

## 6 Demand reduction I: Community-based approaches

Given the ready availability and cheapness of many inhalants, and their intensive psychoactive effects, it is unlikely that any supply reduction measures, in themselves, will lead to sustained eradication of VSM. Measures to reduce demand for inhalants are also required. These can include preventive programs such as educational and recreation-oriented interventions, counselling and family support, and treatment and rehabilitation services. In this and the two following sections, we review evidence relating to interventions aimed at reducing demand. We begin by discussing several multi-faceted community-based approaches in remote, regional and urban settings. The following section will address educational, recreational and other preventive demand-reduction initiatives, while the third will consider treatment and rehabilitation.

We begin with initiatives in remote areas, then discuss interventions in urban and regional centres.

### 6.1 Community-based approaches in remote Indigenous communities

A recent Commonwealth Senate inquiry into petrol sniffing concluded that two factors shaped a community's capacity to prevent petrol sniffing, neither of which related directly to any anti-petrol sniffing activity (Senate Community Affairs Reference Committee, 2006). The first was the availability of other drugs for young people to use as alternatives to petrol; the other was the general level of community wellbeing: 'repeatedly the Committee was told that strong family and community support is essential for preventing and effectively dealing with petrol sniffing' (p. 17). Community wellbeing is influenced by broad social, economic and cultural factors that are well outside the purview of this review. Nonetheless some programs have had success in supporting communities and strengthening their capacity to respond to young people's drug use.

#### 6.1.1 *Western Australian Working Party on Petrol Sniffing*

In 1986 the Western Australian Government established a Working Party on Petrol Sniffing. Following consultations with communities in the Eastern Goldfields region of Western Australia, the Working Party established a community-based program to reduce petrol sniffing among the Ngaanyatjarra people. The area included eight communities with a combined Aboriginal population estimated in 1988 at 1388 (Lang & Kickett, 1989). The program took as its starting point the disempowerment and disintegration which, the Working Party argued, afflicted Aboriginal communities as a result of the imposition of European dominance. To counteract these effects, the program sought not only to impart skills which could be used to combat petrol sniffing, but also to promote the capacity of communities to act collectively to prevent petrol sniffing, support families who needed help, and to generate a sense of collective and individual pride.

The approach involved a number of key components. The first of these was the compilation of data for use as a baseline against which to measure progress. The Working Party gathered

hospital morbidity and mortality data and information from police records. A second component involved convening community workshops at which community members identified a range of possible strategic options and then selected one for action. One community, for example, decided to establish a camp for sniffers on a remote outstation. Sniffers would not only be given time to dry out, but also to work on tasks such as fencing, and to learn traditional culture and bushcraft. A third component involved the production of educational materials which in turn sought to impart skills, promote self-esteem, and disseminate information about the effects of petrol sniffing on the body. Finally, key informants in communities were selected as sources of information about the effects of the programs.

In an early report (Lang & Kickett, 1989), members of the Working Party presented an optimistic account of the program. Later, however, the same authors were much more critical of their own approach (Lang & Kickett, 1990). It had been a mistake, they now argued, to regard the community as the ‘primary system’ on which to focus the program; beneath a veneer of homogeneity, communities were in reality too divided—by language, religious affiliation, generational loyalties, to mention a few factors—to be able to act cohesively. Instead, the authors continued, the family should have been regarded as the major system. They pointed out that after two years the Working Party had been unable to establish a single core working group in any community. They also stressed the need for effective evaluation mechanisms to be built in from the outset of any project of this nature. Had this been done, they argued, those responsible for the program would have been much less likely to have misinterpreted early signs of community action.

### 6.1.2 *Community-based approaches in Central Australia*

Community-based approaches to VSM have a long history in Central Australia (see Dalton-Morgan, 1987). Many successful and innovative programs are discussed (in English, Pitjantjatjara, Warlpiri, Arrente, Western-Arrente, Luritja and Pinturbi-Luritja) in a series of radio programs produced by Central Australian Youth Link-Up Service (CAYLUS) and available as a boxed CD set (Central Australian Youth Link-Up Service, 2006b) or in copies of their newsletter *Youth Link-up* available at: <http://www.users.on.net/~tangcnl/data/caylus/Our%20newsletters/>.

The Australian interventions discussed below are among the more significant of these and/or are relatively well documented.

