transport Branch	2004
Other		
Treatment protocols	Queensland Health	Current
The patterns of use and harms associated with inhalant use	NDARC (P Dillon and J Copeland)	Current
Social meanings of inhalant use in Melbourne; implications for policy and intervention+	S MacLean, Youth Research Centre, University of Melbourne	Current
A review of the medical, social, neuropsychological and mental health correlates of inhalant misuse in young people	D Lubman, L Hides, M Yucel	Current
Chroming and young people in Queensland	Youth Affairs Council of North Queensland	2005
The policing implications of volatile substance misuse	Commissioners' Drugs Committee, Australasian Centre for Policing Research	2004
Volatile substance use	H Begley, Youth Projects Inc	2003

The Alcohol Education and Rehabilitation Foundation (AERF) was established in 2001 to address prevention, treatment, research and rehabilitation for misuse of alcohol as well as inhalant abuse. AERF provides grants to assist individuals and organisations to enhance a variety of programs in the areas of education, prevention, treatment and rehabilitation. AERF has advised NIAT that, to date, it has made 35 grants totalling $3.6 million with an inhalant abuse component. In 2003–2004 AERF undertook a funding round with a priority area being innovative approaches to treating inhalant misuse. AERF advises that only a relatively small number of applications for grants were received, mainly from Queensland and Victoria, and most focused on inhalant use in urban settings. Six projects were funded under the inhalant specific round, with a number of inhalant-related projects funded under general funding rounds. Many of the projects funded deal with poly drug use, for example alcohol and inhalant use. With the exception of the research by Sarah MacLean of the Youth Research Centre identified in the table above, AERF has funded projects rather than research.

In the three years since the *Victorian Parliamentary inquiry into the inhalation of volatile substances*, there has been renewed interest in research into inhalant abuse, as the information in Table 3.1 suggests. However, many research gaps remain. The little research that has been conducted in Australia predominantly focuses on petrol sniffing in remote Indigenous communities. Young people living in urban and regional areas are using inhalants and there is an urgent need to conduct research on this user group, particularly in relation to prevention and treatment interventions. In addition, many submissions stressed the need for an increased emphasis on research that examines the social context of inhalant use. The consultation process confirmed NIAT's initial view that research into effective prevention and treatment interventions should be a priority.

There are three dedicated national research centres in Australia that support the NDS by providing a research program to inform policy development and assisting in improving the effectiveness of treatment programs. The National Drug and Alcohol Research Centre in Sydney, the National Drug Research Institute in Perth and the National Centre for Education and Training on Addiction in Adelaide, as well as other agencies that conduct research into drug issues, should be involved in the development and implementation of a national inhalant abuse research agenda. Research on inhalant abuse should also be a priority in funding of these research centres.

Without seeking to limit future research in this area, NIAT has identified a number of potential research topics that could be included in a national inhalant abuse research agenda. These are set out in Box 3.3.

+ Note: AERF has provided some funding for this research.

Box 3.3: Potential research topics

- Inhalant abuse in urban and regional communities.
- Demographic analysis of users.
- Inhalant use by older and younger age groups.
- Types of products used and their relative toxicity.
- Circumstances and social context of use.
- Harm reduction approaches.
- Inhalant use and mental health.
- Whether legality/illegality affects inhalant use.
- Risk and protective factors for inhalant abuse.
- Effective prevention interventions.
- Effective treatment interventions.
- Inhalant use as part of poly drug use.
- The effectiveness of mandatory treatment.

Recommendation 15

That the Australian Government, through its relationship with the national drug research centres, develop and implement a national inhalant abuse research agenda and prioritise funding for research on inhalant abuse.

Recommendation 16

That the Australian Government identify supply, demand and harm reduction interventions in relation to inhalant abuse and, in particular, prevention and treatment interventions, as priority research areas.

3.3.2 Evaluations

Very few Australian programs have been evaluated or reviewed. Many programs would benefit from evaluation that is sensitive to the aims of those involved, and to the constraints under which the programs operate.[107]

To date there has been limited evaluation of programs and interventions to address inhalant abuse in Australia. However, it is encouraging that Table 3.1 identifies a number of recent and forthcoming evaluations.

As stated earlier, only two large-scale evaluations of Australian inhalant abuse interventions have been conducted: evaluations of the Comgas Scheme and the petrol sniffing kit. Both these evaluations provide important assessments of the effectiveness of these interventions and make recommendations for improvement. In addition, both evaluations make recommendations of general applicability, thereby potentially having an impact much wider than just on the particular resource or intervention being evaluated. The Comgas Scheme, including the evaluation's recommendations, is discussed further in section 6.8. The *Petrol sniffing and other solvents* kit and its evaluation were discussed in sections 2.3 to 2.6.

Recent legislation in Queensland and Victoria in relation to police powers to apprehend inhalant users and confiscate inhalant products was introduced for a trial period: one year in Queensland and two years in Victoria. The Queensland legislation has been extended for a further 12-month period and will now expire on 30 June 2006. The Queensland legislation states that it will be reviewed after nine months by the Crime and Misconduct Commission, which will then report to Parliament. The report of the Crime and Misconduct Commission was released in September 2005 and is discussed in more detail in section 7.4. In Victoria, the legislation will be reviewed by the Department of Human Services. The *Guiding principles for inhalant legislation*, set out in section 7.5, emphasise the importance of evaluation and monitoring of legislation. The evaluations of the legislation in Queensland and Victoria will provide an important snapshot of their operation and will, in each case, inform action in relation to the continuation of the legislation. The evaluations will also be of use to other jurisdictions proposing to introduce inhalant legislation, identifying best practice and flagging potential pitfalls.

Queensland's 'places of safety' program has also been evaluated recently. The places of safety, which are being trialled in five areas in that state, operate as sobering-up centres providing young people with an opportunity to recover from volatile substance intoxication. Young inhalant users can also be linked to relevant support services. This program is discussed in more detail in section 5.4.

The consultation process revealed widespread stakeholder support for effective evaluation of all inhalant abuse programs, strategies and interventions, particularly in relation to prevention and treatment interventions.

Recommendation 17

That all levels of government build evaluations into the planning and funding of all information resources and prevention and treatment programs in relation to inhalant abuse where practicable.

[107] d'Abbs P, MacLean S 2000. *Petrol sniffing in Aboriginal communities: A review of interventions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, p. 82.

4. Prevention

There is general agreement in the literature that the people who are the hardest to help stop sniffing are chronic sniffers…this is a critical point for those planning interventions: it is much easier to help people to stop sniffing if the practice has not yet become entrenched. By the time someone has become a chronic sniffer, the likelihood of their stopping is substantially reduced.[108]

4.1 Introduction

The *National Drug Strategy 2004–2009* defines prevention as:

> ***measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug use and supply.***[109]

The strategy identifies prevention as one of the eight priority areas for action.

There are three levels of prevention:

- **primary prevention:** preventing drug uptake
- **secondary prevention:** limiting harm at the early stages of use and limiting recreational use
- **tertiary prevention (treatment):** reducing harm amongst dependent users and helping them to reduce or discontinue use.[110]

This chapter discusses primary and secondary prevention interventions in relation to inhalant abuse. Tertiary prevention is discussed in chapter 5, Treatment. This chapter firstly examines general drug and alcohol prevention approaches and then explores inhalant abuse specific primary and secondary prevention interventions.

4.2 A protection and risk reduction approach to prevention

Volatile substance abuse is not solely a drug problem, but a problem about young people who invariably have complex individual problems and their drug use is a symptom of these problems. Strategies must therefore address the underlying causes of the inhalation of volatile substances.[111]

The MCDS recently published a prevention monograph that will inform the development of a national prevention agenda. The monograph extensively reviews drug prevention literature and recommends a 'protection and risk reduction approach to prevention'. This approach:

- emphasises the importance of reducing the known developmental risk factors, while also enhancing protective factors
- recognises the importance of early intervention but also acknowledges that some risk factors for harmful drug use arise in childhood, adolescence and later in life
- recognises that targeted early intervention strategies focused on strengthening protective factors will be useful for children and youth with a high number of developmental risk factors
- emphasises the role of brief interventions, treatment and harm reduction strategies on reducing drug-related harm and improving developmental opportunities for young people
- recognises that law enforcement has an important role to play in controlling drug supply, influencing community values, diverting early offenders and protecting the community from crime and social disorder.[112]

The MCDS' model reinforces the role of risk and protective factors in influencing a young person's drug use. Risk factors act in a cumulative way over time, with some factors present from the early years and others emerging in adolescence. The more risk factors that persist over longer periods of time, the greater the subsequent developmental impact.[113] As risk factors operate cumulatively, it is generally recognised that effective prevention programs address multiple factors concurrently, at different levels (for example, community, family and school).[114]

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[108] d'Abbs P, MacLean S 2000. op. cit., p. 7.
[109] Ministerial Council on Drug Strategy 2004. *The National Drug Strategy. Australia's integrated framework 2004–2009*. Canberra: Commonwealth of Australia, p. 5.
[110] Drug Policy Expert Committee 2000. *Drugs: Meeting the challenge*. Melbourne: Department of Human Services, p. 75.
[111] Parliament of Victoria Drugs and Crime Prevention Committee 2002. op. cit., p. viii.
[112] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence*. Canberra: Commonwealth of Australia, p. xiii.
[113] Ibid, p. 72.
[114] Drug Policy Expert Committee 2000. *Drugs: Meeting the challenge*. Melbourne: Department of Human Services, p. 79.

There has been limited research into the specific risk and protective factors in relation to inhalant abuse. However, evidence suggests that the risk and protective factors for inhalant abuse mirror the factors that influence the likelihood of a young person becoming involved in licit and illicit drug use in general.[115] For example, those young people who are regular and chronic inhalant users have often experienced a multitude of risk factors including family breakdown, mental illness and involvement with the juvenile justice system. These risk factors are the same for regular chronic drug users. A significant number of inhalant users are poly drug users, with alcohol and cannabis in particular commonly used in conjunction with inhalants.[116] There is also evidence that many inhalant users would prefer to use other drugs, but use inhalants because they are cheap and/or easily accessible.[117] Prevention programs that are successful in addressing drug use in general are therefore likely to impact on inhalant abuse. Box 4.1 summarises the major risk and protective factors influencing drug use, including inhalant abuse, over the course of development.

Box 4.1: Major risk and protective factors predicting harmful drug use (including inhalant abuse)[118]

Risk factors	Protective factors
• problems in early development • parental neglect and abuse • family breakdown • social disadvantage and marginalisation • early school failure • boredom • low self-esteem • involvement with protective services or juvenile justice systems • low involvement in activities with adults • in addition to the above, in Indigenous communities, cultural disruption to family structures due to colonialisation and dispossession.	• good family and community connections • good parental/family communication • support from school teachers and parents • access to recreation and counselling • personal resilience • high self-esteem and self-awareness.

Research has shown that many social and health problems, including drug use, share common determinants and have a disproportionate impact on vulnerable individuals and population groups.[119] There is evidence that strengthening the protective factors and reducing the risk factors identified in Box 4.1 will also protect young people against a range of dangerous and risky behaviours such as suicide and crime, and social disadvantage, such as unemployment and ill-health. Therefore, broad-based prevention approaches, such as community improvement, mental health promotion and education strategies, may also have some impact in preventing drug use in general and, more specifically, inhalant abuse.[120]

Recommendation 18

That strategies relevant to inhalant abuse be included in the National Prevention Agenda.

[115] Toumbourou J, Dimsey, Rowland B 2004. op. cit., pp. 7–11.
[116] Australian Institute of Health and Welfare 2002. *2001 National Drug Strategy Household Survey: Detailed findings*. Canberra: Australian Institute of Health and Welfare, pp. 78–79.
[117] Ibid, p. 7.
[118] Toumbourou J, Dimsey L, Rowland B 2004. op. cit., pp. 7–11; Ministerial Council on Drug Strategy 2004. op. cit., pp. 71–88.
[119] Ministerial Council on Drug Strategy 2004. *The National Drug Strategy, Australia's integrated framework 2004–2009.* Canberra: Commonwealth of Australia, p. 5.
[120] Ministerial Council on Drug Strategy 2004. op. cit., pp. 147–156.

4.3 Drug prevention programs

There are many levels at which prevention interventions may be delivered, for example, community, school, family and individual. Research indicates that strategies that are comprehensive and across a range of levels are more likely to be effective than a program at one level only. However, it is difficult to establish if all elements are equally effective.[121] Prevention programs may be:

- **Universal:** directed at the general population or an entire community (for example, recreation programs). Programs focusing on enhancing protective factors have been found to be more effective if they are universal.[122]
- **Selective:** targeted at groups at elevated risk (for instance, programs targeting young homeless people). Research has identified that targeted interventions focusing on risk factors for high risk groups initiated early in the developmental pathway are likely to be effective in preventing substance use.[123]
- **Indicative:** targeted at individuals displaying particular characteristics (for example, programs targeting young people already using inhalants).[124]

Research has identified a number of elements of effective drug use prevention programs. These are summarised in Box 4.2.

Box 4.2: Elements of effective drug use prevention programs[125]

- primary, secondary and tertiary interventions implemented concurrently
- operate across a range of levels (that is, family, community, school and government)
- target multiple risk and protective factors
- adequately funded
- evidence-based
- integrated across levels and sub-systems
- coordinated through childhood and adolescence
- long term (note conflict with short-term political priorities and public demands for immediate responses to emerging problems)
- evaluated both in terms of implementation and long-term effectiveness
- target interventions to vulnerable groups
- involve and engage the community
- tailored to local conditions.

NIAT has already noted the dearth of research into effective prevention interventions in relation to inhalant abuse and recommended that research in this area be conducted as a matter of priority (see the discussion in section 3.3.1). The limited research on interventions specific to inhalant abuse that has been conducted to date has generally focused on petrol sniffing in Indigenous communities. This research provides the following general principles:[126]

- No single intervention will be effective: it is essential that a range of primary, secondary and tertiary interventions be implemented concurrently.
- Interventions require widespread community support to succeed.
- Different communities will favour different approaches at different times.
- The strengths and circumstances of each community are different and interventions that succeed in some communities will not succeed in others.
- Communities know their own strengths and weaknesses and community desires for programs should be supported.
- Any intervention, no matter how small, can have some impact.
- The most effective long-term strategies against petrol sniffing in Indigenous communities are those that improve the health and wellbeing of young Aboriginal people, their families and communities.

These principles reinforce the importance of community involvement in interventions and this is discussed in more detail in section 4.6 below.

NIAT's review of inhalant abuse in Australia has revealed the diverse and changing nature of the problem throughout the nation. The many different manifestations of inhalant abuse mean that there is no single 'one size fits all' approach that can be applied to prevention. Important considerations in designing prevention interventions include:

- the nature of the community in which inhalant use in occurring: in particular there are significant differences between urban, rural and remote communities
- the age of inhalant users: NIAT is aware of evidence that inhalant use is starting at an earlier age and continuing to a later age
- the type of inhalants products used: for example, the use of petrol has different health consequences than the use of spray paint
- the fact that inhalant use is often part of a pattern of poly drug use.

The following two sections discuss the wide range of primary and secondary interventions that have been specifically implemented to combat inhalant abuse.

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[121] Drug Policy Expert Committee 2000. *Drugs: Meeting the challenge*. Melbourne: Department of Human Services, p79.
[122] Ibid, p. 77.
[123] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence - Summary*. Canberra: Commonwealth of Australia, p. 18.
[124] Drug Policy Expert Committee 2000. op. cit., p. 76.
[125] Ibid., pp. 77–81; Australian Drug Foundation 2002. *Drug prevention in the community*. DrugInfo Clearinghouse Factsheet Number 1.5, p. 2; Australian Drug Foundation 2002. *Drug prevention frameworks and strategies*. DrugInfo Clearinghouse Factsheet Number 2, pp. 6–9; Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence*. Canberra: Commonwealth of Australia, pp. 240–250.
[126] d'Abbs P, MacLean S 2000. *Petrol sniffing in Aboriginal communities: A review of interventions*. Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, p. vii and p. 33; Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. *An evaluation of the Comgas Scheme*. Canberra: Australian Government Department of Health and Ageing, p. 64.

4.4 Primary prevention*

> Any primary intervention program must address the setting in which sniffing is liable to occur; that is, it must look to the range of opportunities and constraints that present themselves to young residents [of the community], especially the opportunities for rewarding and exciting activities.[127]

Primary prevention strategies aim to prevent the emergence of a solvent abuse problem and/or to prevent an outbreak from spreading. The following primary intervention strategies have been identified.

Recreational activities

Boredom is often a major factor contributing to inhalant use. This is particularly an issue in rural and remote communities where there are often limited opportunities and facilities for recreation for young people. Providing recreational facilities, such as swimming pools, and activities, such as sport, music and video making, can be a successful prevention strategy. However, while recreation activities have a significant role in engaging bored young people, it is important that they are viewed as just one part of a range of strategies that can be implemented and not a 'cure all'.

The following requirements for successful recreation-based interventions have been identified:

- activities that are 'purposeful, interesting, exciting and educational'
- young people actively involved in developing and running programs
- activities held outside school hours, in the evening and during school holidays
- inclusion of inhalant users in activities without giving them preferential treatment
- provision of activities for females
- staff with good understanding of young people and, in Indigenous communities, sensitive to community needs.[128]

School and training opportunities

The school's every day work in teaching literacy and numeracy and providing a supportive environment for students is very important in the prevention of drug problems. Feeling a sense of belonging and experiencing success at school are protective factors against a range of health and social risks, including drug use.

The school can promote a sense of belonging and provide opportunities for experiencing success for all students through its teaching and learning and student welfare/pastoral care programs. A positive school climate and good discipline provide a safe and supportive environment where all students' personal and social needs can be met. The students most at risk of drug use are likely to be those who may be marginalised at school because of difficulties in learning or lack of successful experiences.

Schools are often the most numerous and widespread institutions in a state or territory and, particularly in rural areas, a hub of community activity. The potential exists for schools to act as a catalyst for collaboration between a range of government agencies, local councils, non-government organisations, community and parents, all focused on their shared interest in and responsibility for children and young people. A good example of the key role that schools can play is provided by the Schools as Community Centres (SaCC) initiative in New South Wales. The SaCC program aims to reduce the impact of disadvantage for children entering school by providing integrated services for families in communities where indicators of disadvantage are high. The SaCC local facilitators develop a range of community development strategies to address some of the issues that are impacting on the children in their area. These include transition to school programs, English language classes for non-English speaking parents, supported playgroups, interagency planning forums, cultural celebrations, parenting workshops, computer classes and community arts programs.

Another useful school based approach is the Flexi School model. Flexi School is an alternative education facility that offers marginalised young people access to educational opportunities in a safe supportive environment. Flexi School was developed as a response to the 1989 Human Rights and Equal Opportunity Commission report in to youth homelessness.[129] Education was and continues to play a major part as a proactive and long-term solution to youth homelessness. Young people may gain high school level qualifications equivalent to those gained by their peers in mainstream education. Young people develop those skills that will enable them to participate as contributing members of their communities.

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* This discussion is based on Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., pp. 55–64; d'Abbs P, MacLean S 2000. op. cit., pp. 33–70; Department of Human Services 2003. *About inhalant abuse for health and community workers*. Melbourne: Department of Human Services, pp. 22–24; Biven A 2000. *Petrol sniffing & other solvents. Information for health and community workers booklet 2*. South Australia: Aboriginal Drug and Alcohol Council, SA, pp. 17–43.

[127] d'Abbs P, MacLean S 2000. op. cit., p. 76.

[128] Ibid, p37, quoting Senate Select Committee on Volatile Substance Fumes 1985. *Volatile substance abuse in Australia*. Canberra, p. 207; Department of Human Services 2003. *About inhalant abuse for health and community workers*. Melbourne, p. 22.

[129] Human Rights and Equal Opportunity Commission 1989. *Our homeless children*. Canberra: AGPS.

A key principle of Flexi School is a deliberate plan to increase the participants' options and support systems. Young people at Flexi School are encouraged to participate in the process of developing an Individual Action Plan to proactively plan for the transition from the unit. Young people are offered opportunities to participate in a diverse range of activities that will enable them to move beyond their current frame of reference. While the unit provides individual flexibility, the daily routine is quite structured. Participants may have no other place free from harassment or distraction to do their work. Years of experience and listening to young people have resulted in an environment that is quiet, supportive and responsive to their needs.

There are few opportunities for secondary education or training in remote communities and, even where there are schools, attendance may be low and educational outcomes poor. Engaging young people in remote communities with supportive and protective school communities has the potential to contribute to their health and help to protect them from drug-related harm.

Access to casual and full-time employment

Employment can provide young people with a sense of purpose, increase social interactions and skills, increase self-esteem and protect against boredom. Early school leavers have been found to be at particular risk of inhalant abuse; therefore, the provision of employment opportunities for these young people can be an effective prevention strategy. There is evidence that petrol sniffing is less widespread in communities that have meaningful employment opportunities. For example, Brady found that Indigenous communities with an active association with the cattle industry were less likely to experience petrol sniffing problems. This resilience was attributed to the independence, self-esteem and outlet for risk-taking afforded by working in the cattle industry. It is noted that Brady's research was conducted over 13 years ago and that relatively few communities are now involved with the cattle industry. However, NIAT believes that the principle remains relevant today, that is, that employment opportunities are a significant protective factor against inhalant abuse.

Many stakeholder submissions emphasised the responsibility of the private sector to provide employment opportunities for young people, particularly in remote or disadvantaged communities. The role of business and the private sector in inhalant abuse prevention activities is discussed in more detail in section 4.7.

Education-based strategies

While there are no mandated requirements or national curriculum across states and territories for any key learning areas, the approach taken by education sectors for education about inhalants is generally consistent across Australia. Teaching about inhalants is not considered appropriate in mainstream drug education and prevention messages are generally linked to topics such as poisons, product safety, first aid and fire safety. This policy is based on the principle that it is not appropriate to provide specific information on inhalants to young people not currently engaged in their use as such information has the potential to arouse young people's curiosity and increase experimentation with volatile substance products, which are readily available to young people. A resource produced for Victorian schools provides the following rationale for the Australian approach:

> *[It] aims to avoid interfering with the existing perceptions of most students that protect them from perceiving volatile solvents as drugs of choice, as well as reducing the risk of initiating curiosity and perhaps experimentation.*[130]

The UK approach to inhalants education, however, differs markedly to that taken in Australia. In the UK, Re-Solv, a national charity solely dedicated to the prevention of solvent abuse, provides education on inhalant abuse within schools and operates a website on inhalant abuse for young people.[131]

While stakeholders providing submissions to NIAT were generally supportive of the current Australian approach, several expressed the view that a more proactive educative approach should be taken in communities where there is widespread solvent use. One stakeholder stated that many of the inhalant users she had interviewed when researching inhalant use commented that they wished they had known about the harms associated with inhalant use prior to commencing to use inhalants.

Education-based interventions targeting the general community or particular groups within the community, for example, parents and teachers, appear to be a useful prevention strategy. Such programs can increase understanding of the problems, alert parents of the signs of use and identify the best ways of assisting young people. There was strong support in the submissions for the provision of information about inhalant use to parents and schools. Education and information resources are discussed more fully in chapter 2.

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[130] Bellhouse R, Johnston G, Fuller A, Guthrie 2000. *Volatile solvents: a resource for schools*. Melbourne: Victorian Department of Employment Education and Training, p. 9.
[131] http://www.re-solv.org/young_people.htm.

Supply reduction

A number of strategies have been implemented by communities to reduce the supply of volatile substance products. Successful strategies have included encouraging responsible retailing (for example, storing abusable products behind the counter so that purchasers have to interact with a staff member) and, in remote communities, using non-sniffable products in place of petrol. These strategies are discussed in more detail in chapter 6.

Traditional activities (for Indigenous communities)

Many Indigenous communities believe that giving young people an understanding and appreciation of their traditional culture is an important protective factor. There is evidence that families who move to outstations, where they live a more traditional life, are less likely to experience substance abuse or family dysfunction and are more likely to lead healthy and satisfying lives. Traditional activities can be included as part of other interventions, such as education or recreation.

4.5 Secondary prevention*

> Few young people would use inhalants in an ongoing way if they had other engaging things to do with their lives…whatever can be done to make marginalised young people's lives meaningful and pleasurable and to give them a sense of inclusion…will assist them to better manage their drug use.[132]

Secondary prevention (early intervention) is targeted towards a population that is at risk or already in the early stages of inhalant abuse. Some of these interventions may also be applicable to chronic users as treatment interventions. As much inhalant abuse is experimental and/or a response to broader issues in a young person's life, it is important that early interventions avoid labelling young people as 'drug users' and address underlying issues.

The following secondary intervention strategies have been identified.

Recreational activities

The importance of providing recreational facilities and opportunities for young people was noted above as an effective primary prevention strategy. Encouraging young people who are experimenting with volatile substances to become involved in recreation can be an effective form of early intervention. Young people using inhalants may be marginalised and lack the social skills to participate in recreational activities independently. These young people may initially require the assistance and support of a youth or other worker to help them engage with recreational activities.

Brief interventions+

Brief interventions have had some success in helping people experiencing problems with drugs such as alcohol and may be an appropriate way of working with inhalant users, particularly those who are reluctant to seek long-term treatment. The aim of the intervention is to help the person understand that their substance use is putting them at risk and to encourage them to modify drug-using behaviour and reduce harms caused by using drugs.

Brief interventions usually consist of five components:

- providing feedback about the drug use behaviour
- recommending a change in behaviour
- presenting options to facilitate the change
- checking and responding to the client's reaction
- providing follow-up care.

Generally, brief interventions are not intended to treat people with serious substance dependence, however, they are a valuable tool for treating problematic or risky substance abuse.[133] Brief interventions can range from five minutes to a couple of hours of brief counselling.

Counselling+

Counselling can be an effective early intervention as well as a longer-term treatment. Counselling may offer young people the opportunity to explore the underlying issues that influence their inhalant use, assist them in dealing with problems or teach them new ways to think and behave. Counselling may also involve the families of inhalant users to help them understand the problem and how they can help and to assist change any aspects of the home environment that may be contributing to the young person's inhalant use (for example, family conflict).

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* This discussion is based on Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., pp. 55–64; d'Abbs P, MacLean S 2000. op. cit., pp. 33-70; Department of Human Services 2003. op. cit., pp. 22–24; Biven A 2000. op. cit., pp. 17–43.

[132] MacLean S 2005. Submission to the National Inhalant Abuse Taskforce, p. 3.

+ Also tertiary interventions.

[133] World Health Organization 2003. *Brief intervention for substance use: A manual for use in primary care*. Draft Version 1.1 for Field Testing. Geneva: World Health Organization.

Counselling interventions often stress the role of significant caring adults. Often regular or chronic inhalant users have a statutory background or are involved in other services, such as mental health. It is important for young people to maintain an ongoing relationship with an adult figure who can provide care and support and be a positive role model in the young person's life.

Counselling programs have had some success in combating petrol sniffing in Indigenous communities, although the Comgas evaluation observes that successful counselling programs often rely on particular talented and dedicated individuals. The counselling program formerly run by the Healthy Alternative Lifestyle Team (HALT) had some success with 'family mapping', a system of asking traditional authority figures to take some responsibility for sniffers.

The programs offered at outstations and in rehabilitation centres often contain a counselling component.

Deterrence programs

Several Australian jurisdictions have introduced legislation which allows for the confiscation of inhalant products from users and for inhalant users to be transported to a location where they will be safe. The legislation does not make inhalant use, possession or intoxication an offence, but rather focuses on protecting the health and welfare of users.

Legislation in effect in Queensland, Victoria and Western Australia, and legislation recently passed but not yet commenced in the Northern Territory, permits suspected inhalant users to be searched and any volatile substance products found to be confiscated. The Victorian, Western Australian and Northern Territory legislation also allows the seizure of equipment used to inhale, such as plastic bags. These powers are vested in police in Victoria and Queensland and in authorised officers in Western Australia and the Northern Territory. These four jurisdictions also have legislation allowing for the civil apprehension of inhalant users and their transportation to a place of safety or care. The power to confiscate inhalant products and equipment is discussed in more detail in section 7.3 and civil apprehension is examined in section 7.4.

Many Indigenous communities have introduced warden schemes or night patrols. These schemes involve community members patrolling the community at night, talking to sniffers and possibly taking them home or tipping out their petrol. Warden schemes or night patrols can be effective in controlling petrol sniffing in some communities, although their success depends on the commitment of wardens and the cooperation of police. Communities with entrenched chronic sniffing are more likely to rely on police intervention.

Outstations (Indigenous communities)[+]

The Comgas evaluation identifies the moving of petrol sniffers to outstations as the most common treatment and early intervention strategy. Outstations provide opportunities for young people to learn about their culture. The moving of petrol sniffers to live in outstations also gives the community a break from petrol sniffers and can send a strong community message that petrol sniffing is not acceptable.

The outstation at Mt Theo in the Northern Territory has been particularly successful. Young petrol sniffers are sent to Mt Theo for four-week periods. During their 'time-out' at Mt Theo, young people learn about their culture and history, for example, hunting and gathering for bush tucker and sharing stories around the campfire. The Comgas evaluation notes that other outstations have not had the same level of success as Mt Theo.

NIAT acknowledges that some stakeholders expressed concern about an approach that involves removing young people to remote locations where they are isolated from family, friends and support structures. Many stakeholders expressed the view that such interventions are unlikely to be successful unless there are also changes in the community to which the young people return. In addition, several stakeholders submitted that outstations must be adequately resourced and connected with external alcohol and drug and health and welfare services.

Traditional activities (Indigenous communities)

Activities such as camping and bush and fishing trips bring families together as well as giving young Indigenous people the opportunity to learn traditional skills and to learn more about their culture. The Comgas evaluation notes that 'there is often a strong belief that their country will heal sniffers and help them to settle down'.[134] Traditional activities can be included as part of other programs to address solvent abuse, such as outstations and education.

[134] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 58.

4.6 The role of the community

An emphasis on the local community offers prospects for addressing some of the broad social determinants related to both social disadvantage and disconnection that underlie aspects of drug-related harm.[135]

Reviews of interventions have consistently stressed the important role that the community plays in prevention efforts. Communities are in a good position to influence a number of risk factors (for example, boredom and poverty) and protective factors (such as connectedness and providing opportunities for young people).[136]

It is well recognised that strong families and communities are the foundation of successful societies. There are a number of initiatives being implemented around the nation aimed at strengthening families and communities. The consultation process revealed strong stakeholder support for programs that aim to reinforce family networks and assist to re-establish roles and responsibilities in families, particularly in relation to Indigenous communities. For example, the Victorian Government has developed programs aimed at building and enhancing positive interaction between parents and adolescents, thus increasing their capacity to deal with issues associated with adolescent drug and alcohol use. Separate programs have been implemented in the Indigenous and non-Indigenous communities.

Recommendation 19

That all levels of government support programs that strengthen families, such as parenting programs, in order to build communities that are more resilient to drug use.

A recent review of prevention literature in relation to inhalant abuse recommended that community networks develop protocols to guide local interventions. It recommended that these protocols should cover:

- educational interventions for teachers, parents, police, emergency service personnel, youth and community health workers, and community members
- the role of police and emergency service personnel in intervening with young people actively engaged in volatile substance abuse
- coordination and intervention aimed at the reduction of supply
- involvement of parents and carers
- harm minimisation educational interventions for targeted young people
- use of multisystemic treatment programs which aim to address the developmental needs of targeted young people over time.[137]

Some jurisdictions have already developed protocols in relation to inhalant abuse. For example, the Queensland Police and Ambulance Service have developed a protocol which sets out the roles and responsibilities of police and ambulance officers in responding to inhalant abuse incidents. Protocols have also been developed in Victoria.

Protocols to guide local service interventions are useful in clearly establishing roles and ensuring consistent responses across agencies. Protocols could cover issues such as supply reduction and educational interventions. Protocols should be available as widely as possible, and the development of template protocols would enable local communities to adapt the protocols to individual community circumstances.

Recommendation 20

That state, territory and local governments develop and implement protocols for key agencies (for example, between police and drug and alcohol agencies) to help ensure consistent responses.

[135] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence.* op. cit., pp. 240–241.
[136] Drug Policy Expert Committee 2000. *Drugs: Meeting the challenge*. Melbourne: Department of Human Services, p. 78.
[137] Toumbourou J, Dimsey L, Rowland B 2004. op. cit., p. 12.

As NIAT has noted throughout this report, the often highly localised nature of inhalant abuse means that action at a local level is often required. Many local communities, such as Inala in Queensland, have developed their own local inhalants strategy and formed a working party to oversee its implementation. Several submissions to NIAT, notably those from the community sector, noted the difficulties in accessing recurrent funding for community interventions.

In New South Wales there are several examples of successful community-based action to address drug issues, including inhalant abuse. Community Drug Action Teams in New South Wales play a key role in providing alternative drug and alcohol- free recreation and entertainment opportunities for young people and families in their communities. Community Drug Action Teams have undertaken a number of initiatives relating to inhalant abuse, including developing information resources, conducting research and developing a retailers code of practice. In addition, the New South Wales Local Government Drug Information Project provides information and education to assist councils to respond effectively to drug and alcohol issues in their community. The project involves a partnership between the Local Government Association of New South Wales and Shires Association of New South Wales, Community Drug Strategies Program and the Department of Local Government.

The *Volatile Substance Abuse Prevention Act* 2005 which was recently passed by the Northern Territory Parliament, recognises the important role that the community can play in managing inhalant abuse and aims to empower communities to respond to this issue. The Act, which has not yet commenced operation, allows for communities to develop management plans specifying practices and procedures relating to the management of the possession, supply and use of volatile substances. Contravention of a management plan is an offence punishable by fine or up to six months imprisonment. The management plan component of the new Northern Territory legislation is summarised in Table 7.3.

Recommendation 21

That all levels of government support, encourage and, where appropriate, undertake local action on inhalant abuse, including implementing local forums and drug strategies.

While communities must be partners in any programme to address petrol sniffing, the notion that government agencies can sit back and insist that communities take 'ownership' of the problem, and that all governments need to do is provide intermittent project grants to community groups, needs to be exposed and rejected. A genuine partnership approach involving government, non-government and community sectors, committed to collating, utilizing and building on evidence of effectiveness, has the potential to reduce significantly the present tragic waste of personal and community opportunities wrought by petrol sniffing.[138]

Community involvement has been identified as particularly important in relation to prevention interventions in Indigenous communities. A recent House of Representatives Standing Committee inquiry into capacity building and service delivery in Indigenous communities emphasised the need to improve communication and cooperation between government, service delivery agencies and Indigenous communities. The inquiry emphasised the need for governments to engage in genuine partnerships with Indigenous Australians and to address their needs more appropriately.[139] The prevention monograph also recommends that Indigenous people be involved as equal partners at all stages in the development and implementation of strategies addressing substance misuse.[140]

In June 2004, the Council of Australian Governments endorsed the shared responsibility approach to Indigenous service delivery. This commits all governments to building partnerships with Indigenous communities based on shared responsibilities and mutual obligations and to Indigenous participation at all levels. This approach is being implemented by the Australian Government through shared responsibility agreements (SRAs) which set out what the community, governments and others will contribute to help bring about positive long-term change.

[138] Brady M, d'Abbs P 2004. 'Other people, other drugs: the policy response to petrol sniffing among Indigenous Australians' *Drug and Alcohol Review* 23, 253–260, pp. 259–260.
[139] House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2004. *Many ways forward. Report of the inquiry into Capacity Building and Service Delivery in Indigenous Communities.* Canberra: Commonwealth of Australia, pp. 242–3.
[140] Ministerial Council on Drug Strategy 2004. *The prevention of substance use, risk and harm in Australia: A review of the evidence - Summary*. Canberra: Commonwealth of Australia, p. 56.

An evaluation of the Comgas Scheme identifies the following community development issues:

- The involvement of strong, stable organisations is important to the success of an intervention. High staff turn over is often an issue.
- External agencies can provide information and assistance with community development, for example, assistance accessing funding.
- Regional programs play an important role in providing information and support to small programs (particularly when fast action is required in response to a sudden outbreak) and creating strong community networks. In particular, the Central Australia Youth Link-Up Service (CAYLUS) program in Alice Springs is identified as being in a strong position to play a significant role in addressing petrol sniffing in South West Central Australia.[141] CAYLUS provides education, administrative support, information on current funding and support with submissions, linkages between communities and government and non-government agencies. CAYLUS' main focus is prevention and early intervention, although it does also work on supply reduction and provides support for rehabilitation outstations.

The effective engagement of Indigenous communities is essential in successfully addressing the issue of petrol sniffing. Recent coronial inquiries focusing on petrol sniffing in Indigenous communities have exposed a number of problems with the way in which governments have engaged with the community. Box 4.3 sets out principles that NIAT suggests guide government interactions with Indigenous communities. These principles reinforce the importance of building strong, ongoing relationships based on respect and trust.

Box 4.3: Guiding principles for working with Indigenous communities[142]

- Have the same people visiting communities consistently.
- Spend time in communities (avoid short 'fly in' visits).
- Engage elders and elected leaders.
- Recognise the complexities of Indigenous representation.
- Develop long-term relationships based on trust.
- Recognise the importance of local knowledge and understanding.
- Harness local and regional expertise.
- Repeat visits after funding rolled out to support communities and programs.
- Respect culture: non-Indigenous staff need to be trained to work in cross-cultural and cross-language situations.
- Value and build on community strengths.
- Identify shortcomings in community capacities and resources and ways of addressing these.
- Provide communities with information.
- Empower communities to make their own decisions.
- Support communities when things go wrong.
- Recognise that each community is different: acknowledge 'where the community is at'.

4.7 The role of the private/business sector

Stakeholder submissions to NIAT demonstrated a widespread belief that the private/business sector should play a more prominent role in prevention activities, through supporting healthy lifestyles, particularly in remote or disadvantaged communities. This could be achieved through a firm commitment to partnering with communities to build their economic base through traineeships, job creation and employment initiatives.

The BP Australia 3D Strategy is a good example of the type of role that the private/business sector can play in the prevention of inhalant abuse. BP has committed $250,000 over three years, commencing in February 2004, to the 3D Strategy, combined with a significant level of in-kind support. The 3D Strategy seeks to address petrol sniffing through a targeted response involving **deterrent, diversion and development**. The deterrent aspect focuses on technological solutions to petrol sniffing, such as the development of alternative fuels, which is discussed in more detail in section 6.8[143]. The diversion component entails providing additional financial resources for existing diversion programs and service providers to engage

[141] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., pp. 61–62.
[142] Based on Peter Kay personal communication; House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2004. *Many ways forward. Report of the inquiry into Capacity Building and Service Delivery in Indigenous Communities.* Parliament of Australia: Canberra; d'Abbs P 2005. Submission to National Inhalant Abuse Taskforce.
[143] See the discussion of the Comgas Scheme in section 6.8

disenfranchised youth in diversionary activities and re-entry into the education, employment and training system. The development component is focused on a 'return to school' program. The 3D Strategy has concentrated on young, at risk people living in the community of Papunya in the Northern Territory.

The Australian Government Department of Family and Community Services, through the Prime Minister's Community Business Partnership Initiative, has funded an independent evaluation of the first phase of the 3D Strategy. The evaluation, to be completed by mid-2006, has two components: the collection of baseline health outcomes data (which was discussed in section 3.2.1) and partnership development. The evaluation of partnership development aims to contribute to the government's understanding of how it can take an active role as a partner with the community and business groups. In addition, the evaluation will provide information for the broader corporate sector and governments about developing partnerships between business, government and Indigenous communities. The results of the evaluation of the 3D Strategy will be useful in developing other successful partnerships with the private/business sector.

NIAT believes that the private/business sector can play an important role in combating inhalant abuse throughout Australia, particularly in remote or disadvantaged communities. NIAT believes that private/business sector involvement in inhalant abuse initiatives could be increased through the prioritisation of inhalant abuse initiatives in existing corporate social responsibility programs and through an increased commitment to programs that promote the overall health and wellbeing of communities, such as employment programs.

NIAT also believes that there is scope for all levels of government to work more closely with the private/business sector in regard to interventions to reduce and prevent inhalant abuse. NIAT is of the view that partnership opportunities with the private/business sector should be actively pursued by all levels of government.

The Alcohol Education and Rehabilitation Foundation (AERF) is currently the largest grant provider for inhalant abuse programs and interventions in Australia. As noted in section 3.3.1, since 2001 AERF has made 35 grants totalling $3.6 million with an inhalant abuse component. When AERF was established, the Australian Government allocated $115 million over four years to fund its operation.[144] NIAT acknowledges the significant contribution that AERF has made to providing grants for inhalant abuse initiatives and notes that there is some uncertainty about AERF's future.

Recommendation 22

That the private/business sector, particularly those industries operating in or near remote or disadvantaged communities, fund inhalant abuse interventions through corporate social responsibility programs and implement programs that enhance the overall health and wellbeing of communities.

Recommendation 23

That all levels of government are encouraged to work in partnership with the private/business sector to fund and support research and interventions to reduce and prevent inhalant abuse.

Recommendation 24

That the National Inhalant Abuse Coordinating Group explore options for the business/private sector to fund and support research and interventions to reduce and prevent inhalant abuse at a national level, for example, through the establishment of a trust fund.

Recommendation 25

That funding for the Alcohol Education and Rehabilitation Foundation, the only foundation that currently provides funding for inhalant abuse projects and programs, be continued and increased.

[144] AERF 2001. AERF Business Plan, p. 3. http://www.aerf.com.au/about/business.asp (accessed 7 September 2005).

4.8 Sharing prevention success stories

> The main benefit of knowing about the success and failures of places elsewhere, is that communities are able to see that other places have had, and are having, similar problems to their own and that, like them, other places around the world have floundered in similar ways of dealing with the issue. Success stories are empowering and even knowledge about other failures provides insight into the complexity of the issue.[145]

As can be seen from the discussion in sections 4.4 and 4.5 above, a large number of primary and secondary prevention interventions have been used to address inhalant abuse in different settings. However, despite this experience, many communities still do not have ready access to information about effective prevention strategies. There is no single 'quick-fix' intervention: success will depend on a range of factors including the strengths and weaknesses of the particular community and the timing of the intervention. Therefore, communities need to be fully informed about the wide range of potential interventions and factors influencing success.

There needs to be better sharing of information between communities and jurisdictions about prevention strategies in a range of settings, for example, urban and remote and in Indigenous and non-Indigenous communities. Stakeholders were highly supportive of improving information flow in relation to 'success stories'. One submission stated that a video featuring young Indigenous people who had 'gone through and survived [petrol sniffing] and moved on with their lives' was an effective intervention.[146] NIAT has identified that the proposed National Inhalant Abuse Clearinghouse, which was discussed in section 2.7, could play a role in sharing prevention success stories, for example, by providing a forum for personal stories and case studies to be published and shared.

[145] MacKenzie M, Johnson P 2004. *A broad evaluation of the Petrol Sniffing and Other Solvents kit.* Aboriginal Drug and Alcohol Council of South Australia, p. 37.
[146] Hepi A 2005. Submission to the National Inhalant Abuse Taskforce, p. 2.

5. Treatment

The negative effects of drugs on the lives of those who have substance use problems mean that treatment has important physical and mental health and social benefits for the drug user, their family, friends and the community.[147]

5.1 Introduction

The *National Drug Strategy 2004–2009* recognises that while preventing uptake of harmful drug use is important, it is also essential to provide treatment services for people who experience drug-related problems or are drug dependent.[148] Improved access to quality treatment is one of the eight priority areas of the NDS. The NDS states that this will be achieved through taking action to:

- minimise barriers to treatment
- support effective treatment interventions and promising new treatment options
- build strong partnerships between drug treatment services and mental health services to enhance responses to co-existing drug and mental health problems
- increase the involvement of primary care, such as general practitioners, specialists and hospitals, in early intervention, relapse prevention and shared care
- improve access to treatment programs and services (including diversion programs) in the criminal justice system
- improve knowledge of the effectiveness of culturally secure [sensitive] treatment for specific groups.[149]

5.2 Evidence-based treatment for inhalant users

Some people may be successful in having treatment provided within their community. Others may be more successful if they leave the community to access intervention. Some may leave the community but require significant support upon their return to the community. There should be a range of opportunities to cater for the differing needs of users and their communities. One strategy is not going to suit all people who misuse substances.[150]

For most young users, inhalant use is only a passing phase. Many young people experiment with inhalants a few times and then stop, often due to the unpleasant side effects. Only a very small number of inhalant users go on to become chronic or regular users. Not all inhalant users – even chronic users – require treatment and, therefore, diversionary activities such as recreational opportunities or skills development may be an appropriate response to meet the needs of these young people. These interventions were discussed in chapter 4.