### 6.1.3 *Healthy Aboriginal Life Team (HALT)*

One intervention that attracted a lot of interest in the 1980s and early 1990s was the model developed by a Central Australian trio who, following their official formation in November 1985, initially called themselves the Petrol Sniffing Prevention Team, and later the Healthy Aboriginal Life Team, or HALT (Franks, 1989). HALT was a family counselling and education program based on the principles of community development. It grew out of a community-based program initiated at Yuendumu in 1984.

The model was based upon a view of petrol sniffing as ‘a systemic disorder arising from and contributing to a degree of broad social dependency which has resulted from many harmful forms of interaction with outsiders’ (Franks, 1989, p. 15). In other words, the explanation for petrol sniffing was to be found, not in the pathology of individual sniffers, or in particular types of families (e.g. fatherless families, alcohol-abusing families), but in the historically conditioned patterns of interaction between Aboriginal society and white Australian institutions.

Under the policy of assimilation, according to HALT’s critique, Indigenous social institutions were undermined. In particular, the nurturing and controlling capacities of the family and kinship systems were weakened; important social roles, particularly those occupied by males, all but disappeared and, in their place, emphasis was placed on the importance of biological parents (in keeping with Western family ideology). The outcome was a society characterised by systemic social dependency (Healthy Aboriginal Life Team, 1988, p. 9), fragmented and demoralised kinship systems, apathy, and a retreat into alcohol and other substance misuse as well as violence in an attempt to regain lost power and cope with unresolved grief.

Although the policy of assimilation had ended, HALT argued that the conventional mode of interaction imposed on Aboriginal communities by non-Aboriginal institutions continued to sustain dependency. From the standpoint of these communities, outsiders function as ‘provider or control agent’ (Healthy Aboriginal Life Team, 1988, p. 61). HALT claimed to operate from a radically different perspective, one governed by reciprocity rather than provision and control. Its role as an outside agency was not to deliver a service, but to release capacities inherent in the community. It aimed to work with Aboriginal family systems in order to help them recover their capacity to resolve problems; specifically in the case of petrol sniffers, it sought to reintegrate sniffers with their family systems and to promote the nurturing and controlling capacities of those systems (Franks, 1989; Healthy Aboriginal Life Team, 1988). HALT utilised counselling techniques to enable communities and families to redefine petrol sniffing as a problem which could be rectified by families.

HALT was evaluated in 1991 by Bryce, Scrimgeour and Rowse (1991, 1992). The evaluators held discussions with people at Yuendumu, who recalled a number of interventions in the mid-1980s, including HALT, as having contributed to successes achieved during this period. Bryce et al. conclude that HALT was one factor in Yuendumu’s success, but by no means the only one.

The evaluators found, moreover, that the successful Yuendumu actions departed at some points from HALT’s suggestion that adults nurture petrol sniffers. Adults had used terror and corporal punishment to discourage sniffing, and some sniffers appeared to have ‘graduated’ to alcohol when they reached manhood.

In 1985 HALT commenced work at the Central Australian communities of Kintore and Kiwirrkurra. Here the team further developed the technique of ‘family mapping’, where a child’s relationships was painted or drawn to reaffirm the role of kin in child rearing (Bryce et

al., 1992). They also appointed community workers and supported people in sending sniffers to stay with other family members. Bryce et al. reported that HALT had contributed to a reduction in petrol sniffing, but that a core of sniffers remained.

In the late 1980s the HALT model was also applied on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, where, in contrast to Yuendumu and Kintore, HALT did not have prior relationships with community members. Bryce et al. conclude that this factor, along with competition from two other models favoured by APY communities for dealing with petrol sniffing, led to HALT's failure to influence petrol sniffing significantly. The two rival models, in Bryce et al.'s terms, were the 'work' model and the 'police aide/surveillance' model.

HALT's experience suggests that, in the hands of a skilled counsellor, orthodox counselling and community development techniques can be effective, if used with sensitivity and respect for Aboriginal perceptions and values. HALT may have been successful in Yuendumu because it was developed there. However, the failure of HALT to impact significantly on the APY Lands suggests that its use as a model for other groups and communities is limited.

In a later discussion of HALT, Rowse (1996, pp. 48–81) has argued that in emphasising the imperative for Aboriginal people to solve problems through reactivating traditional social authority structures, HALT may have underestimated the usefulness to Aboriginal people of outside, or new, interventions when dealing with new problems such as petrol sniffing. He argues that 'traditional' child rearing practices may discourage parents and elders from censuring petrol sniffers, through fear of losing the goodwill of young people. Brady has also identified problems which arise from an uncritical belief in the power of a revival of 'culture' to heal Aboriginal people of modern ills (Brady, 1995).