In Australia, as elsewhere in the world, there are few dedicated treatment programs for inhalant users. Where specific inhalant abuse programs exist, they are usually targeted at Indigenous people, as is discussed at 5.4 in relation to residential rehabilitation facilities in Canada and Australia.

NIAT has already acknowledged the lack of research into appropriate treatment interventions for inhalant users and recommended that this be identified as a research priority (see section 3.3.1).

In Victoria, the *Management response to inhalant use guidelines* have been developed for the community care and drug and alcohol sector to provide frontline workers with information and strategies to respond to incidents of inhalant use. The guidelines also state that the principles of effective specialist alcohol and drug interventions apply equally to people who use inhalants as they do people who use other drugs. However, in treating inhalant users, particular consideration must be given to age, including developmental age, and strategies for working with young people and poly drug users.[151] The guidelines have received widespread support from the alcohol

[147] Drug Policy Expert Committee 2000. *Drugs: Meeting the challenge*. Melbourne: Department of Human Services, p. 104.
[148] Ministerial Council on Drug Strategy 2004. *The National Drug Strategy, Australia's integrated framework 2004–2009*. Canberra: Commonwealth of Australia, p. 7.
[149] Ibid.
[150] Mt Isa Substance Misuse Action Group and Mt Isa Alcohol, Tobacco & Other Drug Service 2005. Submission to the National Inhalant Abuse Taskforce, p. 5.
[151] Department of Human Services Victoria 2003. *Management response to inhalant use: Guidelines for the community care and drug and alcohol sector*. Melbourne, p. 36.

and drug and community care sectors and have also been utilised interstate. Guidelines, based on the Victorian model, are also currently being developed in Queensland. Box 5.1 summarises the interventions recommended by the guidelines.

Box 5.1: Interventions for chronic inhalant users recommended by the Victorian *Management response to inhalant use guidelines*

For workers in out-of-home care services (for example, residential care):

- Outline harms: most young people are not aware of the harms associated with inhalant use.
- Engagement and supportive counselling: staff should be well trained in therapeutic engagement and good listening skills.
- Develop coping strategies: for example, assertiveness (refusal skills) and strategies for controlling and managing emotions such as anger, sadness.
- Understanding drug use: examine the broader reasons why the young person is abusing inhalants and ways to address these.
- Offer alternatives to inhalant use, for example recreation activities.
- Community reinforcement approaches: mobilise the local health and welfare service system in individual care plans.
- Family interventions: increase communication with the family.[152]

For workers in community and inpatient facilities (in addition to the above interventions):

- Assertive outreach and follow-up: services need to be flexible and mobile in order to engage young people who are not likely to present to an alcohol and drug service for treatment.
- Poly drug management: many inhalant users may also be using other substances.
- Deal with comorbidity: many inhalant users have mental health conditions that need to be managed.
- Deal with social marginalisation: where inhalant use is part of a subculture or group phenomenon, treatment is generally more successful when the social network (for example, the family) is also actively engaged.[153]

Queensland Health has commissioned the Alcohol and Drug Service (Prince Charles Hospital Health Service District) to develop and evaluate an inhalant brief intervention training package. A two-day workshop on assessment and brief intervention has been developed to assist health and welfare workers to meet the needs of their clients who use inhalants. The training package has been piloted at five sites in Queensland and is currently being evaluated.

NIAT believes that evidence-based treatment guidelines should be developed in relation to inhalant abuse, building on the initial work undertaken in Victoria and Queensland. The *Guidelines for the treatment of alcohol problems,* prepared by the National Drug and Alcohol Research Centre for the Australian Government Department of Health and Ageing, provide a useful model.[154] The guidelines provide up-to-date, evidence-based information to clinicians on the available treatments for people with alcohol problems, enabling clinicians to select the approaches that best suits the client's needs. The guidelines include information on appropriate interventions for specific client groups such as young people and Indigenous clients. Materials to support the guidelines were developed for a number of specific audiences, such as general practitioners, hospital staff, alcohol and drug professionals, drinkers and young people. The guidelines were distributed widely to general practitioners, drug and alcohol workers, nurses, psychologists, psychiatrists and social workers. A series of training workshops to support the introduction of the guidelines was conducted for health professionals across Australia. The alcohol treatment guidelines could be used as a model for the development of guidelines for the treatment of inhalant abuse, which outline a range of treatment options for inhalant users. These guidelines should be designed around the special needs of inhalant users, which are discussed further in section 5.4.

Anecdotal evidence suggests that many inhalant users access treatment through general health and welfare services. Thus it is essential that workers in the broad health and welfare sector are equipped to respond to the special needs of this group. In section 2.4, NIAT recommended that information resources be developed to specifically cater for this target group. In addition, NIAT is of the view that the proposed guidelines for the treatment of inhalant abuse should contain information relevant to workers in the broad health and welfare sector.

In the absence of research into the best practice treatment interventions for inhalant users, sections 5.3 to 5.5 discuss treatment responses for inhalant users that are currently being utilised. Evaluation of these responses will be useful in informing the development of the guidelines for the treatment of inhalant abuse.

[152] Ibid, pp. 26–27.
[153] Ibid, pp. 36–37.
[154] Australian Government Department of Health and Ageing 2003. *Guidelines for the treatment of alcohol problems*. Canberra: Department of Health and Ageing.

Recommendation 26

That the Australian Government develop guidelines for the treatment of inhalant abuse that explore the range of treatment options for inhalant users and include information relevant to workers in the broad health and welfare sector, in particular those in the mental health, juvenile justice and protective service sectors.

Recommendation 27

That all levels of government distribute the proposed guidelines for the treatment of inhalant abuse and provide training to support their implementation to drug and alcohol workers and workers in the health and welfare sector.

5.3 General drug treatment services

Treatment for regular or chronic inhalant users who require longer-term treatment is usually provided as part of a general drug treatment program.

Drug treatment in Australia is provided in a variety of settings, predominantly through:

- the specialist drug treatment service system
- the primary health care system (for example, general practitioners and community health centres)
- other health and welfare services where drug problems may be part of the person's presenting problems (for example, mental health, juvenile justice, ambulance, child protection and care, housing and homeless services).[155]

Data collected from government-funded alcohol and other drug treatment services in 2002–2003 shows that, nationwide, for all drug treatment:

- The most common forms of drug treatment provided were counselling (42 per cent of treatment episodes), withdrawal (19 per cent) and assessment only (13 per cent).
- Younger persons (aged 10-29 years) were less likely than persons aged over 30 years to refer themselves to treatment services and more likely to be referred via community-based corrections or police/court diversion processes.
- Treatment agencies were most likely to be located in major cities (56 per cent) and inner regional areas (25 per cent) and 55 per cent of drug treatment agencies were non-government agencies.[156]

As noted earlier, a few inhalant abuse-specific treatment responses, mostly directed at Indigenous inhalant users, have been implemented in Australia. These are discussed further in section 5.4. Apart from these specific services, persons with inhalant use issues are responded to using general drug and alcohol treatment and counselling modalities.[157] This approach recognises that treatment need not be drug-specific, but rather should respond to the problems and experiences of the individual. The current approach assumes that drug treatment responses are generally applicable to inhalant users.

There is a wide range of drug treatment responses, ranging from medical interventions to counselling. Each Australian state and territory has developed its own distinct drug treatment service system, made up of government and non-government agencies to deliver a variety of service types. The type of treatment services provided will depend on an assessment of the needs of the individual and the capacity of the service provider. The wide range of drug treatment responses commonly used in Australia are summarised in Box 5.2.

[155] Drug Policy Expert Committee 2000. op. cit., p. 104.
[156] Australian Institute of Health and Welfare (AIHW) 2004. *Alcohol and other drug treatment services in Australia: Findings from the National Minimum Data Set 2002–2003*. Bulletin 17, September. Canberra: AIHW, p. 1.
[157] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report.* Melbourne: Government Printer for the State of Victoria, p. 453.

Box 5.2: Types of drug treatment services

- Counselling and support: is provided by a wide range of practitioners, for example, social workers, health professionals, general practitioners. The range of services provided includes assessment, counselling aimed at behaviour change, outreach services and ongoing support. Drug referral and counselling services may also be provided by telephone.
- Withdrawal services: assist with the process of eliminating the drug from the body. These services can be provided in a range of settings, for instance, at residential services or in the client's home.
- Rehabilitation and post withdrawal: helps people achieve lasting change. This may take place through intensive residential programs and can be provided through counselling or peer support mechanisms.
- Services for families: a wide range of services can assist families to strengthen their capacity to support a family member with a drug problem. These include family support and peer support programs.
- Targeted services for special groups: many states and territories provide specific services for people with special needs such as young people and Indigenous people.
- Pharmacotherapies: use medication to assist the treatment of addiction (for example, methadone and buprenorphine for opiate dependence and naltrexone and acamprosate for alcohol dependence).

In general, researchers have been reluctant to draw conclusions on the relative efficacy of the various drug treatment modalities, emphasising that a range of treatment options must be available to cater for individual preferences and needs.[158] There is evidence that factors such as the type, intensity and duration of treatment are more significant than the treatment setting (residential or non-residential).[159] The elements of effective drug treatment programs that have been identified by research are set out in Box 5.3. These principles are also applicable in responding to inhalant users. However, there are a number of special considerations that must be taken into account when providing treatment interventions for volatile substance users. These are discussed further in the next section.

Box 5.3: Elements of effective drug treatment[160]

- offers various approaches and interventions: there is no single treatment approach that will suit all individuals
- caters for characteristics such as age, culture and ethnicity: in particular, programs must be tailored for young people and Indigenous people
- recognises the role of the family and the person's place in their family
- acknowledges that treatment suited to occasional users may not be appropriate for chronic users
- provides continuity of care
- recognises and responds to multiple needs, for example, medical, psychological, social, vocational and legal
- recognises that recovery from dependence can be a lengthy process and frequently requires multiple and/or prolonged treatment episodes
- is available and accessible promptly as, typically, clients only present interest in treatment periodically
- is planned and reviewed regularly to meet clients' needs
- uses counselling and behavioural therapies
- recognises that different approaches may be effective at different stages as part of the change process.

[158] Turning Point 2003. *Pathways. A review of the Victorian drug treatment service system*. Melbourne: Turning Point, p. 34.
[159] Ibid, p. 31.
[160] Drug Policy Expert Committee 2000. op. cit., pp. 104–105.

5.4 Specific service responses for volatile substance users

As noted above, while it is currently accepted that it is appropriate for volatile substance users to be treated as part of general drug treatment programs, there are a number of special factors that must be taken into account when responding to this group. These are summarised in Box 5.4.

Box 5.4: Special considerations in providing treatment interventions for volatile substance users

- the predominantly young age of users (most users are aged 12–16 years)
- the low developmental age of many users
- the cultural background of the user
- many users are highly marginalised and may lack social skills
- many inhalant users come from families who may not engage or participate in the treatment process
- many users may be using inhalants in addition to or in combination with other drugs, for example, marijuana and alcohol
- young people are often reluctant to access drug and alcohol treatment services
- the need to avoid labelling young people as 'drug users'
- many users access treatment through the mental health or juvenile justice systems
- many users have other health problems, such as mental health issues, that also require assessment and treatment.

While inhalant users are generally aged between 12–16 years, there is growing evidence that the age range of users is broadening, with inhalant use starting younger and continuing later, sometimes into the 20s, 30s and 40s.[161] This concerning trend has been observed in both remote Indigenous communities and urban and regional Indigenous and non-Indigenous populations and is an important consideration in designing treatment interventions.

While standard drug and alcohol treatment and counselling interventions form the core of the responses to inhalant users, some states and territories have developed specific responses that work well with inhalant users. These are discussed further below.

Outreach services

There is evidence that young adolescents are less inclined than young adults and adults generally to access drug treatment services. This is particularly true in relation to volatile substance users who are often highly marginalised. Therefore, services need to be flexible and mobile in order to engage these young people and assertive follow-up should be undertaken when young people do not keep scheduled appointments. In Victoria this issue has been addressed by funding youth outreach workers to provide outreach to young people, including inhalant users, and connect them to appropriate services, including drug treatment. In addition, alcohol and drug youth consultants provide specialist drug and alcohol assessment, treatment and monitoring of child protection clients in out-of-home care, including residential facilities and home-based care. In Queensland, outreach work and a complementary activities program is provided in the inner city Brisbane area targeted at young Indigenous people who use inhalants.

Places of care/safety

The Queensland Government is currently trialling 'places of safety' in five areas: inner Brisbane, Logan, Mt Isa, Townsville-Thuringowa and Cairns. The places of safety are funded to respond to young people aged 12–17 years affected by volatile substances. These services provide a place where young people can recover and receive immediate support and be linked to other relevant support services. The places of safety are open after hours and provide accommodation if necessary. The places of safety operate within a range of community-based services, with one of the five places of safety operated by Indigenous organisations. While young people may be diverted to the service by police, it is not a place of detention. Young people may also self-refer to the service or be referred by another member of the community, for example, ambulance personnel. The places of safety trial will continue throughout 2005.

The places of safety trial was recently evaluated by the Queensland Crime and Misconduct Commission. The evaluation found that a total of 1,848 contacts were made with the places of safety by 316 clients over the nine months from 1 July 2004 to 31 March 2005.[162] The majority of clients self-referred or were referred by outreach services, with only 7 per cent of all referrals made by police. The Crime and Misconduct Commission commended the Queensland Government on an innovative approach to volatile substance abuse and conducting an independent evaluation of the trial. The evaluation recommends a clearer distinction between intoxication recovery services and services that provide more general welfare-oriented support and assistance. The Queensland Government is

[161] MacKenzie M, Johnson P 2004. *A broad evaluation of the Petrol Sniffing and Other Solvents kit*. Aboriginal Drug and Alcohol Council of South Australia, p. 2; Premier's Drug Prevention Council 2004. *Victorian Youth Alcohol and Drug Survey 2003: Illicit drug findings*. Melbourne: Victorian Department of Human Services, p. 21.
[162] Crime and Misconduct Commission 2005. *The places of safety model: an evaluation*. Brisbane: Crime and Misconduct Commission, p. 6.

currently considering the report and will consider the findings and recommendations of the places of safety evaluation and the associated report on the police powers component of the trial to inform future policy responses.

New legislation in the Northern Territory also provides for 'places of safety' along the lines of the Queensland model.

In Victoria, rather than providing specific places of care/safety, all drug and alcohol services statewide are identified as places where a young person who is civilly apprehended by police under inhalants legislation can be taken if required. The use of these facilities varies across the state and is dependent upon the needs of the young person. Young people may also self-refer to these facilities. Drug and alcohol workers have been provided with a resource to help them respond appropriately to persons with inhalant abuse issues. This is discussed further in section 5.7.

Submissions to NIAT from the community sector emphasised that, in order for a 'places of care/safety' model to be successful, adequate funding needs to be provided to alcohol and other drug services and health and welfare agencies to provide treatment, including after hours services.

Residential rehabilitation facilities

The Northern Territory, South Australian and Victorian Governments have recently announced the establishment of residential rehabilitation facilities. The proposed Northern Territory facility will be inhalant abuse specific while the South Australian and Victorian facilities will be for drug and alcohol treatment, including volatile substances, and will have an Indigenous focus.

The four proposed residential rehabilitation facilities in the Northern Territory will support the new volatile substance abuse legislation in that jurisdiction. The facilities will provide treatment for both mandated and non-mandated clients and are likely to be located within existing drug and alcohol facilities. The proposed facilities will be located in Alice Springs and Darwin, with separate services for young people and adults. The recently released tender specifications require the residential rehabilitation services to operate on a case management model, work with the individual to develop their living skills and provide education, health care, recreational and other support services. The facilities will be able to accommodate and include family members in the treatment process. There will be a strong focus on after-care in the community and re-integration with the family.

The South Australian Government proposes to establish a 16-bed substance misuse facility for the Anangu Pitjantjatjara Yunkunytjatjara (APY) lands. The Commonwealth Government has provided capital funding and the South Australian Government will meet the recurrent costs of running the facility. The facility will provide treatment and rehabilitation for people who misuse petrol, alcohol, cannabis and other substances. Admission to the facility will be voluntary or through diversion from the criminal justice system. Consultation on the proposed service models and location of the service is being progressed through the new regional forum, Tjungungku Kuranyukutu Palyantjaku (TKP). The TKP is comprised of Commonwealth and state government representatives, key service providers on the APY Lands and Anangu representatives.

A Koori Youth Alcohol and Drug Healing Service is currently being established in Victoria, with funding from the Victorian Government and AERF, and support from the Indigenous Lands Corporation. The Healing Service will be a statewide, residential rehabilitation service provided within the context of a culturally appropriate, youth-specific spiritual healing model. An interim six-bed facility will commence operation in late 2005, with the purpose-built 12-bed site operational from mid-2007. The facility will help Koori youth recover from substance abuse issues, including inhalant abuse. Evaluation will be built in from the start of the interim service provision and will be ongoing.

The use of residential treatment facilities to respond to Indigenous persons with inhalant abuse issues is an approach that has been used extensively in Canada. In that country, nine residential solvent abuse treatment centres have been established in response to solvent abuse among First Nations (indigenous) youth. They are federally funded through the National Native Youth Substance Abuse program through a partnership between First Nations people and Health Canada. The centres are linked through a network whose mission is to provide culturally appropriate treatment and community intervention programs for First Nations youth who abuse solvents, and their families.

The nine treatment programs have approximately 112 treatment beds for First Nations youth aged 12 to 26. Programs vary by structure, from mixed gender to gender specific, and from continuous to block intake. Programs adhere to a holistic healing conception of resiliency and the notion of 'culture as treatment'. There is an emphasis on spirituality and many of the programs are based on a 'disease model' of addiction. Participation of community and family members is encouraged and the importance of after-care planning and follow up is also recognised. Initially, all programs were to be of six months duration. However, four-month programs have also been piloted. Comprehensive outcome evaluations are yet to be conducted.

The Canadian model incorporates First Nations traditional communal healing techniques such as sweat lodges within residential treatment programs. Brady has suggested that this model may be less applicable in Australia as Australian Indigenous traditional healing techniques are less suited to adaptation for treatment.[163]

Mandated treatment

A new Act currently awaiting gazettal in the Northern Territory provides for compulsory treatment for persons at risk of severe harm (based on a medical assessment that there is physical or neurological significant harm or deterioration/damage to the person's mental condition) resulting from abuse of a volatile substance. Treatment orders can be granted by the local court and the needs of the person at risk must be the primary consideration in making the order. Treatment orders will remain in force for up to two months and may be extended. While the proposed treatment facilities will not be secure, a magistrate may issue a warrant for the apprehension of a person subject to a mandatory treatment order and their transportation to a treatment centre. The treatment order component of the new Northern Territory legislation is summarised in Table 7.3.

The Northern Territory Government will provide $10 million over four years to support the proposed volatile substance legislation. This will fund a range of programs, including treatment.

NIAT notes that several organisations expressed opposition to mandatory treatment in their submissions. A number of stakeholders asked that any legislation providing for mandatory treatment be carefully monitored and evaluated. NIAT identified the effectiveness of mandated treatment as a potential topic for future research in section 3.3.1.

Care for petrol sniffers with brain damage

As was noted in sections 1.3.3 and 1.3.5, the long-term sniffing of petrol can lead to brain damage. Families usually carry the burden of caring for chronic and disabled petrol sniffers and there is limited support for them, for example, limited opportunity to access respite care.[164] In remote communities, services for disabled sniffers, such as physiotherapy and other allied health, are generally not available. Ongoing support and respite for the families of long-term disabled petrol sniffers is a significant issue for these families. The need for ongoing funding to assist families caring for long-term disabled inhalant users was noted by several stakeholders in their submissions to NIAT.

A recent study of the recovery of brain dysfunction from the effects of petrol sniffing found that if petrol sniffing is stopped before the impairment is too debilitating, then depending on the extent of the impairment, at least partial and maybe full recovery of brain function is possible.[165] The study suggests that detection of cognitive impairment in petrol sniffers prior to the occurrence of gross neurological damage may assist with early intervention to avoid permanent damage.

The medical assessment process contained in legislation recently passed by the Northern Territory Parliament (discussed above) allows for the early detection of neurological and physical damage. This assessment can be requested by police, health practitioners, family members and other authorised persons. Early detection can lead to immediate case management and referral to a treatment agency, breaking the sniffing cycle.

> ***Recommendation 28***
>
> That the Australian Government and state and territory governments provide ongoing support and respite for the families of long-term disabled inhalant users, particularly in remote communities.

[163] Brady M, 1995. 'Culture in treatment, culture as treatment: a critical appraisal of developments in addictions programs for indigenous North Americans and Australians' *Social Science and Medicine* 41(11), pp. 1487–1498.
[164] d'Abbs P, MacLean S 2000. op. cit., p. 30.
[165] Cairney S, Maruff P, Burns C, Currie J, Currie B 2005. 'Brain function recovery after petrol sniffing' *Neuropsychopharmacology*, 30:5, pp. 1019–1027.

5.5 Specific service responses for Indigenous persons

Mainstream drug treatment services are sometimes cost-prohibitive, inaccessible and/or culturally inappropriate for Indigenous Australians. The 1994 *NDSHS Urban Aboriginal and Torres Strait Islander Peoples Supplement* found that, of those Indigenous Australians seeking drug treatment, most sought treatment from Indigenous community-controlled health services or general practitioners.[166] Research conducted in the Australian Capital Territory found that Aboriginal and Torres Strait Islander people favoured receiving drug treatment from Indigenous organisations or special mainstream services that are attuned to the needs of Indigenous clients.[167] It also found that most Indigenous drug users wanted Indigenous staff to be involved in their treatment and care. Therefore, while the treatment responses outlined so far in this chapter are equally applicable to Indigenous Australians, it is important to recognise that mainstream drug services need to be more flexible to accommodate Indigenous inhalant users and that it may be appropriate for treatment services to be Indigenous-specific. The Indigenous-specific residential substance misuse treatment services (discussed above) that are currently being established in Victoria and South Australia are examples of targeted responses to meet the specific needs of the Indigenous population.

A recent Australian National Council on Drugs report highlights best practice Indigenous substance misuse services and identifies the factors contributing to their success. [168] Box 5.5 summarises the elements of best practice identified by the report.

Box 5.5: Elements of best practice Indigenous substance misuse services[169]

- Indigenous community control
- leadership by key individuals
- appropriate staff conditions, training and development
- clearly defined management structures and procedures
- trained staff and effective staff development programs
- multi-strategy and collaborative approaches
- cross-sectorial collaboration, particularly at the local level
- social accountability to the broader Indigenous community
- multi-service operation
- sustainability of services and programs
- adequate funding
- clearly defined realistic objectives aimed at the provision of appropriate services that address community needs
- services directed by Indigenous perspectives.

5.6 Reducing harm for inhalant users

Inhaling volatile substances is a dangerous and harmful activity. The harms associated with inhalant abuse, even in the most experimental circumstance, can be severe. Reducing harm for inhalant users is an important issue in any treatment response to inhalant use. The importance of harm reduction was emphasised by several stakeholders in their submissions to NIAT. It was stated that, while it would be preferable to stop young people using inhalants altogether, there are some users who persist despite every effort of workers to encourage them to stop. It was therefore submitted that a harm reduction approach may be appropriate in these circumstances, to minimise dangers and harms in the short term, while continuing to work with young people towards the longer term goal of cessation.

Any harm reduction strategies in relation to inhalant use need to be well considered, particularly given the (often) young age of inhalant users, the harms associated with inhalant use and the general availability of products.

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[166] Commonwealth Department of Human Services and Health 1994. *National Drug Strategy Household Survey Urban Aboriginal and Torres Strait Islander Supplement*. Canberra: Australian Government Publishing Service, pp. 40–41.
[167] Dance P, Tongs J, Guthrie J, McDonald D, D'Souza R, Cubillo C, Bammer G 2004. *I want to be heard. An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services*. Canberra: Australian National University, pp. 24–25.
[168] Strempel P, Saggers S, Gray D, Stearne A 2004. *Indigenous drug and alcohol projects elements of best practice*. Canberra: Australian National Council on Drugs, pp. 74–75.
[169] Ibid.

Some of the context for considering these issues can be drawn from the current national framework that states that the underlying principle for the *National Drug Strategy 2004-2009* (NDS) is harm minimisation. The NDS states:

> ***Harm minimisation does not condone drug use, rather it refers to policies and programs aimed at reducing drug-related harm. It aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches.***[170]

Whilst the NDS outlines a general approach of harm minimisation to substance use, outlining harm reduction approaches in relation to inhalants requires careful consideration. The role harm reduction could play is to be targeted against highly dangerous practices and methods of inhalant use, and within the context of treatment delivery.

For example, the recent evaluation of the Comgas Scheme recommends that consideration be given 'to undertaking an education campaign warning petrol sniffers of the dangers of lying down with a petrol can on their face. This campaign should be aimed at sniffers and their families.'[171]

The Background Paper to the *NDS Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006* deals with harm reduction in a measured and considered manner and identifies the following harm reduction strategies:

- discouraging people from sniffing in small enclosed spaces such as cupboards where a lack of oxygen and greater concentration of petrol fumes can increase the risk of losing consciousness
- not surprising or chasing sniffers as this may lead to sudden death
- avoiding sniffing from a rag or bag, and
- taking care not to ignite petrol.[172]

The draft Western Australian *Volatile substance use plan* adopts a harm reduction approach which aims to provide regular and chronic volatile substance users with information on harm reduction strategies.[173] The strategy also seeks to ensure that families, teachers, police, alcohol and other drug workers and other relevant stakeholders are aware of strategies to reduce the harm of volatile substance use.

Any harm reduction approach should be part of an overall intervention treatment strategy that promotes treatments and alternative responses for the individual.

A harm reduction approach may have a place in an overall treatment framework so as to prevent fatalities and injury occurring whilst promoting access into treatment and cessation of use. Any approach along these lines needs to be cautious and considered, targeted in its undertaking and with the overall aim of preventing further use occurring.

Recommendation 29

That carefully targeted information resources on harm reduction strategies for parents, teachers, police and drug and alcohol workers be available through the proposed National Inhalant Abuse Clearinghouse.

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[170] Ministerial Council on Drug Strategy 2004. *The National Drug Strategy, Australia's integrated framework 2004-2009.* Canberra: Commonwealth of Australia, p. 2.
[171] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 9.
[172] Ministerial Council on Drug Strategy 2003. *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006 Background paper.* Canberra: Commonwealth of Australia, pp. 30–31.
[173] Drug and Alcohol Office WA 2005. *Draft volatile substance use plan: A guide for government and service providers 2005–2009*. Perth: Drug and Alcohol Office, p. 13.

5.7 Skill training for workers

The Comgas evaluation found that high staff turnover is often an issue for the development of a strong, stable organisation and for the success of inhalant interventions.[174] These sentiments were reflected in many submissions NIAT received, particularly from the drug and alcohol sector, which emphasised the difficulty in attracting and retaining experienced staff, particularly in rural and remote areas. In addition, submissions to NIAT emphasised the need to develop the skills of the Indigenous workforce.

Recommendation 30

That the Australian Government and state and territory governments implement proactive strategies for attracting and retaining suitably experienced drug and alcohol workers in remote areas.

Recommendation 31

That the Australian Government and state and territory governments implement strategies to recruit, train and retain Indigenous drug and alcohol workers.

As was noted earlier, most inhalant users access treatment through general health and welfare services, in particular the juvenile justice, mental health and protective service systems. Therefore it is essential that workers in the health and welfare sector be able to recognise and respond to inhalant abuse-related problems among clients. The draft Western Australian *Volatile substance use plan* addresses this issue by encouraging screening for volatile substance use in services and agencies such as juvenile detention centres and supported youth accommodation services.[175] The plan also calls for a case management approach between agencies dealing with clients with volatile substance use issues.

In section 5.2 NIAT recommended the development of guidelines for the treatment of inhalant abuse that include information to assist workers in the broad health and welfare sector to understand and respond appropriately to inhalant abuse. Given the overrepresentation of inhalant users in the juvenile justice, mental health and protective service systems, it is important that the proposed guidelines adopt a cross-sectorial approach to managing volatile substance use. This involves a better understanding of inhalant use and appropriate responses and greater communication between the various agencies.

[174] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 61.
[175] Drug and Alcohol Office WA 2005. *Draft volatile substance use plan: A guide for government and service providers 2005–2009*. Perth: Drug and Alcohol Office, p. 18.

6. Supply and product issues

6.1 Introduction

> Stuff to sniff is cheap, easy to get, easy to carry around, easy to throw away.
>
> *Indigenous male, 17, ex-inhalant user, urban area.*[176]

More than 250 products containing volatile solvents are available from a wide range of Australian retail outlets, such as supermarkets, convenience stores, newsagencies, petrol stations and hardware stores. The large number of abusable products and stores selling them means that supply reduction poses many challenges.

Reducing the supply of volatile substances to people who are at risk of misusing these products can be achieved in a number of ways, including:

- legislation prohibiting the sale of all or some inhalants to persons under 18 years of age
- restricting the sale of inhalants where the seller suspects that the purchaser will misuse the product
- encouraging responsible retailing
- community imposed restrictions on supply
- restricting supply through drug schedules and import regulations
- modifying inhalant products
- substituting products: for example, the Comgas Scheme.

Each of these strategies is discussed more fully below, as are strategies relating to product issues, namely:

- packaging
- warning labels.

Restricting the supply of certain volatile substance products may result in users shifting to use other inhalant products or other drugs. This important issue was the subject of significant research commissioned to support the work of NIAT. The research results are summarised in section 6.7 and underpin NIAT's consideration of product modification.

6.2 Legislation prohibiting sale of all or some inhalants to persons under 18

A ban on the sale of all or some volatile substance products to persons under 18 years of age is one way of potentially reducing the abuse of these products. However, the wide range of inhalable products available, the variety of retailers who sell them and the legitimate uses of these products, make a prohibition on the sale of all such products to minors unworkable. A more practical solution may be to prohibit the sale of some particularly dangerous products to those under 18 years of age.

In South Australia, the sale of petrol to persons under the age of 16 and the sale of cans of spray paint to persons under 18 are prohibited. In addition, retailers are legally required to store cans of spray paint in a locked cabinet. Responsibility for implementing and policing the legislation lies with local government. It should be noted that the restriction on the sale of spray paint was introduced as an anti-graffiti measure and that the impact of this legislation has not yet been evaluated, either in relation to graffiti or inhalant abuse. Legislation in force in New South Wales since 2003 also makes it an offence to sell spray paint cans to persons under the age of 18. As in South Australia, this is an anti-graffiti measure and has not been evaluated.

In New South Wales, fair trading legislation has been used to prohibit the sale of siphon bulbs (small metal canisters of carbon dioxide or nitrous oxide used to whip cream or produce soda water) to persons aged under 16 years.

The 2002 Victorian Parliamentary Committee inquiry considered the issue of age restrictions on the sale of some volatile substances but was unable to reach a definite position. The inquiry recommended that further investigation of this issue be undertaken at a national level.

Previous reviews and coronial inquiries have recommended restricting the sale of the following products to persons aged under 18 years:

- butane gas
- paint spray cans
- nitrous oxide
- propane
- methane
- ethane.

These recommendations have been based on the danger of using these particular products and, in the case of aerosol paints, their attractiveness to young people.

[176] MacLean S, d'Abbs P 2005. *Impact of the modification of volatile substance products on the behaviour of inhalant users.* Prepared for Victorian Department of Human Services, Melbourne: Youth Research Centre, p. 40.

In research undertaken for NIAT, d'Abbs and MacLean found that there is very limited research on the comparable harms of different inhalant products. However, they note that, in terms of morbidity, gaseous inhalants, especially butane gas in the form of cigarette lighter refills, are the most dangerous inhalant products.[177] They also observe that the spray paints most commonly the subject of inhalant abuse are the cheaper brands, which have higher proportions of toluene – a substance strongly implicated in neurological damage. NIAT identified the relative toxicity of the various inhalant products subject to abuse as a potential research topic in section 3.3.1.

The Australian Paint Manufacturers' Federation's submission to NIAT stated that bans on the sale of spray paint to minors would create practical and financial difficulties for a large number of paint retailers and paint manufacturers and should only be implemented in states and territories where they are not currently in place on the basis of a reliable cost benefit analysis.

While several stakeholders supported bans on sales to minors of a wide range of volatile substance products, the Australian Drug Foundation's submission observed that the ban on the sale of alcohol to under 18 has not prevented underage drinkers from accessing alcohol. In the United Kingdom, regulations introduced in 1999 banned the sale of cigarette lighter refills to persons aged under 18 years. Deaths associated with cigarette lighter refills fell in the subsequent year, but this was not sustained in following years.[178]

NIAT believes that evaluation of the existing age restrictions in New South Wales and South Australia would be useful in informing the consideration of legislation imposing age-based restrictions on the purchase of volatile substances. While there is need for further research about the relative toxicity of volatile substance products, NIAT believes that current evidence suggests that consideration should particularly be given to imposing age-based restrictions on the purchase of butane gas and aerosol spray paints. In section 6.7 below, NIAT also makes recommendations in relation to the potential modification of these two popular inhalant products to make them less attractive to inhalant users.

Recommendation 32

That the South Australian and New South Wales Governments evaluate the impact and effectiveness of existing legislation prohibiting the sale of petrol, spray paint and siphon bulbs to young people in those states and report to the MCDS through the National Inhalant Abuse Coordinating Group.

6.3 Restricting sales where there is a suspicion that the purchaser will abuse the product

Legislation in Queensland, Victoria, South Australia, Western Australia and the Northern Territory creates an offence for a person to sell volatile substances where the seller knows or has reasonable grounds to believe that the purchaser will inhale the product or sell and/or supply the product to another person for inhalation. In addition, the South Australian, Western Australian and the new Northern Territory legislation make it an offence to supply volatile substances in these circumstances.

As there has been no evaluation of these legislative measures, it is difficult to assess their effectiveness. One recent report concluded that legislation of this type is generally not a successful method of reducing supply because the purchaser's intended use of a product and the seller's knowledge of its intended use are difficult to prove.[179] In Queensland and Victoria, for instance, as at April 2005, there have been no known prosecutions under the sale legislation. However, such legislation may have a role to play in educating the community about the issue of inhalant abuse and encouraging retailers to change supply practices. Therefore, such legislation may be a practical tool in assisting with the control of inhalant abuse.

The South Australian Government has introduced a Bill to amend the *Pitjantjatjara Land Rights Act* 1981 to create an offence to sell or supply a regulated substance (including petrol) on the Anangu Pitjantjatjara Yunkunytjatjara lands, knowing or having reason to suspect that it will be inhaled. The maximum penalty is $50,000 or 10 years imprisonment. Vehicles connected with the commission of an offence, for example vehicles used to traffic in petrol, may also be seized.

The *Guiding principles for inhalant legislation* in section 7.5 set out the general principles that should be reflected in sale/supply legislation.

In many jurisdictions, sale legislation is supported by retailer education campaigns that aim to educate retailers about their legal obligations in relation to the sale of volatile substances. The retailer kits that have been developed in many parts of the country are discussed in detail in section 6.4 below.

[177] Ibid. p. 29.
[178] Ibid, p. 10.
[179] Toumbourou J, Dimsey L and Rowland B 2004. op. cit., p. 12.

6.4 Encouraging responsible retailing

Retailer kits can be used to educate retailers about volatile substance abuse, their legal obligations and to promote responsible selling practices. The Victorian Department of Human Services has developed a *Responsible sale of solvents kit* in conjunction with Victoria Police, retail associations and major retailers. The kit provides general information about solvent abuse, outlines retailers' legal responsibilities and sets out guidelines for managing the responsible sale of solvents, including identifying inhalable products, display and storage measures, staff training and signage. More than 4,500 kits have been distributed to Victorian retailers. The Victorian kit has been used as the basis for the development of similar kits in the Northern Territory and Queensland.

Where there is no sale legislation in place, the development of retailer kits or codes of practice may be an effective strategy to educate retailers and involve them as part of a community solution to inhalant abuse. For example, in New South Wales, where there is no law prohibiting retailers from selling inhalants to suspected inhalant misusers, the Armidale Community Drug Action Team, in partnership with the Chamber of Commerce and local police, has developed a *Voluntary code of practice for the sale of solvents* 2003. Many other local communities throughout the country have also developed such codes.

Box 6.1 sets out suggested guidelines for working with retailers to develop effective retailer resources.

Box 6.1: Guidelines for working with retailers[180]

How to create a resource for retailers

- Mobilise those who are most concerned, for example, retail groups, industry associations, individual stores, chambers of commerce.
- Engage local police, youth agencies and Indigenous representatives.
- See the issue from the retailers' point of view.
- Offer assistance as well as ask for assistance.
- Utilise existing resources from other jurisdictions if appropriate.

Model contents of retailers' resource

- Refusal of sale sign and/or stickers
- Guidelines for retailers, containing:
  - background information about inhalant abuse
  - information about potentially abusable products
  - retailers' legal rights and responsibilities
  - advice on displays
  - information on staff training
  - flow chart of procedures for dealing with those suspected of inhalant abuse.

Retailer kits and/or codes of practice are a useful tool for educating retailers about inhalant abuse. There would be value in the kits being available as widely as possible.

An evaluation of the existing retailer kits would assist in developing best practice retailer resources. The evaluation should examine content, distribution, promotion, awareness, application and outcomes of the kits. In particular, it could be beneficial to explore whether the existing kits meet the needs of the diverse range of retailers: for example, it has been suggested that the current kits may be best suited to small, hardware store environments rather than larger, more generic retailers.

Local communities could benefit from a retailer kit template that is easily adaptable to local conditions. The development of a template should be guided by evaluations of existing resources, as well as current knowledge about working with retailers (summarised in Box 6.1). The consultation process indicated strong stakeholder support for retailer education campaigns. Several submissions emphasised

[180] Adapted from Western Australia Drug and Alcohol Office Volatile Substance Use Recourses CD. Version 2.1 Dec 2004.

that, as many inhalant products are shoplifted rather than purchased, it is particularly important to educate retailers about the safe storage and display of volatile substance products.

Recommendation 33

That a national template for a 'responsible retailing' kit be developed (based on the evaluation of existing state-based resources) and made widely available through the National Inhalant Abuse Clearinghouse.

Recommendation 34

That state, territory and local governments adapt the 'responsible retailing' template kit to local conditions and implement the kit and a supporting retailers' education campaign.

6.5 Community imposed restrictions on supply

Western Australia, South Australia and the Northern Territory have legislation allowing Aboriginal communities to make by-laws against petrol sniffing and other forms of inhalant abuse. As discussed in section 4.6, a new Act currently awaiting gazettal in the Northern Territory enables communities to develop local management plans specifying practices and procedures relating to the management of the possession, supply and use of volatile substances. Contravention of a management plan is an offence punishable by fine or up to six months imprisonment.

The *Guiding principles for inhalant legislation* in section 7.5 acknowledge that it may be appropriate for legislation to recognise the role that communities can play and allow them to make specific rules in relation to volatile substance use issues, including supply reduction, in their local area.

Inhalant abuse takes place in a range of different settings throughout the nation. For example, anecdotal evidence suggests that chrome spray paint is the product of choice of urban and rural users, while petrol is the product most widely abused in many remote Indigenous communities. Outbreaks of inhalant abuse are often highly localised and a quick response is essential to ensure that the problem does not escalate. For example, when there was an outbreak of sniffing glue from bicycle tyre puncture repair kits in the Northern Territory, the local community was able to quash the fad by removing the products from sale.

Often local communities are best placed to implement restrictions on the sale of problem products. Local communities are in a position to respond quickly to an outbreak of inhalant use by removing the supply of abused products. Communities need to be aware of the types of strategies that can be implemented to immediately respond to such incidents. Communities therefore need to have ready access to information on the methods of restricting supply and how they can be implemented quickly and effectively. The issue of increasing information sharing between communities and jurisdictions, including sharing success stories in areas such as supply reduction, was discussed in section 2.7.

Recommendation 35

That state, territory and local governments support local and community responsible retailing and supply reduction initiatives.

6.6 Restricting supply through drug schedules and import regulations

All Australian jurisdictions have legislation allowing the scheduling of drugs and poisons to restrict their sale, labelling and packaging. However, most of the compounds and products inhaled by young people are exempt from scheduling.[181] A Bill currently before the New Zealand Parliament allows for supply restrictions to be placed on volatile substances in that country. Under the proposed legislation, the Expert Advisory Committee on Drugs may advise the Minister that a particular substance should be restricted and provide advice on the appropriate restrictions. Restrictions may be placed on matters such as legal age of purchase, retail outlets, supply, marketing and labelling. The substance is then specified as a 'restricted substance' in a schedule to the *Misuse of Drugs Act* (NZ) 1975.

[181] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report.* Melbourne: Government Printer for the State of Victoria, p. 252.

It is also possible to restrict the supply of some volatile substances through import regulations. For example, a recent South Australian report recommended that consideration should be given to including volatile nitrates in customs prohibited import regulations so they can only be imported with a permit for legitimate medical use.[182] However, the report also noted that an investigation of the possible effects on legitimate use of these products, for example in the chemical and perfume industries, should be undertaken.

The Australian Customs Service (Customs) stated in its submission to NIAT that further research into the supply of volatile substance products would be beneficial before considering import restrictions. Customs submitted that it is difficult to establish the effectiveness of import restrictions in reducing the supply of volatile substances without a clearer understanding of how and where these products are sourced. In addition, if import restrictions were to be pursued, an assessment of the impact on legitimate business and the effectiveness of the proposed measure would need to be considered in the regulatory impact statement.

Customs' submission also notes that if the modification of volatile substances (for example, with the addition of a bittering agent) becomes a condition of domestic manufacture, it would be necessary to ensure that similar imported products are subject to the same requirements, through changes to import restrictions. Product modification is discussed further below in 6.7.

Recommendation 36

That the Australian Government explore possible options, and the implications of those options for restricting the supply of volatile substance products through import restrictions.

6.7 Modification of volatile substance products

6.7.1 Background

Modifying products that are subject to abuse to make them less toxic or unpalatable to users is an approach that has had varying levels of success in Australia and internationally. In the United States, mustard oil, a powerful irritant, has been successfully added to correction fluids and some adhesives.[183] In Australia in the 1980s, ethyl mercaptan or 'skunk juice' was added to deter petrol sniffing.[184] This was generally found to be ineffective as young people learnt to remove the additive by 'weathering' the product. In addition, the additive had side effects such as vomiting and diarrhoea which caused community concern, particularly among parents.

In 2003, the Victorian Department of Human Services contracted the CSIRO to examine the feasibility of adding a bittering agent to volatile substance products.[185] The project involved a review of Australian and international literature about the use and performance of bittering agents added to commercial products subject to inhalant abuse. It examined the technical feasibility of adding bittering agents without affecting the performance of the products and considered the consumer acceptability of modified products as well as the likely deterrent effect of the addition of bittering agents on inhalant abuse of the products. The CSIRO report concluded that it is technically feasible to add a bittering agent to only some common substances without affecting their performance.

The Commonwealth Department of Health and Ageing subsequently provided funding to the Victorian Department of Human Services to undertake two additional research projects to further inform consideration of product modification:

- scientific and technical trials to further explore the feasibility of the modification of petrol, butane gas and aerosol spray paint to deter abuse
- research into the impact of the modification of volatile substance products on the behaviour of inhalant users.

The outcomes of both of these projects are summarised in sections 6.7.2 and 6.7.3 below.

[182] Volatile Substances Subcommittee 2003. *Volatile substance abuse: Briefing paper for the Controlled Substances Advisory Council.* Adelaide, p. 14.
[183] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2003. *Examination of the feasibility of adding a bittering agent to volatile substance products subject to inhalant abuse.* Prepared for Victorian Department of Human Services, Melbourne: CSIRO, p. 4.
[184] d'Abbs P, MacLean S 2000. op. cit., p. 45.
[185] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2003. op. cit.