#### *6.1.4 Petrol Link-up*

Unlike HALT which originated in one community, the Petrol Link-up project was initiated as a regional approach to addressing petrol sniffing. Petrol Link-up was funded between July 1994 and March 1995 to work in the Northern Territory, South Australia and Western Australia cross-border region of Central Australia. Petrol Link-up was never formally evaluated.

Where HALT concentrated on families and individuals, Petrol Link-up's main focus was on creating mechanisms for the sharing of information between communities about petrol sniffing-related interventions, and on encouraging and supporting community action, in the belief that not all sniffers could be stopped by family action. Petrol Link-up also provided administrative assistance and liaison for communities in their search for funding. The program also supported and encouraged the adoption of Avgas by APY communities, the Ngaanyatjarra communities and Western Desert communities in the NT.

The 'Three Ways' model developed by the Petrol Link-up team advocates the use of a range of strategies in dealing with petrol sniffing (a view consistent with the main thrust of this review).

The model entails:

1. reducing the availability of petrol by its substitution with Avgas;
2. rehabilitating sniffers through removing them to outstations—giving respite to communities and giving sniffers an opportunity to ‘break’ their behaviour; and
3. providing positive alternatives through youth programs, recreational activities, employment opportunities and the like within communities (Shaw, Armstrong, & San Roque, 1994, p. 19).

The Petrol Link-up team contended that stopping petrol sniffing requires an enormous effort by adults; their major strategy involves fostering and supporting these endeavours. Where families were unable to stop their children sniffing, Petrol Link-up advocated community action:

Essentially the community action makes the statement that petrol sniffing is not acceptable ... We believe it is important to encourage the community to try *something*, and *whatever it is* to support them. An intervention that is up and running and experiencing problems can be changed according to people’s perception of a more positive approach. In communities that currently have no intervention we have found that there are invariably plans and dreams. We have encouraged people to embark on their plans and given every support we can. It is also clear that people have been inspired by the stories from other communities ... Activities of a program such as Petrol Link-up are a catalyst for reactivation of community will (Shaw et al., 1994, pp. 13–14) (their emphasis).

Petrol Link-up was involved in producing a number of resources still in regular use in Central Australia, most notably the Brain Story, discussed elsewhere in this review. The team were also keen to redeem the outstation movement which was not viewed positively in the literature at that time.

It is difficult to assess the overall impact of Petrol Link-up. However, two of the strategies that it advocated—Avgas and outstation programs—have since been critical in reducing petrol sniffing. The model developed by Petrol Link-up has also been influential in the development of subsequent programs.

#### 6.1.5 *Makin’ Tracks*

In 1999 the Adelaide-based Aboriginal Drug and Alcohol Council (ADAC) was funded to run a program entitled ‘Makin’ Tracks’. The project employed a mobile team of two workers and was externally evaluated (Gray & Stearne, 2004).

The project commenced with three aims, the first of which was to develop ‘a multi-strategy plan for intervention strategies for Aboriginal solvent and other drug misusers in a number of South Australian communities’ (Gray & Stearne, 2004, p. 1). Project aims altered when it became

apparent that objectives of developing individual community strategies and a multi-agency plan to tackle petrol sniffing in the cross-border region were not feasible within staffing levels.

A new objective was agreed: to provide support and training or backup to other individuals and agencies working (often in remote communities) with people misusing substances, a role not unlike that previously undertaken by Petrol Link-up. As the project evaluation found, this function was sorely needed in the region. For instance, a drug and alcohol worker in one community was employed solely on the basis of the qualification that he himself did not consume alcohol (Gray & Stearne, 2004, p. 22). Substance misuse workers in communities told evaluators that they had benefited from both formal and informal training and assistance provided by Makin' Tracks staff. A worker at Yalata commented:

Since yarning with Paul [Elliot] he has taught me counselling methods and drug and alcohol stuff. ... I'd find it much harder to do this if I didn't have help and assistance (Gray & Stearne, 2004, p. 30)