6.7.2 Scientific research and technical trials regarding product modification

The Scientific Research and Technical Trials Regarding the Modification of Volatile Substance Products Subject to Inhalant Abuse Project investigated the feasibility of modifying petrol to deter its abuse and involved trials to demonstrate the technical and industrial capacity and process for adding bittering agents to petrol, butane gas and aerosol spray paint products to deter abuse. The project is being undertaken by Dr James Mardel and Dr Jonathan Hodgkin of the CSIRO and is nearing completion. The outcomes of the research in relation to petrol and butane gas are summarised below. The research in relation to spray paint is nearing completion and the preliminary results are summarised below, with the final results to be presented to the MCDS in April 2006.

Petrol modification

The project investigated the addition of bittering agents to petrol through a review of published and unpublished international and Australian literature. Following this, technical trials were conducted to demonstrate the technical and industrial capacity and process for adding bittering agents to petrol as well as the effect on performance and consumer acceptability.

The research identified that there are many malodourant chemicals that could potentially be added to petrol to discourage petrol sniffing. However, most of these chemicals have the problem of unknown toxicity on long-term use. Mercaptans, which have been used safely for over 70 years as a stenching agent in town gas supplies, were identified as the most appropriate chemical to be added to petrol to deter sniffing.[186] The research found that the use of a mercaptan with a high boiling point – such as butyl mercaptan – would ensure that the bittering agent could not be removed from the petrol by 'weathering,' as has been an issue in previous experiments.[187]

The research found that it is not feasible to add mercaptans to fuel at the refinery or local distribution centre, as mercaptans may contaminate other fuels transported in tankers used to distribute the mercaptan-containing fuels.[188] It was therefore concluded that it would be simplest to add mercaptans to community fuel tanks, with visitors to the community required to dose their individual fuel tanks with small amounts of mercaptans.

The research identified a number of issues with the addition of mercaptans to petrol. Adding mercaptans to petrol increases the sulphur levels. The Australian Government Department of Environment and Heritage has produced guidelines that will require a significant reduction in the amount of sulphur in unleaded petrol by 2008. The research identified that to effectively deter petrol sniffing, petrol needs to contain a level of over 200 parts per million of mercaptans. However, adding mercaptans in excess of 100 parts per million would result in sulphur levels that breach the new federal guidelines.[189] The presence of additional sulphur in petrol will have consequences on the operation of a vehicle's emission control system until the catalytic converter has reached its operating temperature. In addition, there have also been reports of sulphur causing problems with fuel gauges.[190]

In light of these issues, particularly the problem of breaching federal guidelines for sulphur emissions, NIAT is of the view that the modification of petrol with mercaptans to deter petrol sniffing is not feasible. The difficulties with adding mercaptans to petrol, identified as part of this research, highlight the benefits of reformulating products, rather than modifying existing products to deter abuse. Opal fuel is an example of such a reformulated product. Opal is discussed further in section 6.8 and NIAT makes a number of recommendations aimed at making Opal more widely available.

Butane gas modification

The CSIRO also undertook trials to demonstrate the technical and industrial capacity and process for adding an odourant to butane gas products to deter abuse. Again, mercaptans were identified as the most appropriate odourant based on their long-term safe use as a stenching agent in natural gas. The research concluded that adding mercaptans to butane gas at a level of 50 parts per million would result in the product having a very unpleasant odour and emetic (nauseating) properties sufficient to deter abuse.[191]

The CSIRO noted that all butane gas canisters for cigarette lighter refills and similar products are imported into Australia. The addition of a mercaptan to an imported product would be problematic due to issues of ownership and technical problems associated with the addition of an odourant to an already filled product.[192] The CSIRO advised that while it is technically possible to add mercaptan to aerosol products, because of issues of cross-contamination, a

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[186] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2005. *Literature review and research plan of the addition of odourants/bittering agents to petrol*. Prepared for Victorian Department of Human Services, Melbourne: CSIRO, p. 5.
[187] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2005. *Report on experimental trials of unleaded petrol modified by the addition of malodourants*. Prepared for Victorian Department of Human Services, Melbourne: CSIRO, p. 6.
[188] Ibid, p. 7.
[189] Ibid, p. 5.
[190] Ibid, p. 8.
[191] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2005. *Report on experimental trials of butane gas modified by the addition of malodourants*. Prepared for Victorian Department of Human Services, Melbourne: CSIRO, p. 7.
[192] Ibid, p. 5.

dedicated production line would be required to manufacture modified butane gas.[193] This production line would need to be isolated from the rest of the plant by the use of a ventilation system and an odour scrubber (such as activated carbon) to preclude release of mercaptans into the environment.[194]

The research found that the addition of mercaptans to butane gas did not affect the short-term performance of butane-burning devices such as cigarette lighters, however, further research on long-term performance is required.[195] In addition, it was noted that the modified product is unpleasant for consumers to use and that care must be taken when handling the product, for example, when filling cigarette lighters. The CSIRO recommended further research to determine whether the use of modified butane for cooking purposes would taint food.

NIAT recognises the issues that emerge in relation to adding bittering agents to butane gas and, in particular, the potential impact on consumers. However, the research on the impact of product modification on the behaviour of inhalant users identified gaseous fuels as the highest priority in terms of product modification. Therefore, NIAT believes the potential to modify butane gas to deter abuse should be investigated further. This is discussed in more detail in section 6.7.3 below.

Aerosol spray paint modification

The CSIRO is also undertaking trials to investigate the technical and industrial capacity and process for adding an odourant to aerosol spray paint products. Again, mercaptan was selected as the most suitable odourant.[196] The CSIRO recommended that butyl mercaptan be added to spray paint at a level of 100 parts per million to deter abuse of the product. Preliminary experiments found that the addition of mercaptans did not affect the adhesion, appearance or weathering of the spray paint. Tests on longer term product performance are continuing.

The CSIRO noted that many aerosol spray paints are imported into Australia and, as was discussed above in relation to butane gas, post-production modification is difficult.[197] Again, a dedicated production line would be required for mercaptan-containing products, with strict environmental controls to prevent leakage.

The research also identified that most consumers will find using spray paints that contain mercaptan unpleasant, particularly in a confined space.[198] However it was also noted that, while mercaptan has an unpleasant odour, it is less toxic than the solvents used in the paint and its presence may lead to safer handling of the paint product (such as wearing masks and using in ventilated areas).

The CSIRO's research on adding bittering agents to spray paint is continuing, and a final report will be presented to the MCDS in May 2006. The research on the impact of product modification on the behaviour of inhalant users also discussed the potential of modifying spray paint and this is discussed further in section 6.7.3 below.

6.7.3 The impact of product modification on inhalant users' behaviour

The research into the impact of the modification of volatile substance products on the behaviour of inhalant users explored Australian and international experiences of product modification. It examined the likely impact of adding bittering agents to petrol, butane and aerosol spray paint products on the behaviour of inhalant users. It also explored the potential impact of product modification on different groups of users, such as initiating, regular and chronic users, Indigenous and non-Indigenous users and users in urban, rural and remote locations.

The research was undertaken by the Youth Research Centre at the University of Melbourne. The research team comprised Peter d'Abbs, Sarah MacLean and Jan Robertson. The research was completed in August 2005.[199]

The first stage of the project involved a search of the published and unpublished international literature about the impact of the modification of volatile substances on the behaviour of inhalant users. The second stage of the project involved 33 interviews with current and former inhalant users and consultations with 26 expert workers. Four research sites were selected for interviews with current and former inhalant users to provide a range of urban, rural and remote settings across Australia. Two sites were in Victoria (inner Melbourne and Gippsland) and the other two were in Queensland (Cairns and one remote community). The consultation with key informants also reflected rural, remote and urban experience, and included Indigenous and non-Indigenous workers and respondents from a range of Australian jurisdictions.

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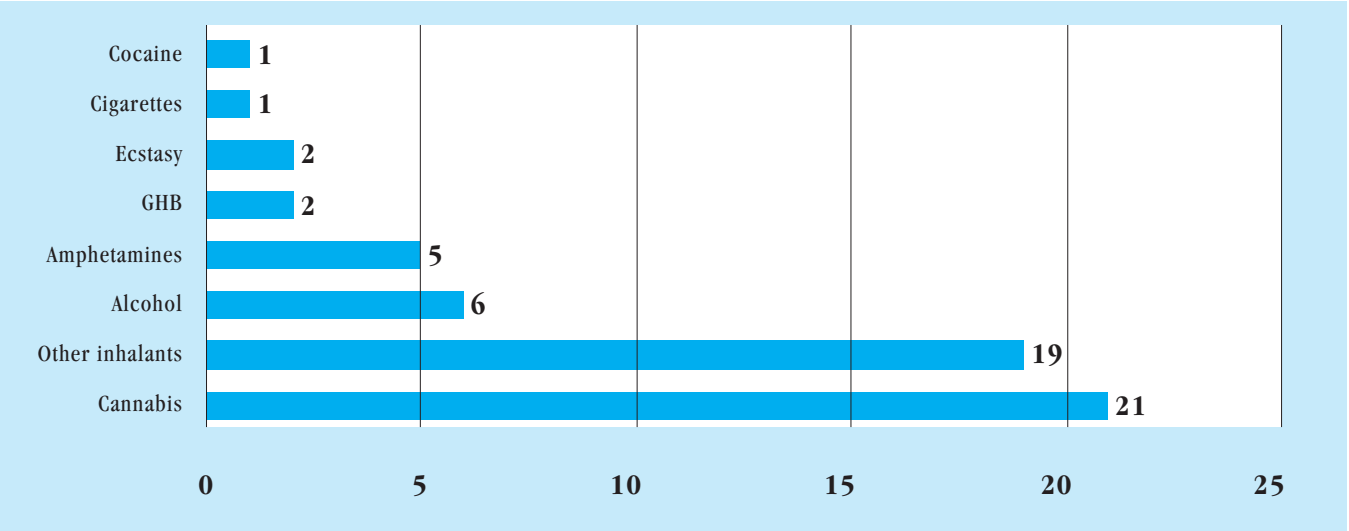
[193] Ibid, p. 6.
[194] Ibid.
[195] Ibid, p. 8.
[196] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2005. *Draft report on experimental trials of aerosol spray paints modified by the addition of malodourants*. Prepared for Victorian Department of Human Services, Melbourne: CSIRO, p. 2.
[197] Ibid, p. 5.
[198] Ibid, p. 7.
[199] Note: the Victorian Department of Human Services is currently considering a request from the researchers to publish the results of the literature review and an article based on the research findings.

The research found few documented examples of the modification of inhalant products either in Australia or internationally. On the basis of the literature review, it was concluded that the most effective form of product modification is to reformulate products to make them less amenable to misuse, rather than adding deterrents to make them unpleasant to inhale.[200] This finding is supported by the CSIRO research discussed in section 6.7.2, which highlighted the practical difficulties in adding deterrents to existing products.

The researchers observed that inhalants are attractive to users largely because, compared with other drugs, they are cheap and easily accessible. Therefore, if some inhalant products are modified to become unpalatable, users are likely to turn to other cheaply available inhalant products such as glues, deodorants or other sprays.[201] In addition, as many inhalant users are also users of other drugs, the researchers found that inhalant product modification could possibly encourage users to increase use of substances that they are already familiar with, such as alcohol and cannabis.[202] Graph 6.1 summarises the drugs that inhalant users and ex-users interviewed as part of the research mentioned as likely substitutes for inhalant products.

The research concludes that, where product modification leads to drug substitution, the choice of drug will be influenced by the user's existing drug repertoire, drug availability and the desired effects of drug use.[204] The researchers noted that the greater availability of a range of drugs in urban and rural areas means that product substitution is more likely to occur in those places than in remote areas.[205] The remoteness of communities participating in the Comgas Scheme was noted as an important factor in the success of that intervention.[206] The research concludes that location (that is, remoteness) is a more important predictor of any drug substitution response to product modification than cultural identity.[207]

Graph 6.1 Drugs mentioned as likely substitutes for inhalants by users and ex-users[203]



[200] MacLean S, d'Abbs P 2005. op. cit., p. 7.
[201] Ibid, p. 25.
[202] Ibid, p. 34.
[203] Ibid, p. 39. Note: some users named more than one drug.
[204] Ibid, p. 60.
[205] Ibid, p. 44.
[206] Ibid, p. 17.
[207] Ibid, p. 45.

The researchers also identified a diverse range of motivations for using inhalants, which are likely to affect a user's response to product modification:

- users whose prime motivation is to socialise or alleviate boredom are likely to be deterred from using inhalants that become unpleasant in taste, odour or irritation, but are also likely to turn to other drugs or inhalants
- users seeking 'the buzz' of intoxication are likely to substitute intensive use of other drugs or persist with misuse of modified inhalants or other inhalants
- those desiring the hallucinogenic effects of inhalants would be likely to substitute other inhalants with similar effects, other hallucinogenic drugs (which are generally expensive) or continue using inhalants
- users who exploit the symbolic shock power of inhalant abuse to disturb adults may view the presence of odourants as adding to the shock or defiance value of inhalant use.[208]

The research found that product modification is most likely to deter early or experimental users, and noted that these users are already likely to cease using inhalants of their own accord.[209] Older, intensive or dependent users were found to be more likely to continue using the inhalant product despite the modification (tolerating the smell or discomfort of use, or devising some way to remove the deterrent) or substitute another inhalant product or drug.[210] One young inhalant user told the researchers:

> ***I think there'd be a minority who'd keep doing it. The ones who were doing it just because it's cheap would stop doing it. Ones that just love it for what it is would keep going.***
>
> *Non-Indigenous female, 18, current inhalant user, urban area*[211]

The researchers expressed concern about the potential serious health consequences for those users who continue to inhale the modified inhalant products.[212] They cautioned that any deterrents proposed to be added to inhalant products should be carefully selected and tested so as to optimise immediate effects while minimising harmful consequences for chronic users who may continue to inhale the product even after it is modified.[213]

The research identified butane gas as the second most commonly used inhalant product in urban and rural areas, after aerosol spray paint. This is also the most harmful inhalant product in terms of morbidity and, therefore, it was concluded that the strongest case can be made for adding bittering agents to butane and other gas fuels, such as propane.[214]

In addition, given the popularity of aerosol spray paint in urban and rural areas (largely because of its cheapness and accessibility), the researchers suggested that, in principle, reformulation of aerosol paints to make them less attractive to inhalant users or less harmful should be pursued.[215] They suggest that further scientific research be conducted into whether reducing the level of toluene – one substance particularly associated with psychoactive effects – would make spray paint less attractive for misuse.[216] The CSIRO's preliminary research discussed in section 6.7.2 identified a number of difficulties in adding bittering agents to spray paint, particularly in relation to consumer acceptance. In light of this, NIAT is of the view that the possible benefits of product reformulation, such as low toluene spray paint products, should be further explored.

The researchers emphasised that product modification should only ever be viewed as one part of a comprehensive strategy to address inhalant abuse. In particular, it was noted that such a strategy must address the underlying factors that generate demand for these products.[217] They also state that any product modification should be accompanied by educational campaigns targeting specific affected groups and adequate resources for communities and agencies.[218]

NIAT believes that inhalant product modification has the potential to play a role as part of a comprehensive strategy to address inhalant modification in Australia, especially in relation to discouraging the initial uptake of inhalant use. However, the research into the effect of product modification on inhalants conducted on behalf of NIAT shows that a cautious approach must be taken to product modification. In particular, it is imperative that product modification interventions be designed to limit the impact on chronic users who will potentially keep inhaling the modified products. In addition, it is important that product modifications do not result in inhalant users substituting another, more dangerous inhalant product (for example,

[208] Ibid, p. 62.
[209] Ibid, p. 38.
[210] Ibid, p. 36.
[211] Ibid, p. 43.
[212] Ibid, p. 53.
[213] Ibid, p. 61.
[214] Ibid, p. 57.
[215] Ibid, p. 7.
[216] Ibid, p. 57.
[217] Ibid, pp. 55–60.
[218] Ibid, p. 7.

butane gas) or drug (for example, initiating injecting drug use).

On the basis of this research, NIAT recommends that butane gas, the most dangerous inhalant product currently commonly used by inhalant users in Australia, and other gaseous fuels such as propane, be the initial priority in terms of product modification. As noted above, the CSIRO research found that it is technically possible to add a bittering agent to butane gas to deter its abuse, however a number of issues were identified. NIAT recommends that further research be conducted to inform further consideration of this issue. In addition, NIAT recommends that further research be conducted into the feasibility and impact of reducing toluene in aerosol spray paints. Given the issues relating to user responses to product modification identified in the research, NIAT recommends that the National Inhalant Abuse Coordinating Group carefully monitor and evaluate the impact on inhalant users of any modifications to inhalant products.

Recommendation 37

That the National Inhalant Abuse Coordinating Group commission further research on the industrial capacity and consumer acceptability of the modification of gaseous fuels.

Recommendation 38

That the National Inhalant Abuse Coordinating Group conduct further research into the feasibility and impact of reducing toluene levels in aerosol spray paints.

6.8 Alternative fuels

As noted in section 1.3.5, petrol sniffing is more commonly an issue in remote Indigenous communities. In urban and rural areas, inhalant products such as aerosol spray paint and butane gas tend to be the product of choice for both Indigenous and non-Indigenous inhalant users. As well as having serious detrimental health effects for individual users, petrol sniffing can have significant negative impact on the health and wellbeing of the entire community.

A number of interventions involving the substitution or modification of petrol have been trialled in a variety of Indigenous communities. In the late 1980s several communities experimented with adding deterrents to petrol, most commonly ethyl mercaptan.[219] However, these interventions were largely unsuccessful as sniffers learnt to remove the deterrents by leaving the petrol in the sun – a process called 'weathering'.[220] These interventions were also unpopular with the families of some sniffers who were disturbed by the side-effects of the deterrents, such as vomiting. In addition, some community members did not like the smell of the modified petrol when they were refuelling.

Other communities have experimented with substituting diesel fuel for petrol. This intervention has had some success, however, diesel vehicles are more expensive to purchase and repair than petrol vehicles.[221] In addition, there is an ongoing issue with visitors to the community using petrol cars.

In 1992, a community in Arnhem Land introduced Avgas (aviation fuel) as a substitute for petrol in an effort to combat petrol sniffing.[222] Avgas contained low levels of aromatic hydrocarbons which are normally present at higher levels in unleaded fuel. It is these hydrocarbons that make fuels attractive to sniffers by providing the desired physiological effect. When used for non-aviation purposes, Avgas attracted a high excise levy. Therefore, in 1998, a number of communities in Central Australia requested that the Australian Government waive the excise levy. The government agreed to subsidise the use of Avgas in these communities in place of petrol as part of a harm reduction strategy to address petrol sniffing and this became the Comgas Scheme.

Since 1998, the Comgas Scheme has been administered by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Australian Government Department of Health and Ageing. Until early 2005, the Comgas Scheme subsidised the supply of leaded Avgas (aviation fuel) to remote Aboriginal and Torres Strait Islander communities in place of petrol.

In accordance with a global move to 'greener' fuels, the formulation of Avgas, a leaded fuel produced within Australia, has been reconstituted. This change renders Avgas unsuitable for use within the Comgas Scheme. A new fuel, Opal, has now been developed by BP, with the support of the Australian Institute of Petroleum, specifically for use in the Comgas Scheme. Opal contains no lead and only very low levels of aromatic hydrocarbons and is, therefore, unattractive to petrol sniffers. The new fuel is designed especially for car engines, outboard motors and other small engines, thereby overcoming concerns expressed by communities and other stakeholders, such as the tourism industry and boat operators, that Avgas may damage

[219] Biven A 2000. *Petrol sniffing & other solvents. Information for health and community workers booklet 2.* South Australia: Aboriginal Drug and Alcohol Council, SA, p. 25.
[220] d'Abbs P, MacLean S 2000. op. cit., p. 45.
[221] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 35.
[222] MacLean S, d'Abbs P 2005. op. cit., p. 16.

engines. Opal began to replace Avgas in the Comgas Scheme from February 2005. The scheme now subsidises the cost of the production and distribution of Opal so that participating communities are able to buy the new fuel at approximately the same price as unleaded petrol.

An evaluation of the Comgas Scheme in 2004 (when Avgas was used) found that 'Avgas is a popular and effective intervention that has positive impacts on many aspects of community life'.[223] The evaluation found that at least 36 communities had introduced Avgas for varying lengths of time and that 33 communities had participated in the Comgas Scheme. There were 30 communities participating in the scheme as at September 2003 and all of these communities expressed a wish to continue to participate in the scheme.

The Comgas evaluation identifies several factors that influence the impact of the Scheme, namely:

- Proximity of nearest petrol source: close proximity to a regular petrol supply reduces the impact of Avgas on a community as sniffers are still able to access petrol. The evaluation concludes that where communities are located close together it is essential to have a regional structure for introducing and coordinating the use of Avgas.[224]
- Consistency of use: communities that use Avgas continually over long periods of time now tend to experience very low levels of sniffing. A regional strategy and stable community organisations increase the likelihood that Avgas will be used consistently.[225]

The evaluation makes five recommendations in relation to the Comgas Scheme:

- The Comgas Scheme has been shown to be a safe, effective and popular intervention and should be continued.
- The Comgas Scheme should be made available to any community wishing to participate.
- Communities should become eligible for payment of the Comgas subsidy from the time of the first delivery of Avgas.
- The role of the Comgas Scheme should be expanded to facilitate and promote the use of Avgas at the community level. This should include a database tracking participation in the scheme, the creation of an information kit to be distributed both as an electronic and hard copy, radio and TV advertising of the scheme and facilitation of expert visits to communities considering the use of Avgas.
- The feasibility of locating Avgas on highways and in towns should be investigated.[226]

In addition, the evaluation recommends that fuel companies be encouraged to support a range of anti-petrol sniffing initiatives, financially and in kind, by providing information and/or support to communities and to a proposed clearinghouse for petrol sniffing information. Industry involvement in strategies to address inhalant abuse, particularly in remote Indigenous communities, was strongly supported by a number of stakeholders who made submissions to NIAT. Industries operating near communities using Opal could provide support for the scheme by using Opal instead of petrol for all purposes at their sites, so as to reduce the potential access to sniffable fuel of communities situated nearby, for example, through theft. The potential for greater private/business sector involvement in addressing inhalant abuse was discussed in section 4.7.

The Comgas evaluation notes that the use of Avgas instead of petrol appears to be one of the few examples of a supply reduction initiative being effective in its own right. However, it also acknowledges that, while Avgas provided a period of respite for communities, it did not address the underlying factors leading to petrol sniffing, and therefore other programs were required.[227] The Australian Government Department of Health and Ageing's submission to NIAT emphasised that the provision of non-sniffable fuels under the Comgas Scheme (that is, Opal) must not be seen as a panacea and that all governments, communities and industry must work together to ensure that petrol sniffing is addressed on a wide front.

Similar views were expressed in submissions from the community sector, which emphasised the need for interventions improving the overall health and wellbeing of Indigenous Australians, particularly in remote communities. Several submissions also stated that petrol trafficking is often an issue in communities participating in the Comgas Scheme, and that this is very difficult to police. The Australian Government announced in September 2005 that it will provide $500,000 to assist the Western Australian, South Australian and Northern Territory Governments to combat petrol trafficking in Indigenous communities. This is part of the eight point strategy to address petrol sniffing in the central desert region, which was discussed in section 1.2.2.

The Comgas Scheme is an effective intervention against petrol sniffing in Indigenous communities which should be continued as one part of a multifaceted approach. While there is high and increasing demand for participation in the scheme, the budget for the Comgas Scheme is currently capped. In the 2005–06 Federal budget, an extra $9.6 million over four years has been allocated to the Comgas Scheme; $4.45 million of this funding is to enable an additional 23 communities to access the scheme.

[223] Shaw G, Biven A, Gray D, Mosey A, Stearne A, Perry J 2004. op. cit., p. 35.
[224] Ibid, pp. 33–34.
[225] Ibid, pp. 35–36.
[226] Ibid, pp. 9–10.
[227] Ibid, p. 55.

This will increase the number of communities having access to the Comgas Scheme from 42 to 65. Capacity for expansion beyond this number of anticipated participating communities is limited, without further resources. The additional funding will also allow trials of regional specific approaches to reduce petrol sniffing in two Council of Australian Governments (COAG) trial sites. Additionally, communication resources and data collection tools will be developed, and an evaluation of the expansion will be undertaken.

The submissions received by NIAT reinforced the high level of concern about the devastating impact that petrol sniffing has on entire communities. NIAT believes that there is compelling evidence for the continuation and expansion of the Comgas Scheme, as recommended by the Comgas evaluation, as well as the increased use of Opal fuel in remote areas in general.

There is evidence that some communities have not participated in the Comgas Scheme because of the close proximity of other communities with petrol and, therefore, a regional approach would be of benefit, as would making the Comgas Scheme available to non-Indigenous communities that are part of a participating region. As part of the eight point strategy discussed in section 1.2.2, the Australian Government will provide an additional $6 million for a further roll-out of Opal to communities and roadhouses in the central desert region, including Yulara Resort, down the Stuart Highway from Henbury to Erldunda and Kulgera Roadhouse to Marla. The Australian Government is also considering whether a limited supply of Opal could be made available in Alice Springs through the installation of an Opal bowser for locals and visitors to use when they travel to Indigenous communities. NIAT believes that it is important that Opal is available in regional centres such as Alice Springs so that people intending to visit or return to a community using Opal can refuel with Opal.

Some state and territory governments also provide fuel subsidies. For example, the Queensland Government provides an eight cent per litre subsidy for regular unleaded petrol. It is important that these subsidies also be available for Opal, so that Opal is no more expensive than regular unleaded petrol.

An evaluation of the impact of the supply of Opal to communities under the Comgas Scheme, with state and territory involvement, would also be highly useful.

Recommendation 39:

That Opal fuel should be made available to all communities that wish to use it.

Recommendation 40

That the Australian Government implement the following recommendations of *An evaluation of the Comgas Scheme*:

– communities registered on the Comgas Scheme should become eligible for payment of the Comgas subsidy from the time of the first delivery of Opal

– the role of the Comgas Scheme should be expanded to facilitate and promote the use of Opal at the community level

– the feasibility of locating Opal on highways and in towns should be investigated.

Recommendation 41

That the Australian Government encourage fuel companies to support a range of anti-petrol sniffing initiatives financially and in kind by providing information and/or support to communities as recommended by *An evaluation of the Comgas Scheme.*

Recommendation 42

That the Australian Government consider making Opal available at strategic sites in regional centres (for example, Alice Springs) to enable people intending to visit or return to a community using Opal to refuel with Opal.

Recommendation 43

That the Australian Government encourage industries operating near communities using Opal to use Opal instead of petrol at their sites.

Recommendation 44

That the Australian Government and relevant state, territory and local governments work with communities to address the issue of petrol trafficking in communities.

Recommendation 45

That state and territory governments ensure that there is no price disparity between Opal and regular unleaded petrol (where the cost of regular unleaded petrol is subsidised by the state or territory).

Recommendation 46

That the Australian Government evaluate the impact of the supply of Opal to communities under the Comgas Scheme, with the involvement of relevant state, territory and local governments.

An additional issue arises from the fact that, commencing from 2005, Avgas was reformulated as part of an aviation industry-wide move to unleaded products. This new, unleaded aviation fuel has a higher level of aromatic hydrocarbons and is therefore sniffable. The introduction of new, unleaded aviation fuel for aviation purposes means that this sniffable fuel is used at airfields throughout Australia, including in some communities that are participating in the Comgas Scheme. The availability of this fuel at airfields has the potential to undermine the effectiveness of the use of non-sniffable fuel. In addition, there are security concerns about planes being damaged in order to access fuel. Therefore, effective measures are needed to secure new, unleaded aviation fuel at all airfields and on all aircraft, particularly in communities participating in the Comgas Scheme. This issue requires a coordinated response involving local communities, the aviation and petroleum industries and all levels of government.

Recommendation 47

That the aviation and petroleum industries and all levels of government ensure the security of new, unleaded aviation fuel at all airfields.

6.9 Packaging

A wide range of aerosol products are abusable because of the propellant used rather than because of the properties of the actual product. Therefore, products such as deodorant, hairsprays and insect sprays may potentially be made less liable to abuse through modification of the way in which the product is delivered from its container.

A report by the World Health Organization lists the following possibilities for the mechanical modification of products to prevent abuse:

- modification of the delivery system of aerosol products to prevent the gaseous propellant being extracted from the container separately from the product
- the use of non-abusable propellants (for example, carbon dioxide in fire extinguishers) or no propellants (for example, pump packs)
- dispensers that release only a small amount of the product (measured dose), insufficient to achieve intoxication.[228]

The report found that these methods are technically feasible for some, but not for all, aerosol products. The report also noted that modifying containers would make the products more expensive and would not be effective if cheaper, unmodified products were also available.

Anecdotal evidence suggests that determined users may be able to get around such changes to product receptacles, for example, by sniffing a large number of cans rather than one to overcome measured doses or by piercing the can to extract the propellant.[229] For example, in Britain, modifications to the nozzles of aerosol cans have been trialled. This modification has been reported 'to have little effect on discouraging abuse, as "fixed" nozzles, whilst not being easily removed, do not present a problem to determined access'.[230] However, such measures may be effective in discouraging experimental use.

There has been a worldwide move away from using chlorofluorocarbons (CFCs) in aerosol products based on environmental grounds. Some aerosol products, for example, deodorants, are now available in pump-pack form. Unfortunately it is not currently possible for all inhalant products, such as spray paint and fly spray, to be reformulated in this way.[231] In its submission to NIAT, the Aerosol Association expressed some concern about potentially low consumer acceptance of non-aerosol products.

[228] Substance Abuse Department, World Health Organization 1999. *Volatile solvents abuse: A global overview.* Geneva: World Health Organization, p. 22.
[229] Parliament of Victoria Drugs and Crime Prevention Committee 2002. *Inquiry into the inhalation of volatile substances: Final report.* Melbourne: Government Printer for the State of Victoria, p. 481.
[230] Re-Solv 2000. *Aerosols fact sheet*. http://www.re-solv.org/aerosols.htm (accessed 18 July 2005).
[231] MacLean S, d'Abbs P 2005. op. cit., p. 15.

While it acknowledges these industry concerns, NIAT is of the view that there is scope for governments to work with industry to encourage manufacturers of products packaged in aerosol cans to find alternatives to pressurised containers. Changes to packaging may enjoy community support because of additional benefits, for example, environmental advantages from reduction in use of greenhouse gases.[232]

Recommendation 48

That the Australian Government work with industry to encourage the manufacturers of products packaged in aerosol cans to find alternatives to pressurised containers.

6.10 Warning labels

Warning labels on volatile substance products are controversial because of the potential for increasing young people's awareness of inhalant abuse and abusable products. Box 6.2 sets out the advantages and disadvantages of warning labels.

Box 6.2: Advantages and disadvantages of warning labels on volatile substance products[233]

Advantages

- Raises the profile of the issue: manages the problem rather than ignoring it.
- Alerts parents and retailers to the potential for abuse of certain products, which may lead to greater vigilance over young people's access to these products.
- Warns young people of the dangers of abuse, thus potentially deterring abuse.

Disadvantages

- Raises the profile of volatile substance abuse and may alert unaware young people to this activity.
- Makes abusable products readily identifiable to potential users.
- Possibly negatively influences legitimate purchasers' attitudes towards these products.

The 1985 Senate Select Committee on Volatile Substance Fumes concluded that, on balance, the evidence in favour of warning labels outweighed the evidence against them. It recommended that industry progressively identify all products containing abusable volatile substances with a warning against their misuse. The Aerosol Association has advised NIAT that, as a result of this recommendation, local aerosol producers voluntarily adopted the warning: 'Warning: Intentional misuse by deliberately concentrating and inhaling contents can be harmful or fatal'. The Aerosol Association states that this warning is placed on all aerosols regardless of the propellant and the presence or otherwise of volatile solvents so as to avoid 'signalling' those products that might be more attractive to inhalant users. The Aerosol Association has advised that most imported products also bear a warning, with imports from the US, the UK and Europe containing warnings from those jurisdictions and Asian imports generally carrying the same warning label as Australian products.

There has been no evaluation of the use of warning labels on aerosol products in Australia and internationally. NIAT believes that an evaluation of the impact of warning labels on aerosol products on inhalant abuse in Australia would be useful. The aerosol industry should be encouraged to participate fully in the evaluation.

Recommendation 49

That an evaluation of the impact of warning labels on aerosol products on inhalant abuse in Australia should be conducted with the participation of the aerosol industry.

[232] Commonwealth Scientific and Industrial Research Organisation (CSIRO) 2003. *Examination of the feasibility of adding a bittering agent to volatile substance products subject to inhalant abuse.* Prepared for Victorian Department of Human Services: Melbourne, p. 19.
[233] Department of Trade and Industry (UK) 1997. *Volatile substance abuse product labelling*, p. 9. http://www.dti.gov.uk/homesafetynetwork/pdf/volatile.pdf (accessed 7 March 2005).

7. Legislation

7.1 Introduction

Five Australian jurisdictions, Northern Territory, Queensland, South Australia, Victoria and Western Australia, have enacted legislation specifically dealing with inhalants. Where there is no specific legislation, public intoxication, child welfare or consumer protection legislation may apply. Tables 7.1, 7.2 and 7.3 summarise the Australian legislation relating specifically to inhalant abuse.

Through legislation, governments have the ability to implement a range of measures to address inhalant abuse, for example:

- prohibit volatile substance inhalation and/or possession (discussed in section 7.2 below)
- allow confiscation of inhalant products and equipment (discussed in section 7.3 below)
- deal with intoxicated persons (discussed in section 7.4 below)
- restrict supply of inhalants (discussed in sections 6.2 and 6.3)
- mandate treatment (discussed in section 5.4)
- stipulate requirements for product labelling and packaging (discussed in sections 6.9 and 6.10).

As part of its consideration of best practice legislation, NIAT has developed *Guiding principles for inhalant legislation*. These are set out in section 7.5.

7.2 Prohibiting volatile substance inhalation and/or possession for the purpose of inhaling

The inhalation of volatile substances is not an offence in any Australian state or territory. However, some Indigenous communities have passed by-laws prohibiting inhalant abuse within their community lands. For example, by-laws under the *Pitjantjatatjara Land Rights Act* (SA) 1981 make it an offence to possess or supply petrol for the purpose of inhalation. By-laws passed by the Woorabinda Aboriginal Council in Queensland in 2001 prohibit the inhalation of petrol, glue and paint. D'Abbs and MacLean note that there is some disagreement about the effectiveness of such laws:

> *Some government officials and magistrates in South Australia believe that 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.*[234]

The Alcohol and Other Drugs Council of Australia observes in its policy position paper on inhalants that 'there is significant opposition from both the health and law enforcement sectors to the criminalisation of inhalant use'.[235] Criminalisation has many potential negative consequences for young people, such as giving them a criminal record, thus potentially jeopardising future employment opportunities and forcing users to retreat to isolated locations, where medical treatment, if required, is less likely to be available.[236]

The *Guiding principles for inhalant legislation* set out in section 7.5 strongly reinforce the view that the primary focus of inhalant legislation should be the protection of the health and welfare of inhalant users and that the behaviour should not be criminalised.

7.3 Confiscation of inhalant products and equipment

Legislation in Queensland, Victoria and Western Australia and new legislation currently awaiting gazettal in the Northern Territory allows police* to search a person who is reasonably believed to be in possession of a volatile substance that the person is inhaling or is likely to inhale. The legislation in Victoria applies only to persons under the age of 18 years. The legislation in Victoria, Western Australia and the new Northern Territory Act also allows for the confiscation of equipment used to inhale volatile substances, for example plastic bags, as well as volatile substances. In Victoria, police have an additional power of search and seizure allowing the search of a person reasonably believed to intend to provide a volatile substance or inhalation equipment to a person aged under 18 years.

The strength of search and seizure legislation is that it allows the immediate source of harm to be removed. However, it is important that such powers should be exercised within tight parameters to ensure that young people are not victimised. Thus, the *Guiding principles for inhalant legislation* set out in section 7.5 contain a number of checks and balances to ensure that the rights of young people are protected where search and seizure legislation is enacted.

As discussed in section 3.3.2, Queensland and Victoria have introduced this legislation on a trial basis. The evaluation of the Queensland legislation was released in September 2005. While police are not required to maintain records in relation to the exercise of the search and seizure powers, the evaluation found evidence that these powers were used more frequently than the powers to apprehend and detain.[237] The evaluation of the Queensland police powers legislation is discussed more in section 7.4.

A review of the Victorian police powers legislation will be undertaken in 2006.

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[234] d'Abbs P, MacLean S 2000. op. cit., p. 47.

[235] Alcohol and Other Drugs Council of Australia 2003. *Policy position. Inhalants – volatile substances.* http://www.adca.org.au/policy/policy_positions/1.4Inhalants_31.10.03.pdf (accessed 6 March 2005).

[236] Sandover R, Houghton S, O'Donoghue T 1997. 'Harm minimisation strategies utilised by incarcerated Aboriginal volatile substance users' *Addiction Research* 5(2):113-36 and Alcohol and Other Drugs Council of Australia 2003. *Policy position. Inhalants – volatile substances.* http://www.adca.org.au/policy/policy_positions/1.4Inhalants_31.10.03.pdf (accessed 6 March 2005).

* Note: in Western Australia this power is vested in 'authorised officers', defined as a community officer (appointed by the Commissioner of Police), a police officer or a transport security officer. In the proposed Northern Territory legislation this power is vested in 'authorised persons' who are appointed by the Minister.

[237] Crime and Misconduct Commission 2005. *Police powers and VSM: A review*. Brisbane: Crime and Misconduct Commission, p. 30.

7.4 Civil apprehension

All Australian jurisdictions have legislation that allows police to civilly apprehend persons who are publicly intoxicated and a risk to themselves or to other people. Further, child welfare laws in all Australian jurisdictions enable police and other human service providers to take children into care when they are at risk or in need of protection. A report on the policing implications of volatile substance misuse by the Australasian Centre for Policing Research noted that police powers to respond specifically to inhalant abuse under these generic powers are unclear.[238] For example, the New South Wales Police stated in its submission to NIAT that it is unclear whether volatile substances, including petrol, are considered a drug for the purposes of public intoxication legislation in New South Wales.[239]

In an effort to clarify the powers of police in this situation, South Australia has recently declared petrol to be a drug for the purpose of public intoxication legislation in that state. Under this legislation, an intoxicated person may be apprehended and taken to a place of care and safety. An alternative response, which recognises the special nature of inhalant abuse and the often young age of users, is to enact inhalant abuse specific legislation. This approach has been adopted in Queensland, Victoria and Western Australia and is also contained in new Northern Territory legislation. The legislation in those jurisdictions enables police to apprehend inhalant users and release them into care. How apprehended inhalant users must be dealt with differs in each jurisdiction:

- **Northern Territory:** taken to a place of safety (to be declared by the Minister) or released into the care of a consenting responsible adult. Apprehended inhalant users may be held in protective custody at a police station as a last resort.
- **Queensland:** taken to a place of safety, for example, a hospital, to their home or to a specifically funded place of safety (see discussion in section 5.4).
- **Victoria:** released into the care of a suitable, consenting person who is reasonably believed to be capable of taking care of the person.[+]
- **Western Australia:** if aged under 18 years, released into the care of a parent, legal guardian or other consenting person reasonably believed to be capable of taking care of the child; or into the care of an appropriate facility; or, if over 18, released into the care of another person who applies for the person's release who is capable of taking care of the person; or into the care of an appropriate facility.

The legislation summary in Table 7.2 provides further detail about the inhalant-specific civil apprehension laws in these jurisdictions.

In September 2005, the Queensland Crime and Misconduct Commission released an evaluation of the police powers legislation in force in five trial sites in that state. The evaluation found that the police used these powers on 255 occasions, in relation to 157 individuals during the nine-month trial period from 1 July 2004 to 31 March 2005.[240] The evaluation recommends that the police powers legislation be continued and extended to apply statewide for a further trial period of three years, subject to modifications to the operation of the designated places of safety and some amendments and augmentation of the trial police powers.[241] The evaluation stresses that imposing a time limit on the legislation reinforces that police powers are not the solution to inhalant abuse, but rather are intended to support a broad, multi-agency response.[242] The evaluation makes 26 specific recommendations in relation to the legislation in order to enhance its efficacy, including allowing police to continue to detain an intoxicated person where no other appropriate agency or person is available and requiring the police to provide a record of all children apprehended by police under these powers to the Department of Child Safety.[243] The evaluation also recommends that the Queensland Police Service develop detailed operational guidelines to explain and clarify the powers of police.[244] The Queensland Government is currently considering the report.

A review of the Victorian legislation will be undertaken in 2006 and will provide useful information about the effectiveness of the civil apprehension laws in that state.

The *Guiding principles for inhalant legislation* set out in section 7.5 recognise that apprehension and detention may be an appropriate response to protect the health and safety of inhalant users. However, such laws need to be carefully framed so as to protect the rights of inhalant users.

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[238] Commissioners' Drugs Committee 2004. *The policing implications of volatile substance misuse*. Marden: Australasian Centre for Policing Research, p. 10.
[239] New South Wales Police 2005. Submission to the National Inhalant Abuse Taskforce, p. 2.
[+] Note: the Victorian legislation applies only to persons under 18 years of age. A person must be released immediately if it becomes known that s/he is 18 or over.
[240] Crime and Misconduct Commission 2005. *Police powers and VSM: A review*. Brisbane: Crime and Misconduct Commission, p. 45.
[241] Ibid, p. 49.
[242] Ibid, p. 87.
[243] Ibid, p. 62 and p. 54.
[244] Ibid, p. 82.

All states that have enacted legislation allowing apprehension and detention of inhalant users have also developed protocols to support the legislation. For example, the *Interagency protocol between Victoria Police and nominated agencies* states that when apprehending a person, the service options for police are:

- call an ambulance
- release the person if they are no longer intoxicated and provide the young person, parent or guardian with education and referral information
- connect the young person with a parent, carer, guardian or other suitable person
- return the young person to their out-of-home care service
- contact Child Protection if there are risks or protective concerns for children under 17 years old
- connect the young person with an alcohol and drug agency.

The protocol also sets out the role of alcohol and drug agencies when contacted by police in relation to a volatile substance user. It states that the role of the agency is to:

- accept the presentation of the young person
- engage and inform the young person and make them feel comfortable about entering the service
- document information
- undertake a brief health and risk assessment of the young person
- provide information about the service for the young person
- provide brief education about the harms of inhalant abuse
- contact parent or guardian
- contact child protection worker, juvenile justice worker or other case worker if relevant
- provide follow up appointment and referral to appropriate services
- if appropriate, inform police of outcome of their contact with young person.

Alcohol and drug agencies receiving young persons from the police under these powers are required to provide information to the Victorian Department of Human Services on a standard form.

The protocol also sets out the out-of-home care service response and provides information about specific responses for Aboriginal and Torres Strait Islander youths.

Several stakeholders emphasised in their submissions that it is important that civil apprehension legislation be accompanied by protocols to provide police with clear guidelines in relation to the use of their powers. The guiding principles acknowledge the important role of protocols in supporting legislation. NIAT also recommended the implementation of a range of protocols in section 4.6.

Some stakeholders expressed concern about the potential of persons apprehended under civil apprehension legislation to be incarcerated if there are no other options. NIAT recognises this danger and the guiding principles provide that persons apprehended under such legislation should only be detained in police facilities in exceptional circumstances.

Recommendation 50

That the Northern Territory and Victorian Governments evaluate the existing legislation in relation to police powers to seize inhalant products and search, apprehend and detain inhalant users and report to the MCDS through the National Inhalant Abuse Coordinating Group.

7.5 Guiding principles for inhalant legislation

In recognition of the fact that Australian jurisdictions are increasingly using legislative responses to inhalant abuse, NIAT has drafted *Guiding principles for inhalant legislation* to assist the development of best practice legislation in relation to inhalant abuse. These principles are set out below. The principles highlight key areas for consideration in a legislative response to inhalant abuse. These principles have been developed in light of current best practice and may need to be revised as a result of the current and proposed evaluations of existing state and territory legislation. In developing the guidelines, NIAT does not assume that legislative responses are always appropriate, but recognises that legislation may form a useful part of a multifaceted approach to addressing inhalant abuse.