Other project strengths documented in the evaluation include employment of well-qualified staff. Staff of the Makin' Tracks project contributed expertise to a concurrent ADAC project, the *Petrol Sniffing and Other Solvents Kit* (Aboriginal Drug and Alcohol Council (SA) Inc, 2000). Makin' Tracks worked most intensively in places where workers had extensive family networks and thus were better able to engage community members. Gray and Stearne conclude that the following aspects of the program might be usefully replicated in other Aboriginal substance interventions:

1. The project had clearly defined objectives based on Aboriginal community needs.
2. Workers were able to respond to the changing needs of individual communities.
3. An evaluation framework linked to project objectives was established at the commencement of the project and supported by staff.
4. The project functioned cooperatively with other interventions at ADAC and with other agencies.
5. Staff were able to build capacity in other communities through training and supporting local workers.
6. Aboriginal staff members were highly aware of cultural issues such as kinship relations which provided 'recognition of potential obstacles and ... the opportunity to avoid them or turn them to positive use'. (Gray & Stearne, 2004, p. 36)

The scope of Makin' Tracks was, however, limited by its capacity to employ only two staff. Other difficulties included a high staff turnover due in part to the strain of spending long periods of time travelling and away from family. In the second phase of the project, staff made more frequent but shorter visits to communities. Additionally, events that occurred within communities sometimes made it difficult for workers to achieve the aims of particular visits.

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

Throughout the late-1990s continued calls were made in Central Australia for the establishment of a program that would take up the role which Petrol Link-up had previously fulfilled. The Central Australian Youth Link-Up Service (CAYLUS) was awarded funding in September 2001, but did not develop a governance and management structure acceptable to all stakeholders, or appoint a coordinator, until November 2002. CAYLUS was evaluated in 2004 (d'Abbs, Shaw, & Clough, 2004).

CAYLUS draws on the community development and capacity-building approach of Petrol Link-up. It is auspiced by Tangentyere Council in Alice Springs and employs two coordinators and a casework coordinator. The program has four main aims:

1. To reduce inhalant and other substance abuse among young people through community development aimed at improving the quality of life of young people in remote areas and Alice Springs.
2. To respond quickly to remote communities' requests for assistance in developing strategies to reduce supply and demand for inhalants. To assist in the implementation of these strategies including sourcing funds, workers, infrastructure and training/education.
3. To provide case work where no other agency can assist. To coordinate existing casework agencies to ensure clients do not fall through the gaps, especially for those people moving between remote locations to Alice Springs.
4. To advocate on behalf of the CAYLUS reference group and remote communities for resources to address inhalant abuse, including the rollout of non-sniffable Opal fuel and the provision of youth program infrastructure (Central Australian Youth Link-Up Service, 2006a).

Evaluated outcomes for CAYLUS include securing over half a million dollars for member communities. A further quarter of a million dollars was dispersed to communities in order to support anti-VSM activities. Twenty-two youth programs were initiated in Central Australia. An additional 36 school holiday programs were also organised. Two communities were supported to use funds that had been insufficient to employ youth workers by merging resources into one program. Eight communities held meetings to discuss how they might respond to petrol sniffing. Three outstations were also assisted. CAYLUS also lobbied various government bodies and developed submissions for coronial inquests. In Alice Springs CAYLUS worked successfully with retailers to restrict supply of spray paints (d'Abbs et al., 2004).

Difficulties encountered by CAYLUS included lack of clarity among colleagues in communities as to the services the organisation had capacity to offer, burdensome administrative requirements in divesting brokerage funds, tensions between time spent on case work and community development, and dealing with concerns over equal allocation of funds to communities involved.

CAYLUS has proved particularly effective as an advocacy body, both on its own and as part of the Opal Alliance—a group involving CAYLUS, NPY Women’s Council and the owners of Ayers Rock Resort—formed to bring the attention of Australians and their governments to the case for subsidising Opal petrol in areas affected by petrol sniffing.

#### **6.1.7 Mt Theo–Yuendumu Substance Misuse Program**

The Central Australian community of Yuendumu has for many years been active in addressing petrol sniffing and other forms of substance misuse. The Substance Misuse Program has three components: the Mt Theo Outstation (described at section 6.1.7); a Youth Diversion Program designed to generate regular activities for young people as a preventive measure; and the ‘Jaru Pirrjirdi Project’, established in 2003 to provide after-care and vocational training for older young people. Together, these interventions have enabled Yuendumu to dramatically reduce levels of petrol sniffing among its young people (see <http://www.mttheo.org/home.htm>).

Jaru Pirrjirdi was established with the intention of addressing the problems underlying petrol sniffing and other forms of substance misuse. The program’s name translates to ‘strong voices’ and endeavours to help young people aged 17–30 in the community find a way to ‘engage in meaningful and productive activity’ and to allow young people to articulate the issues facing them and visions for the future (Badger 2006 quoted in Saggars & Stearne, 2007, p. 4).

There are three progressive levels of involvement in Jaru Pirrjirdi. At level one, participants run the program of youth activities in the community, for instance supervising the pool table or other activities. They may also attend night school. After 3–6 months involvement, participants become ‘Jaru Workers’ (level 2). At this level they take responsibility for bush trips and cultural activities involving younger community members. Senior Jaru (level 3) are required to mentor other young people and to ‘take on meaningful and responsible positions in their community’ (Saggars & Stearne, 2007, p. 5). Jaru workers are paid under the CDEP scheme. An evaluation (Saggars & Stearne, 2007) found that the program had significantly improved young people’s sense of connectedness to community. Graduates of the program are now employed within a range of community programs and services including child care and community policing.

The evaluators argue that the most impressive component of the program is the care and mentoring offered to younger people in the community. Senior Jaru are supported by workers to mentor young people who are considered to be ‘at risk’. Jaru mentors are credible to young people because they have experienced many of the same difficulties (Saggars & Stearne, 2007).

#### **6.1.8 Factors inhibiting or enhancing the success of programs in remote communities**

Few cases of unsuccessful community development approaches to tackling VSM have been documented. Those that have suggest that efforts have sometimes foundered on lack of cooperation between Indigenous and non-Indigenous staff, lack of community support or lack of appropriate governance mechanisms. Senior and Chenhall (2007), for instance, describe one attempt by a community involving engaging young people in activities and attempting to

raise their self esteem thorough fostering a sense of belonging. This program, they argue, was undermined by a lack of support from the non-Aboriginal office bearers in the community:

Members of the River Town community considered that they should be able to construct a petrol-sniffing program entirely within the Aboriginal domain, and involve the Aboriginal employees of the key institutions of the Council, clinic, school and police. However, their positions within these key institutions did not afford them the authority to make decisions concerning the involvement of their organisations (Senior and Chenhall, 2007, p. 325)

Conversely, when a similar program was initiated by a non-Aboriginal resident a year later, few Aboriginal residents were willing to be involved. This process served to undermine the authority of Aboriginal leaders in the eyes of young people sniffing petrol. Senior and Chenhall conclude that community support and involvement are not, on their own, sufficient for a successful program. Awareness of the community's intentions and support from staff and funding bodies are also essential.

In some remote communities structures for program governance are altogether inadequate. This makes it very difficult to implement an effective program. For instance, in January 2002 the Darwin Skills Development Scheme was contracted by the Department of Health and Ageing to conduct a Youth Wellbeing Program involving responses to petrol sniffing. Evaluation of this program found that lack of viable administrative bodies in some local communities made it very difficult to access appropriate people or to expend funds (d'Abbs et al., 2004).

Conversely, Mosey (2000) has identified what she sees as key elements of any intervention strategy aimed at dealing with VSM in Indigenous communities:

- Programs also need enthusiastic support from non-Aboriginal institutions such as the council, school and police.
- Broad community and family support is required. Family members should be actively involved in roles such as becoming wardens or taking children to outstations, teaching them stories or law, and praying for them.
- Several strategies should be implemented as part of any one campaign, including both 'sticks' and 'carrots'.

## 6.2 Community-based approaches in urban and regional locations

In 1992 the World Health Organization hosted a conference on responses to VSM, at which participants concluded that local community strategies were the best way of dealing with the problem (Parliament of Victoria Drugs and Crime Prevention Committee, 2002). We do not attempt to review here all of the local programs that have been implemented in Australia over the past decade (few, in any case, have been formally evaluated or documented), but rather present a selection of community-based initiatives in urban or regional settings.

### 6.2.1 *Sunshine Chroming Awareness Program (Melbourne)*

The Sunshine Chroming Awareness Program operated for three years during 2000–2002 through the Salvation Army. The program is described in detail by the Drugs and Parliamentary Committee (Parliament of Victoria Drugs and Crime Prevention Committee, 2002).