Three overarching general principles ensure that the health, welfare and rights of inhalant users are protected and place legislative responses in context as just one part of a comprehensive response.

Beneath these general principles sits a broad framework for legislative action relating to user-based interventions, supply reduction measures and effective implementation and enforcement.

The guiding principles recognise that it may be appropriate in some circumstances for police to have a role in protecting the health and welfare of inhalant users. The role and powers of police needs to be clearly identified and appropriate checks and balances put in place to ensure that police powers are exercised in the best interests of the inhalant user. In particular, police powers should be proscribed and exercised in a manner that is sensitive to the often young age of inhalant users.

These guiding principles are not a prescriptive framework. Rather, they suggest legislative interventions that may be appropriate and outline the principles to be considered when implementing these interventions.

Recommendation 51

That the National Inhalant Abuse Coordinating Group review the *Guiding principles for inhalant legislation* to take into account the findings of the proposed evaluations of existing state legislation.

Recommendation 52

That all state and territory governments consider enacting legislation consistent with the *Guiding principles for inhalant legislation* in the following areas:

– Supply reduction interventions: prohibiting the sale of inhalant products to suspected inhalant users and restricting the sale of specific inhalant products (for example, age restrictions or display/storage restrictions).

– User-based interventions: confiscation of inhalant products from, and apprehension and detention of, inhalant users.

Guiding principles for inhalant legislation

General principles	
Principle	*Key points*
Purpose of legislation	
The primary aim of legislation should be to protect the health and welfare of inhalant users.	• The legislation should include a clear statement of overall purpose or objective. • Protecting the health and welfare of young people should be a priority of the legislation. • It may be appropriate for the legislation to have a further objective of protecting individuals and communities from harm resulting from inhalant abuse. • Legislation should be just one part of a comprehensive strategic response to inhalant abuse and should support explicit policy or strategy objectives and not be implemented in isolation. • Interventions set out in the legislation should support and be consistent with non-legislative interventions, for example, community and family responses.
Non-criminalisation	
Legislation should not criminalise the behaviour of inhalant users and should protect their civil rights.	• The legislation should contain a statement that it is not an offence for the user to possess or inhale volatile substances or possess inhalation equipment. • Persons apprehended under the legislation should not be interviewed in relation to other offences or be photographed, fingerprinted, etc. • Persons apprehended under the legislation should only be detained in police facilities in exceptional circumstances. • Records of those apprehended under the legislation should be kept separately from criminal records.
Role of the community	
Communities may be best placed to make their own decisions and rules about inhalant use issues in their community.	• The legislation may recognise the role that communities can play and allow them to make specific rules in relation to inhalant use issues in their local area.

Guiding principles for inhalant legislation – continued

User-based interventions	
Principle	*Key points*
Search and seizure	
It may be appropriate for the legislation to include the power to confiscate inhalant products to protect the health and safety of an inhalant user.	• The power to search a suspected inhalant user and seize inhalant products and/or inhalation equipment should be exercisable only where there is a suspicion that the person will cause harm to themselves or others, for example, where there is a reasonable belief that the person possesses a volatile substance or inhalation equipment and the person has inhaled or is about to inhale. • The legislation should state that the power to search and seize is to be exercised in the best interests of the health and welfare of the person. • Prior to exercising the power of search and seizure, enforcement officers should be required to show ID, provide information about their rank and station and inform the person that it is not an offence to inhale or possess a volatile substance or possess inhalation equipment. • Prior to exercising the power of search and seizure, enforcement officers should be required to request the person to produce any volatile substance/inhalation equipment in their possession. • The person should be given the opportunity to explain possession of volatile substance/ inhalation equipment. • Searches undertaken under the legislation should be conducted in accordance with the usual powers of enforcement officers in that jurisdiction. • The legislation should clearly state where the powers of search and seizure may be exercised, for example, in a public place or on private premises with the consent of owner/occupier. • Enforcement officers should be required to keep records of persons searched and articles seized under the legislation.
Apprehension and detention	
It may be appropriate for the legislation to include the power to apprehend and detain an inhalant user to protect his/her health and safety or to link him/her to treatment.	• The legislation should clearly state the circumstances in which an inhalant user can be apprehended, for example, where there are reasonable grounds to believe that the person has recently inhaled a volatile substance and apprehension is necessary to protect the health or safety of the person or other persons. • The power to apprehend should be exercised in the best interests of the health and welfare of the person and only where the person needs care and/or treatment to enable him/her to recover safely from the effects of the volatile substance. • The legislation should clearly state where a person can be detained and how long he/she can be detained. Apprehended persons should be released into care and/or treatment as soon as possible. • Prior to exercising the power of apprehension, enforcement officers should be required to show ID, provide information about their rank and station and inform the person that he/she is not under arrest and that he/she will be taken to a place of care and/or treatment. • Places of care and/or treatment should be clearly identified in the legislation or in supporting documents, for example, regulations or protocols. Places of care and/or treatment should have facilities to care for volatile substance users and also have the ability to refer on to longer-term treatment. • Where a person aged under 18 years is released into the care of a person other than a parent or guardian, the enforcement officer should, where possible, inform a parent/guardian. • Enforcement officers should be required to keep records of persons apprehended under the legislation. These records should be kept separately from criminal records.

Guiding principles for inhalant legislation – continued

Supply reduction interventions	
Principle	*Key points*
Sale of volatile substances	
Persons selling volatile substances have a responsibility not to sell in situations where they suspect the person will inhale the product.	• Legislation should ban the sale of volatile substances where the seller knows or ought reasonably to know that the user will inhale the product or provide it to another person who will inhale it. • Legislation should be supported by an education campaign to inform retailers of their responsibilities and to assist the effective implementation of the law.
The dangerousness or pattern of use of some volatile substances may warrant the introduction of specific sale restrictions.	• It may be appropriate for specific restrictions to be implemented in relation to the sale of some particularly dangerous volatile substances, for example, restrictions on purchasers' age, labelling requirements and/or display, storage or marketing restrictions.
Enforcement and implementation	
Enforcement	
The legislation should be enforced in keeping with its primary objectives of protecting the health and welfare of inhalant users.	• The legislation should clearly identify the officers responsible for its enforcement, for example, police. It may be appropriate for non-police enforcement officers to be appointed. The appointment process for authorised officers and their requisite qualifications should be clearly set out in the legislation. • Enforcement officers need to be trained in relation to inhalant abuse (for example, safe measures for approaching and responding to persons who have recently inhaled) and the legislation and their powers under it. They should be provided with ongoing support.
Implementation	
Legislation should be supported by a commitment to adequately resource its implementation.	• Information and education about the legislation should be provided to relevant stakeholders, for example, retailers and police. • Adequate funding should be provided to care and/or treatment providers, including for long-term treatment where appropriate. • Legislation should be supported by protocols that clearly identify the roles and responsibilities of key agencies and outline appropriate responses.
The operation of legislation should be monitored and reviewed to ensure that its objectives are being met and to assess its impact.	• The responsible agency should keep records of the exercise of powers of search, seizure and detention under the legislation. • The responsible agency should review operation of the legislation and related services on a regular basis.

Table 7.1: Summary of Australian legislation relating to inhalant abuse

Note: See Table 7.2 for details of civil apprehension and detention legislation

	Northern Territory	Queensland	South Australia	Victoria	Western Australia
Legislation	*Volatile Substance Abuse Prevention Act* 2005 (Not yet commenced: will commence upon gazettal) *Misuse of Drugs Act* 1990	*Summary Offences Act* 2005 and *Police Powers and Responsibilities Act* 2000	*Controlled Substances Act* 1984; *Graffiti Control Act* 2001*; *Petroleum Products Regulation Act* 1995	*Drugs, Poisons and Controlled Substances Act* 1981	*Protective Custody Act* 2000; *Criminal Code* 1913
Stated purpose of legislation	To provide for the prevention of volatile substance abuse and the protection of individuals and communities from harm resulting from volatile substance abuse.			To protect the health and welfare of persons aged under 18 years.	
Definition	'Volatile substance' means a) plastic solvent, adhesive cement, cleaning agent, glue, dope, nail polish remover, lighter fluid, petrol or any other volatile product derived from petroleum, paint thinner, lacquer thinner, aerosol propellant or anaesthetic gas; or b) any substance declared by the Minister.	'Potentially harmful thing' a) means a thing a person may lawfully possess that is or contains a substance that may be harmful if ingested or inhaled; b) includes methylated spirits; and c) does not include a thing intended by its manufacturer to be inhaled or ingested.	'Volatile solvents' means a substance declared by regulations to be a volatile solvent. Fifty-six substances have been declared by regulation to be 'volatile solvents'.	'Volatile substance' means a) plastic solvent, adhesive cement, cleaning agent, glue, dope, nail polish remover, lighter fluid, gasoline, or any other volatile product derived from petroleum, paint thinner, lacquer thinner, aerosol propellent or anaesthetic gas; or b) any substance declared by the Governor in Council.	'Volatile substance' means a substance that produces a vapour at room temperature. 'Intoxicant' means alcohol or a drug or a volatile or other substance capable of intoxicating a person.
Offence to inhale or possess volatile substance	New Act specifically states that it does not make it an offence for a person to inhale or possess a volatile substance or item used for inhalation.			Act states that is does not create an offence to possess volatile substance or inhalation equipment or to inhale a volatile substance.	

Table 7.1: Summary of Australian legislation relating to inhalant abuse – continued

	Northern Territory	Queensland	South Australia	Victoria	Western Australia
Offence to sell or supply volatile substance	Offence to supply if seller knows or ought to know that the person intends to inhale it or supply it to a third person for the purpose of inhalation. (Current offence which will continue under new legislation.)	Offence to sell where seller knows or believes on reasonable grounds that the person intends to inhale/ingest the product or sell it to a third person for inhalation/ingestion.	Offence to sell or supply where seller suspects or there are reasonable grounds for suspecting that the person intends to inhale or sell/supply the product to another person for inhalation.	Offence to knowingly sell or supply volatile substances for the purposes of intoxication.	Offence to knowingly sell or supply volatile substances for the purposes of intoxication.
Other restrictions on sale	None	None	Sale of petrol prohibited to persons under 16. Purchase of petrol on behalf of person under 16 prohibited. Authorised officer may confiscate petrol from person under 16 if officer suspects person has petrol for purpose of inhalation. Sale of cans of spray paint prohibited to persons under 18.* Spray paint cans must be stored securely, for example, in locked cabinet. Must display 'no sales to minors' sign.	None	None
Indigenous communities permitted to make by-laws prohibiting petrol sniffing and other forms of inhalant abuse within community lands.	Yes	Yes	Yes	No	Yes
Notes			*The primary aim of this legislation is to reduce graffiti.		

Table 7.2: Summary of Australian civil apprehension legislation relating to inhalant abuse

	Northern Territory	Queensland	Victoria	Western Australia
Police power to search/ seize	Police/authorised person* may search person if has reasonable belief that the person is in possession of a volatile substance or inhalant and is inhaling or will inhale. Police/authorised person may seize any volatile substance or inhalant that is in the person's possession.	Police may search a person reasonably suspected to be in possession of a potentially harmful thing that the person has/is about to ingest or inhale. Police may seize the potentially harmful thing.	Police may search a person if there are reasonable grounds to suspect the person is: • in possession of volatile substance or inhalation equipment; and • inhaling/will inhale a volatile substance. Police may search a person reasonably believed to intend to provide volatile substance or inhalation equipment to person under 18. Volatile substances/inhalation equipment found may be seized.	Authorised officer* may seize intoxicant from person under 18 who is: • in a public place • consuming/inhaling or about to consume/inhale intoxicant; and • the officer reasonably suspects that the person is likely to become intoxicated if the intoxicant is not seized. Authorised officer may search an apprehended person and seize any intoxicant or any article that could endanger the health or safety of any person.
Grounds for apprehension	Police/authorised person may apprehend a person if there are reasonable grounds to believe the person: • is inhaling or has recently inhaled a volatile substance; and • should be apprehended to protect the health or safety of the person or other persons.	Police may detain a person who is affected by inhalation/ ingestion of a potentially harmful thing if it is appropriate for the person to be taken to a 'place of safety' at which the person can receive the treatment or care necessary to enable the person to recover (for example, hospital, the home of a friend or relative).+	Police may apprehend and detain a person if there are reasonable grounds to believe the person is: • under 18; • inhaling or has recently inhaled a volatile substance; and • likely to cause serious bodily harm to him/herself or other person.	Authorised officer may apprehend a person who is in a public place or trespassing on private property if it is reasonably believed that the person is intoxicated and needs to be apprehended to protect their health or safety or health and safety of others or to prevent the person causing serious damage to property.

Table 7.2: Summary of Australian civil apprehension legislation relating to inhalant abuse – continued

	Northern Territory	Queensland	Victoria	Western Australia
Length and place of detention	As soon as practicable, the apprehended person must be: • released into care of person at a place of safety; or • into the care of a responsible consenting adult. If apprehended person cannot be released into place of safety or care of responsible adult, must be released or taken to a police station and held in protective custody. May only be held in protective custody until it reasonably appears that the person no longer poses a risk. Special procedures must be followed if the person is held in protective custody for longer than six hours. A person under 18 must not be held in a cell at police station except in accordance with regulations. Places of safety may be declared by the Minister by notice in Gazette.	Police have duty to release the person at a place of safety at the earliest reasonable opportunity. Person not compelled to stay at a place of safety. If no place of safety can be found the person must be released. Person must not be taken to a police establishment or police station.	A person must be released immediately if it becomes known that the person is over 18. A person may only be detained as long as police reasonably believe the person has recently inhaled a volatile substance and is likely to cause serious bodily harm to him/herself or other person. Apprehended person must be released as soon as practicable into the care of a suitable person who is reasonably believed to be capable of taking care of the person and consents to taking care of the person, for example, parent, guardian, employee of appropriate health or welfare agency. Must not be detained in a jail or police cell.	A person who is no longer intoxicated must not be detained. A person must not be detained any longer than is necessary to protect the health or safety of the person or any other person or to prevent the person causing serious damage to property. A person aged under 18 must be released into the care of parent, legal guardian or other consenting person reasonably believed to be capable of taking care of the person or into the care of an appropriate facility (as approved by Minister). The safety and welfare of the person is the paramount consideration in deciding where to release a person aged under 18. Apprehended adult must be released as soon as practicable into the care of another person who applies for the adult's release and who is capable of taking care of the person or into an appropriate facility. Persons must not be detained in a police station or lock-up except in exceptional circumstances. If apprehended person needs a medical examination, the authorised officer must arrange this as soon as practical.

Table 7.2: Summary of Australian civil apprehension legislation relating to inhalant abuse – continued

	Northern Territory	Queensland	Victoria	Western Australia
Reporting requirements	Records of searches and apprehensions to be kept in accordance with regulations.	Police must enter details of detention and release in register. Crime and Misconduct Commission must review operation of legislation for nine months and report to Parliament.	Police must keep written records of searches, seizures and detentions. Chief Commissioner of Police must report to Minister for Health annually, for inclusion in the annual report.	Authorised officer must record date and time when a person is apprehended. Released person and person into whose care they are released must acknowledge in writing time/date of release and acknowledge return of any seized thing.
Protocol		Response to volatile substance misuse protocol.	Interagency protocol between Victoria Police and nominated agencies.	Police Standing Orders.
Notes	* Minister may appoint 'authorised person'. Legislation will commence upon gazettal.	+Power to detain applies only on trial basis to five 'declared localities'. This legislation was introduced for one year from 1 July 2004. It has been extended for a further 12 months and will now expire on 30 June 2006.	Legislation effective 1 July 2004–30 June 2006.	*Authorised officer is a community officer (appointed by Commissioner of Police), a police officer or public transport security officer. Legislation commenced 1 January 2001.

Table 7.3: Summary of treatment orders and management areas in Northern Territory's new legislation (note this legislation has not yet commenced)

	Northern Territory
Treatment orders	Police, authorised person, health practitioner, family member or responsible adult who reasonably believes that a person is at risk of severe harm (defined as physical harm, neurological damage to person's mental condition resulting from volatile substance abuse), may request the Minister to apply for a treatment order. Minister may approve an assessment of the person's physical, neurological or mental condition. If the person fails or refuses to submit to the assessment, a police officer or authorised person may apply to a magistrate for a warrant to apprehend the person and take the person for assessment. If the person is assessed to be at risk of severe harm, the assessor must recommend an appropriate treatment program. If assessment recommends a treatment program, the Minister must, before applying for a treatment order, be satisfied that the treatment order will be in the best interests of the person and the person cannot be adequately protected from severe harm by some other means. Minister may apply to the Local Court for an order that the person must participate in a treatment program. In deciding whether to make a treatment order, the primary consideration of the court must be the need to protect the person at risk. A treatment order remains in force for two months. Minister may approve further assessment of the person at risk and make further application for a treatment order. While the treatment order is in force, if the person does not participate in the treatment program, a police officer or authorised person may apply to a magistrate for a warrant to apprehend the person at risk and take that person to the place specified in the treatment order to participate in the treatment program.
Management areas	Ten or more residents of an area or a community council may apply to the Minister for a declaration that the area is a management area. In deciding whether to declare a management area, the Minister must consider the needs and opinions of residents and other interested persons, may conduct any relevant investigations and must consult with the relevant community council. A management area must have a written plan for the management of the possession, supply and use of volatile substances in the area. The management plan must be prepared in consultation with the Minister, Commissioner of Police and Chief Executive Officer of the agency administering the Act. It is an offence to contravene a management plan.

8. Conclusion

Over an 18-month period, NIAT has researched and consulted extensively in relation to inhalant abuse in Australia. Inhalant abuse is incredibly complex, with a range of underlying causes, manifestations and implications. While the intermittent nature of inhalant use and social marginalisation of many users mean that it is difficult to assess the extent of the problem, there is evidence that inhalant use is increasing in some areas, becoming entrenched in some communities and that there is a widening age range of users.

Inhalant users are among the most marginalised and disenfranchised members of society. They are generally poor, lack access to education and employment opportunities, are often users of other drugs and frequently have co-morbidities, such as mental health problems. Inhalant users are overrepresented in the protective services and juvenile justice systems.

Inhalant abuse occurs in a variety of forms throughout Australia. Differences include those between Indigenous and non-Indigenous users; urban, regional and remote settings; patterns of use (experimental, social and chronic) and ages of users (including younger and older users). In addition, the use of different products (for example, petrol as opposed to spray paint) poses different risks, although very little is known about this area.

Inhalant use has an impact far beyond the individual user, affecting families, the local community and society in general (for example, through law enforcement and health care costs). In small, isolated communities, this impact is amplified.

The complexity of the problem means that there is no simple solution. What is required is the long-term commitment of governments at all levels to work together with the community and private sectors to implement a comprehensive response. While much remains to be done, NIAT recognises the hard work of some governments and communities to date in implementing initiatives to combat inhalant abuse.

NIAT has prepared a *National framework for addressing inhalant abuse in Australia*, which builds on the foundation laid by the work of these communities and governments. The framework and the recommendations made throughout this paper provide a structure for all Australian governments to work together to tackle inhalant abuse, in all its forms, over the long term.

Appendix 1

List of submissions received to *National directions on inhalant abuse – Consultation paper*

Aboriginal Legal Rights Movement Inc
Aerosol Association of Australia Inc
Alcohol Education and Rehabilitation Foundation
Alcohol and Other Drugs Council of Australia
Alcohol, Tobacco and Other Drugs Council of Tasmania
Australian Customs Service
Australian Drug Foundation
Australian Government Department of Family and Community Services
Australian Government Department of Health and Ageing
Australian Institute of Criminology
Australian Institute of Petroleum
Australian National Council on Drugs
Australian Paint Manufacturers' Federation
Centre for Aboriginal Economic Policy Research, ANU
Centre for Adolescent Health (2 submissions)
James Cook University (2 submissions)
Mount Isa Substance Misuse Action Group
National Drug and Alcohol Research Centre
National Drug Research Institute
New South Wales Department of Aboriginal Affairs
New South Wales Department of Education and Training
New South Wales Health Department
New South Wales Police
New South Wales Premier's Department
North Australian Aboriginal Legal Aid Service
Northern Territory Department of Employment, Education and Training
Northern Territory Department of Health and Community Services
Northern Territory Police
Queensland Department of Aboriginal and Torres Strait Islander Policy
Queensland Department of Communities
Queensland Police Service
Safer Communities Working Group (Office of Indigenous Policy Coordination, Australian Government Department of Immigration and Multicultural and Indigenous Affairs)
Salvation Army Eastcare
South Australian Drug Strategy Team
Tasmanian Department of Education
Victorian Alcohol and Drug Association
Victoria Police
Voice
Western Australian Department of the Premier and Cabinet
Western Australian Department of Justice
Western Australian Drug and Alcohol Office
Youth Research Centre, University of Melbourne
Youth Substance Abuse Service

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National Directions On Inhalant Abuse

Addendum

Addendum to final report

National
Inhalant
Abuse
Taskforce

July 2006

Addendum July 2006

I. Background

Introduction

The National Inhalant Abuse Taskforce (NIAT) was established by the Ministerial Council on Drug Strategy (MCDS) in December 2003 to consider existing initiatives, programs and strategies to address inhalant abuse in Australia and to make recommendations for a national response to inhalant abuse. NIAT completed its final report in November 2005 and its report and recommendations were subsequently endorsed by the MCDS on 15 May 2006. The MCDS also agreed to make NIAT's report publicly available.

NIAT's report is structured around six headings that were set out in the Taskforce's terms of reference, namely:

- information resources
- research
- prevention
- treatment
- supply and product issues
- legislation.

This addendum provides updated factual information about developments in these six areas since NIAT's report was finalised in November 2005. Updated information about inhalant abuse initiatives was obtained by writing to members of the Intergovernmental Committee on Drugs (IGCD), NIAT members and other selected key stakeholders. The addendum does not affect the report's recommendations nor the *National framework for addressing inhalant abuse in Australia* that is set out in the report.