Sunshine is a disadvantaged western suburb of Melbourne. In response to community concern about young people chroming in public places, representatives from a range of local agencies met regularly to develop a response. A major focus was on working with retailers to reduce supply of VSM products (discussed above, under Supply reduction). The project conducted research with school staff and young people to determine the extent of chroming and reasons for this form of drug use. Locations where chroming occurred regularly were identified. Welfare agencies made regular outreach visits to these places. On finding from their research that boredom was a major reason for chroming, the committee shifted its focus from drug use to look more broadly at improving young people’s sense of engagement and connectedness with the local community (O’Grady, 2001).

### 6.2.2 *Cairns Inhalant Action Group*

In early 2002 the Cairns Inhalant Action Group (CIAG) was convened by Wuchopperen Health Service, an Aboriginal and Torres Strait Islander community-controlled health service in Cairns, in response to an upsurge in VSM. The coordination of this group has been the core business of Wuchopperen’s Social and Emotional Health Service. Participants included the Cairns City Council, Queensland Police, non-government and government agencies. A Substance Misuse Worker was employed for four years at Wuchopperen until September 2006 through a grant from the Alcohol, Education and Rehabilitation Foundation (AERF). The CIAG has met monthly for five years. Measures adopted included:

- working with retailers to restrict product supply—through letters, visits, resource development and distribution of pamphlets;
- staff development—including assisting the local council’s development of protocols for dealing with street intoxication, a referral flow chart and running education workshops, and discussions on the development of a residential rehabilitation facility for remote-area youth;
- interagency case management of known users;
- development of an information card and other resources;
- conducting needs assessments among service providers and users and monitoring changes in VSM prevalence in order to further develop the group’s strategies;
- educating communities and families about responding to VSM, through development of a Streetwork Outreach Program with a focus on building capacity of families; and
- advocacy to government to improve service responses for people who use volatile substances (Robertson, 2002, 2007).

Detailed project achievements have been documented (Robertson, 2007). Recurrent funding has been obtained from OATSIH to enhance the Drug and Alcohol Program and secure the future of the Streetwork Outreach Program. VSM prevalence in Cairns reduced during the program's operation. As a result, as of July 2007 the CIAG had reduced its meetings to twice yearly with a commitment to convene more often if necessary.

### *6.2.3 Connecting Koori Kids and SEERS*

The Latrobe Valley is socio-economically disadvantaged and has a high Indigenous population compared with other areas of Victoria. Two programs were developed in the Latrobe Valley area of Gippsland, Victoria, in response to apparent increases in chroming.

'Connecting Koori Kids' was a short program that used a community development approach. The program worked with Indigenous young people aged from 22 to 25 who were at risk of using inhalants and with other community members (Hughes, 2003). It was developed collaboratively by the Youth Substance Abuse Service (YSAS) and the Ninde Dana Quarenook Indigenous Co-operative. Workers educated the Indigenous community about the risks of chroming and developed strategies with the community and affected families to strengthen young people's sense of connection. A youth group provided young people with alternative recreational options. Activities included the Koori Air Radio Program, cultural performances, sports and educational programs.

The Safety, Engagement, Education and Recreation (SEER) program, also in the Latrobe Valley, was developed after funding for Connecting Koori Kids expired. Local agencies had developed a referral system to ensure that adolescents found chroming or engaging in other high risk behaviours by police received follow-up care and support from health and welfare agencies. In 2003 legislation was introduced in Victoria that empowered police to search and seize volatile substances and to collect minors affected by VSM and take them to a place of safety. Service providers, however, were concerned that some of the volatile substance users did not have homes that could be considered safe and therefore a facility was required where these young people could be taken when affected by volatile substances. They also felt that an activities program should continue to be available for young people at risk of VSM. Data gathered through the referral process were used to substantiate the need for a day program, to create a 'place of safety and engagement'. Like the CIAG (above), the program received a limited period of funding from the AERF, from 2004 to 2005.

SEER targeted young people aged 12–15 years who were not attending school and either at risk of, or already using, volatile substances and was externally evaluated (Murphy, 2005). Police reported that SEER provided an appropriate place to take intoxicated young people. Various activity programs were provided, with staff finding that semi-structured activities engaged young people most effectively. Young people reported that they chromed less when other enjoyable activities were available to them. SEER initially aimed to link young people into courses such as TAFE. Participants had low levels of education and struggled to control

drug use so this aim proved unrealistic. The program evaluation concluded that one benefit was improved communication and cooperation between agencies providing services to ‘high risk’ young people. Visible use of inhalants in the Latrobe Valley diminished after the program was instituted; although to what degree this can be attributed to SEER is impossible to determine (Murphy, 2005).