Implementing NIAT's report

The *National framework for addressing inhalant abuse in Australia* that is set out in NIAT's report attempts to respond to criticism that previous initiatives in relation to inhalant abuse have been piecemeal and reactive, by providing the structure for a coordinated, collaborative, sustained national approach to inhalant abuse. To ensure that momentum on this issue is sustained, NIAT proposed the establishment of a National Inhalant Abuse Coordinating Group to monitor the implementation of the framework and report progress through the IGCD and MCDS.

The National Inhalant Abuse Coordinating Group (NIACG) was established in late 2005 and is chaired by the Northern Territory Police, with representation from the Australian Government Department of Health and Ageing, the Northern Territory Department of Health and Community Services, Drug and Alcohol Services South Australia and the Victorian Department of Human Services. NIACG met in January 2006 and agreed to progress the four priority areas of treatment guidelines, data collection, product modification and the establishment of a clearinghouse. Separate working groups are being established to progress each of these areas.

NIACG is also developing terms of reference and a work plan to address each of the 52 recommendations in the NIAT report. NIACG will provide regular reports on progress to the IGCD and MCDS.

II. Addendum to National Directions on Inhalant Abuse

1. Strategic frameworks

Section 1.2 of NIAT's report outlines the national and state and territory documents that provide the framework for the consideration of inhalant abuse. Key developments in this area since the finalisation of NIAT's report are:

- **Extension of the *National drug strategy Aboriginal and Torres Strait Islander People's complementary action plan 2003-2009***
  At the time of writing the NIAT report, the period of the *National drug strategy Aboriginal and Torres Strait Islander People's complementary action plan* (CAP) was 2003-2006. Since that time the MCDS has endorsed the extension of the CAP until 2009. The purpose of the extension was to bring the CAP timeframe in line with the National Drug Strategy which covers the period 2004-2009.
- **Finalisation of the *Western Australian volatile substance use plan 2005-2009***
  The *Western Australian volatile substance use plan 2005-2009*, which was in draft form at the time the NIAT report was finalised, has now been completed and adopted by Western Australia as a whole-of-government strategy. The plan provides a framework for a coordinated, integrated response to reducing volatile substance abuse-related harm in Western Australia. The plan is being implemented through agency action plans and within the Western Australian Drug and Alcohol Office.

2. Information resources

Table 2.1 in section 2.2 of NIAT's report summarises Australian information resources in relation to inhalant abuse. Additional information resources that have been developed, released or commissioned since the NIAT report was completed are:

- ***Volatile substance use resources for alcohol and drug workers*, Western Australian Drug and Alcohol Office.** This CD, which was in a draft form at the time the NIAT report was finalised, has now been completed. The CD provides over 200 documents in electronic form and aims to bring together key elements of work conducted in relation to volatile substance abuse. Additional sections have been written to provide brief guidelines and summaries for dealing with common issues in the management of young people using volatile substances. The CD also provides links to other useful resources available on the internet. The CD has been mailed out to relevant agencies and is available from the Western Australian Drug and Alcohol Office.
- **Australian Indigenous Health*Info*Net www.healthinfonet.ecu.edu.au.** The Australian Government Department of Health and Ageing has funded Edith Cowen University in Western Australia to develop additional web pages to the existing Indigenous Health*Info*Net website, including pages on alcohol, inhalants, illicit drugs and other drugs. The inhalant-specific page which is currently under development includes links to relevant reviews, inquiries, policies, projects, research and publications.[1] The site also includes an Indigenous inhalant misuse yarning place (electronic network) which will enable people with an interest in inhalant abuse (including petrol sniffing) among Indigenous peoples to share information, knowledge and experience.
- **Volatile substance retailers' kit, Northern Territory:** The Australian Government Department of Health and Ageing has funded the updating of the volatile substance retailers' kit, developed through Tangentyere Council, Alice Springs.
- **Volatile substance retailers' kit, Queensland:** Resources for retailers in Queensland are in the process of being redeveloped to reflect current legislation and new service models under an enhanced Queensland Government response to volatile substance misuse. The revised kit is anticipated to be available in early 2007. A fact sheet and website will be available from August 2006.

3. Research

Table 3.1 in section 3.3 of NIAT's report summarises qualitative research that has been undertaken into inhalant abuse issues in Australia. Research that has been completed or commissioned since NIAT's report was finalised is summarised in the table opposite.

[1] http://www.healthinfonet.ecu.edu.au/html/html_community/inhalants_community/inhalants_index.htm

Addendum to Table 3.1: Research into inhalant abuse in Australia (November 2005-July 2006)

Title of research	Researcher	Year
Reviews		
Beyond petrol sniffing: renewing hope for remote Aboriginal communities	Senate Community Affairs References Committee	2006
Evaluations		
Evaluation of the Youth Substance Abuse Service response program to address inhalant use in young people in the Latrobe Valley.	B Murphy, Youth Research Centre, University of Melbourne	2005
Indigenous issues		
Stopping petrol sniffing in remote Aboriginal Australia: key elements of the Mt Theo program.	K Preuss and J Brown	2006
Product modification		
Opal cost benefit analysis.	Access Economics	2006
Will modifying inhalants reduce volatile substance misuse? A review.	S MacLean and P d'Abbs	2006
Other		
'It might be a scummy-arsed drug but its a sick buzz': chroming and pleasure.	S MacLean, Youth Research Centre, University of Melbourne	2006
An exploratory study examining factors associated with inhalant use and cessation amongst urban young people.	J Copeland, P Dillon and C Finney Lamb, National Drug and Alcohol Research Centre	Current

The Senate Community Affairs References Committee inquiry into petrol sniffing

The most significant piece of research completed since NIAT's report was finalised is the Senate Community Affairs References Committee inquiry into petrol sniffing. The Senate referred the issue of petrol sniffing in Indigenous communities to the Community Affairs References Committee on 5 October 2005. The committee conducted extensive research and consultation and released its final report in June 2006. The report calls for a sustained whole-of-government approach to petrol sniffing, overseen by the Council of Australian Governments. The committee stated:

The key components to solving the problems of petrol sniffing will be a whole-of-government approach matched with on-going commitment and sustained funding of programs that engage Indigenous communities. [2]

The committee's report contains 23 broad ranging recommendations in relation to a number of areas including:

- long term funding and support
- law and policing
- community based programs
- rehabilitation facilities.

4. Prevention

Chapter 4 of the NIAT report outlines a range of primary and secondary prevention interventions in relation to inhalant abuse. Since the report was completed, there have been several new prevention initiatives announced by the South Australian and Australian Governments in relation to petrol sniffing in Central Australia.

New AP Lands police district

On 9 November 2005 the South Australian Police (SAPOL) officially declared a new separate police district to cover the Anangu Pitjantjatjara (AP) Lands. Prior to this there was no permanent police presence on the AP Lands other than Aboriginal Community Police Officers. The establishment of this new police district supports SAPOL's ongoing commitment to communities on the AP Lands in the far north of South Australia. The key features of the AP Lands Police District are:

- Increased policing resources including eight permanent police, comprising a senior sergeant, sergeant, six senior constables, as well as ten community constables.
- A range of benefits to the local communities, including improved community and personal safety, a reduction in the incidence of substance abuse and crimes of violence and property damage associated with substance abuse (including petrol sniffing), and the development and implementation of sustainable crime reduction strategies.

[2] The Senate, Community Affairs References Committee 2006. *Beyond petrol sniffing: renewing hope for Indigenous Communities.* Canberra: Senate, p. xv.

Australian Government 2006-07 budget initiatives

The 2006-07 Australian Government budget provided $55.1 million over four years to continue and expand the whole-of-government regional approach to petrol sniffing being adopted in Central Australia. This funding will support the continued roll-out of Opal fuel under the auspices of the Petrol Sniffing Prevention Program (formerly the Comgas Scheme), together with a range of prevention, diversion and rehabilitation activities in the central desert region and a similar approach for an additional two regional areas that are yet to be decided.

The funding has been allocated as follows:

- Department of Health and Ageing - $20.1 million to enhance the roll-out of Opal in the designated central desert region and increase the availability of Opal to a further two regions. Other funding initiatives in relation to Opal are discussed further in section 6 below.
- Department of Families, Community Services and Indigenous Affairs - $15 million to provide family support and community development services.
- Attorney-General's Department - $14.9 million to support community patrols and youth diversion activities.
- Department of Education, Science and Training - $5.1 million to provide drug education and alternative education options for disconnected youth.

5. Treatment

Section 5.4 of the NIAT report outlines specific service responses for volatile substance users. Since the report was finalised there have been developments in Northern Territory, Queensland and South Australia which are summarised below.

Residential rehabilitation facilities in Northern Territory

Residential rehabilitation facilities have been established in Alice Springs and Darwin to support the new Northern Territory volatile substance abuse legislation. Treatment services are provided by the Drug and Alcohol Services Association (DASA) in Alice Springs which has residential capacity for a total of 11 clients (including alcohol and other substance misuse). This capacity will increase to 21 clients once DASA relocates to its new adult facility. A separate service for young people is also planned. Treatment services in Darwin will be provided through the Council on Aboriginal Alcohol Program Services (CAAPS) in Darwin which has recently constructed a purpose built facility and has capacity for up to 12 inhalant clients. This facility caters for both young and adult clients.

New Queensland service model

During 2004 and 2005 the Queensland Government trialled place of safety services in Brisbane, Logan, Mt Isa, Townsville and Cairns. The services, provided by non-government organisations, were funded to respond to young people aged 12 to 17 years affected by volatile substances and to support trial police powers. The places of safety trial was evaluated by the Queensland Crime and Misconduct Commission. This trial and its evaluation are discussed in more detail in section 5.4 of the NIAT report.

In response to the evaluation findings, the Queensland Government has initiated an enhanced whole-of-government response to volatile substance abuse. A core component of this response is the establishment of a new service model in seven locations that will commence in the second half of 2006. These new services are being established in Rockhampton and Caboolture as well as in the previous trial locations of inner Brisbane, Logan, Mt Isa, Townsville and Cairns. There will be a clear demarcation between the intoxication recovery components of the service and longer-term support while the scope of the services has been significantly broadened to include case management, engagement of the families of the young people and improving the capacity of communities to respond to outbreaks of volatile substance misuse. Specific elements of the services will reflect the local nature of the problem and include outreach, case management, diversionary activities, and provision of advice, support and education to families, service providers and communities.

Substance misuse facility on APY Lands in South Australia

Section 5.4 of the NIAT report notes establishment of a substance misuse facility for the Anangu Pitjantjatjara Yunkunytjatjara (APY) Lands. Since NIAT's report was finalised, Drug and Alcohol Services South Australia have completed the consultations with the APY communities in relation to the service model and site of the new substance misuse facility.

In response to the consultation findings, the South Australian Government will establish a rehabilitation facility at Amata, which will have a residential capacity for a total of eight clients (including alcohol and other substance misuse). Families of residential clients will also be encouraged to reside at the facility. The service model will include a relapse prevention and outreach service staffed with nurses and Anangu health workers. The outreach program services will include case management, engagement of the families of the young people and improving the capacity of communities to respond to substance misuse. It is proposed that the new facility will be operational by August/September 2007.

6. Supply and product issues

Chapter 6 of NIAT's report outlines a number of methods of reducing the supply of volatile substances to people who are at risk of misusing these products. Further developments in relation to supply and product issues are outlined below.

Display of spray paints

In May 2006 the New South Wales Parliament passed legislation which requires aerosol spray paint cans to be stored in a locked cabinet or behind the counter so that members of the public are unable to access them.[3] This legislation has been introduced as a response to graffiti.

Prior to the commencement of the legislation, the Office of Fair Trading will conduct a comprehensive education campaign which will provide information about the new provisions and also about the full range of measures being used to combat graffiti.[4]

A similar ban, also a graffiti control measure, is in place in South Australia and is discussed in section 6.2 of the NIAT report.

Community imposed restriction on supply

Legislation effective in the Northern Territory since 9 February 2006 enables communities to develop local management plans specifying practices and procedures relating to the management of the possession, supply and use of volatile substances. In the period February to May 2006, five communities have requested assistance from the Department of Health and Community Services to declare a community management area and develop a community management plan, four in the Centre and one in the Top End. Community imposed restrictions on supply are discussed in more detail in section 6.5 of the NIAT report.

Restricting supply through drug schedules and import regulations

Section 6.6 of the NIAT report identified that the New Zealand Government was considering utilising drug scheduling laws to regulate the supply of volatile substance products. The New Zealand Parliament's Multi-party Health Select Committee has since reviewed the draft legislation and decided that substances such as butane gas and aerosols that have legitimate personal, domestic and industrial uses are better regulated under existing laws such as fair trading legislation.[5]

Scientific research and technical trials regarding product modification: aerosol spray paint

In 2004 the Commonwealth Department of Health and Ageing provided funding to the Victorian Department of Human Services to undertake research to inform the consideration of product modification as a response to inhalant abuse. This included scientific and technical trials to further explore the feasibility of the modification of petrol, butane gas and aerosol spray paint to deter abuse. The outcomes of the research in relation to petrol and butane gas and the preliminary results of the research in relation to spray paint are summarised in section 6.7.2 of the NIAT report.

The aerosol spray paint research has subsequently been completed. The Commonwealth Scientific and Industrial Research Organisation (CSIRO) conducted a range of scientific experiments to assess the quality and performance of aerosol spray paints modified with mercaptans. These experiments found that the addition of mercaptans did not affect the adhesion, appearance, weathering or stability of the spray paint, including after accelerated ageing tests were conducted.[6] However, the issues with product modification identified in the preliminary report, and discussed in detail in section 6.7.2 of the NIAT report remain.

The CSIRO's final report also acknowledges the work of Barloworld which has reformulated spray paints to produce products free of toluene and xylene.[7] The reformulated products use a blend of acetone and solvesso which, while still volatile substances, are believed to be less attractive to inhalant users.

Consistent with recommendation 38 in the NIAT report, the CSIRO research identifies that it may be useful to undertake further research into the effectiveness of the reformulation of spray paints to produce products free of toluene and xylene, two substances that are believed to be particularly attractive to inhalant users.[8] This change would also reduce the toxicity compared to current products.

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[3] *Summary Offences Amendment (Display of Spray Paint Cans) Act* 2006.
[4] Beamer D 2006. *Summary Offences Amendment (Display of Spray Paint Cans) Bill* 2006 Second reading speech, http://www.anzacatt.org.au/prod/PARLMENT/hansArt.nsf/V3Key/LA20060510046# (accessed 27 June 2006).
[5] Health Committee 2005. *Misuse of Drugs Amendment Bill* (No 3). http://www.stanz.org.nz/images/186bar2.pdf (accessed 7 July 2006).
[6] Commonwealth Scientific and Research Organisation (CSIRO) 2006. *Report on experimental trials of aerosol spray paints modified by the addition of malodourants.* Prepared for the Department of Human Services, Melbourne: CSIRO, p. 8.
[7] Ibid, p. 4.
[8] Ibid, p. 11.

Progressing NIAT's recommendations in relation to product modification

The National Inhalant Abuse Coordinating Group has had preliminary discussions in relation to progressing the product modification recommendations of NIAT. The current thinking in relation to product modification, which has been formed by NIAT's report and the social and scientific research into product modification, is:

- **Petrol:** The addition of deterrents to petrol is not feasible and the benefits of reformulating products to deter abuse, as with Opal, are recognised and supported.
- **Butane gas:** The addition of deterrents to gaseous fuels raises a number of issues, including the fact that butane gas products are imported and there are significant technical problems associated with the addition of a deterrent to an already filled product. The NIAT report recommends further investigation of the potential to modify butane gas products and other gaseous fuels, as these are the most dangerous inhalant products commonly used by inhalant users. However, further consideration of the CSIRO findings will be undertaken before pursuing any new research in this area.
- **Aerosol spray paints:** There are also issues with the modification of aerosol spray paints, including limitations on the ability to monitor compliance with such a requirement for imported products and the difficulties associated with post-production modification. It is possible that the reformulation of aerosol spray paints to reduce toluene levels may make these products less attractive or less harmful to inhalant users. As recommended in the NIAT report, further research in this area may be considered.

Alternative fuels

Section 6.8 of the NIAT report discusses the use of modified petrol as an intervention to address petrol sniffing. As at 5 July 2006, Opal fuel is available in 59 Indigenous communities and 14 roadhouses.[9]

A report by Access Economics released in March 2006 found that the comprehensive roll-out of Opal fuel across Central Australia would cost about $26.6 million per annum, including the fuel subsidy as well as the supporting strategies and community services.[10] However, the report also found that $25.1 million per annum in financial savings could be achieved by an extensive roll-out of Opal. Thus the net financial cost of rolling out Opal across Central Australia was calculated to be only $1.5 million. The study also found that when the value of healthy life gained was taken into account, the roll-out of Opal would result in a net economic benefit of $27.1 million per annum in addition to the pure financial savings of $25.1 million per annum.

The Senate Community Affairs References Committee's recent report into petrol sniffing in Indigenous communities found that 'the supply of Opal is a fundamental plank in the strategy to reduce petrol sniffing.'[11] Consistent with the recommendations of the NIAT report, the committee calls for wider roll-out of Opal, increased measures for securing sniffable fuel and greater availability of information about Opal. In addition, the committee found that a comprehensive roll-out may be limited by the availability of supplies of Opal and called for further investigation of the possibility of increasing supply.

Since NIAT's report was completed, both the Australian Government and the Queensland Government have announced initiatives to increase the availability of Opal fuel. These are outlined further below.

The Petrol Sniffing Prevention Program (formerly the Comgas Scheme), administered by the Office for Aboriginal and Torres Strait Islander Health, has funding from a number of sources to provide Opal fuel to, and reduce the impact of petrol sniffing in, Indigenous communities. The program's funding is made up of:

- $1 million per annum from the Substance Use Program
- $8.3 million over four years from the 2005-06 Budget Measure Combating Petrol Sniffing
- $5.2 million over two years from the 8 Point Plan to reduce petrol sniffing in the designated Central Desert Region of Australia
- $17 million over four years from the 2006-07 Budget Measure Reducing Substance Abuse (Petrol Sniffing).

The Australian Government announced in July 2006 that it will fund the supply of Opal fuel in all ten petrol stations in Alice Springs.[12] This will enable people intending to visit or return to a community using Opal to refuel with Opal.

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[9] Media release: Tony Abbot, Federal Minister for Health 5 July 2006. http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb106.htm?OpenDocument&yr=2006&mth=7 (accessed 7 July 2006).

[10] Access Economics 2006. *Opal cost benefit analysis.* http://www.accesseconomics.com.au/reports/opalreport.pdf (accessed 3 July 2006), p. 3.

[11] The Senate, Community Affairs References Committee 2006. *Beyond petrol sniffing: renewing hope for Indigenous Communities.* Canberra: Senate, p.112.

[12] Media release: Tony Abbot, Federal Minister for Health 5 July 2006. http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb106.htm?OpenDocument&yr=2006&mth=7 (accessed 7 July 2006).

On the 12 October 2005, the Queensland Government approved the introduction of Opal fuel for a trial period of 15 months to reduce the supply of 'sniffable' petrol in remote Aboriginal and Torres Strait Islander communities. Under the trial the Queensland Government extends its fuel subsidy to include Opal fuel for those communities participating in the Australian Government Petrol Sniffing Prevention Program. This ensures that Opal is available at the same cost as unleaded petrol. Communities eligible for the trial include Mornington Island, Doomadgee, Kowanyama, Pormpurraaw, Aurkun, New Mapoon, Seisia, Umagico, Injinoo, Bamaga, Lockhart River and Palm Island. Aurukin commenced selling Opal in November 2005. Doomadgee and Mornington Island have been approved and will commence selling the fuel shortly.

7. Legislation

Five Australian jurisdictions, Northern Territory, Queensland, South Australia, Victoria and Western Australia have enacted legislation specifically dealing with inhalants. This legislation is summarised in chapter 7 of the NIAT report. Since the report was completed, there have been developments in relation to legislation in Northern Territory, Queensland and Victoria.

The Northern Territory's *Volatile Substance Abuse Prevention Act* 2005 commenced on 9 February 2006. The legislation and its supporting regulations provide for a range of legislative options to prevent and manage petrol and other volatile substance abuse problems in the Northern Territory. $10 million has been allocated over five years to support this legislation and strengthen and expand intervention programs.

In September 2005, the Queensland Crime and Misconduct Commission released an evaluation of the police powers legislation in force in five trial sites in that state. The Queensland Government is currently considering the report. In the meantime, the trial powers will be applied to two other locations, Caboolture and Rockhampton where there is a significant volatile substance misuse problem. The powers will commence in these locations from 1 July 2006 along with specialist services to assist people using volatile substances.

The Victorian legislation providing for police powers in relation to inhalant abuse was introduced for a limited period and was due to sunset on 30 June 2006. However, the *Drugs Poisons and Controlled Substances (Volatile Substances) (Extension of Provisions) Act* 2006 has extended the police powers provisions for a further two years. This will allow for the completion of a review of the legislation's effectiveness. Preliminary data indicates that police are using the Act in the best interests of young people. Work is continuing to augment this data set, and this will inform recommendations regarding the future of the legislation.

III. Conclusion

This addendum provides updates on the information contained in the final report of the National Inhalant Abuse Taskforce. It is encouraging that in the six months since NIAT completed its work, there have been a broad range of initiatives implemented across all of the six priority areas identified in NIAT's report, namely, information resources, research, prevention, treatment, supply and product issues and legislation.

NIAT's report was comprehensively researched over a two year period. The MCDS has agreed to make the report publicly available to ensure that the report and its 52 recommendations contribute to the body of available information about inhalant abuse in Australia.

The *National framework for addressing inhalant abuse in Australia* set out in NIAT's report provides the structure for a coordinated, holistic response to inhalant abuse. The establishment of the National Inhalant Abuse Coordinating Group (NIACG), chaired by the Northern Territory Police, will ensure that momentum on this issue is maintained. NIACG will provide regular reports on progress to both the IGCD and MCDS. NIACG represents a commitment by governments across Australia to continue to work together to address inhalant abuse in all its manifestations.

National Directions On Inhalant Abuse

Final report

National Inhalant Abuse Taskforce

November 2005

with Addendum July 2006