#### **6.2.4 Mount Isa Volatile Substance Misuse Action Group**

Workers in the mining town of Mt Isa in Queensland noticed in early 2000 that the town’s previously episodic incidence of VSM had become more consistent. Young people’s interest in VSM was continually reactivated by alarmist media coverage of their activities (Polson & Chiauzzi, 2003). A meeting was convened by Mount Isa Police and the Department of Family Services to address the matter, which led to the establishment of a working group representing government, non-government and community members. The working group identified five areas for action:

- restricting supply through working with local retailers;
- training teachers, parents and other community members to recognise VSM;
- developing protocols between police and the local hospital to ensure appropriate care for affected users;
- developing programs to assist young people in developing self esteem and resilience; and
- establishing a ‘Family Healing Program’ to engage young people known to be chronic users. The program consisted of bush camps, life skills training, cultural teaching, counselling and family case management. Nine participants were involved in this program.

Eighteen months after this program began all male participants had stopped VSM. Some of the young women continued to use volatile substances, albeit only episodically (Polson & Chiauzzi, 2003).

#### **6.2.5 Local government responses**

Local governments have recently emerged as increasingly important participants in drug use policy and intervention. Councils responding to the Victorian Drugs and Crime Prevention Parliamentary Committee saw their optimal role as facilitative, drawing together concerned groups of people (Parliament of Victoria Drugs and Crime Prevention Committee, 2002).

Local councils have been key participants in many of the local strategies described above. Some local councils have also initiated their own programs. Two Victorian local council programs at Wyndham (on the western fringes of Melbourne) and Darebin (in the metropolitan north) are described in the *Inquiry into Inhalation of Volatile Substances* (Parliament of Victoria Drugs and Crime Prevention Committee, 2002).

### 6.3 Conclusion: meeting the needs of young people

VSM is only one of a range of ‘risk’ behaviours such as alcohol and other drug use, suicide, self-harm and drink driving which cause enormous worry and grief to communities, both Indigenous and non-Indigenous. Brady (1992) suggests that young people in Aboriginal communities have very little authority and that sniffing is one means by which they can exert power. Although the problems facing young people in Aboriginal communities, as elsewhere, cannot be reduced to the level of funding alone, several observers (Roper, 1998; Brady, 1992) have suggested that greater attention to young people’s needs and opportunities may in itself be protective against petrol sniffing. McFarland suggests that the availability of basic food, shelter, education, youth workers and youth-focused programs in remote communities would substantially reduce sniffing: ‘the way forward is by improving the lot of all youth in remote communities’ (McFarland, 1999, p. 7).

Given the coincidence of VSM in urban communities with experiences of marginality, such as involvement with child protection or juvenile justice services and poverty, it can also be argued that addressing the underlying disadvantage would impact most effectively on VSM among Indigenous and non-Indigenous urban youth alike (MacLean, 2006).

Local community action programs are time-consuming and often labour-intensive but very often appear to effect a reduction in VSM and associated harms. These kinds of campaigns are dependent on the energy of working group participants and project officers. Difficulty in securing funding for these groups, alongside the often episodic nature of VSM, means that when VSM declines in the community concerned it is difficult to implement ongoing preventive strategies.

### 6.4 Summary

- Over the past 20 years, many instances of multi-faceted, community-based approaches to preventing and managing VSM have been implemented, in both remote and urban/regional centres.
- Evidence from two programs in Central Australia (Petrol Link-up and CAYLUS) suggests that, in remote regions, there are benefits to be derived from adopting a regional approach, and complementing service provision with brokerage and advocacy activities aimed at promoting local community capacity.
- Remote communities can benefit from dedicated town-based staff who are able to visit to provide support, education, advocacy and information about VSM. Drug and alcohol workers placed in remote communities very often require support and backup from others with specific skills in working with people who use volatile substances.
- Successful community-based interventions in remote communities require support from non-Aboriginal agencies such as police, clinics and schools, as well as Aboriginal agencies and groups.

- Despite difficulties in securing ongoing funding, effective community campaigns in urban and rural locations have included: the involvement of a range of community members and agency representatives, research and consultation to determine specific features of VSM within the local area, improvement of communication mechanisms between local service providers (for instance, police and welfare agencies), community education to increase parental and worker sensitivity to the issue, retailer education, and targeting VSM ‘hotspots’.