

## 7 Demand reduction II: Education, youth and recreational programs

In this section we review evidence relating to two major preventive approaches—drug education and recreational programs—and also touch briefly on two other preventive approaches: the role of education, training and employment in combating VSM, and the use of Indigenous cultural motifs as a vehicle for talking about VSM.

### 7.1 Information and education about VSM

As with other forms of drug use, education about VSM can be either universal or targeted. We consider in turn universal education, education targeted to known users and education targeted to communities.

#### 7.1.1 *Universal drug education*

Roper and Shaw (1996, p. 15) argue that education about VSM only draws attention to the practice and that information about VSM should not be offered to non-users in schools, a stance endorsed in several Australian jurisdictions. Some state education policies specify that schools should provide information about risks associated with VSM products through occupational health and safety rather than a drugs curriculum except where students are considered to be at risk of VSM or are already known users (Department of Education and Training, 2000; Drug and Alcohol Office (Western Australia), n.d.). A national policy statement on inhalant abuse recently endorsed by the Australian Ministerial Council on Drug Strategy also supports this approach (National Inhalant Abuse Taskforce, 2006). A Western Australian report on butane inhalation, however, found very little evidence on which to ground a decision whether or not to include VSM within mainstream drug education curriculum: ‘it appears that the approach is based on the repeated enunciation of basic behavioural principles rather than a significant body of research evidence’ (Western Australian Taskforce on Butane Misuse, 2006, p. 29). MacLean (2007b) has argued that the policy of excluding inhalants from mainstream drug education due to fear of exacerbating the practice is predicated on most children’s ignorance of the potential psychoactive effects of household products. This assumption is unlikely to hold for many young people growing up in disadvantaged areas.

In England and Wales it is a statutory requirement that schools teach a drug education curriculum including information about solvents (Advisory Council on the Misuse of Drugs, 1995). International research suggests that providing education about the effects of inhalant use to all young people might reduce subsequent drug experimentation and associated harm, although there is some dispute on this matter. Researchers in the UK have noted that inhalant-associated mortality has decreased since the early 1990s. They link this trend with a national campaign educating parents about inhalants, alongside inclusion of the issue of VSM as part of personal

and social education in schools (Field-Smith et al., 2006). Nonetheless, Ives (2006) argues that that education provided within UK schools has had little effect on young people's assessments of the dangers of inhalant use.

In the US, epidemiological data links a national anti-inhalant advertising campaign in 1995 with both an increase in 'perceived risk' associated with inhalant use among adolescents and a gradual decline in inhalant use. By 2003, when the campaign had ceased, this trend was reversed with an increase in use and corresponding reduction in the percentage seeing 'great risk' in using inhalants regularly (Johnston et al., 2006).

Early use of inhalants is associated with increased likelihood of a range of later problems. Wu et al. advise that any measures such as education to delay VSM initiation 'may help reduce the risk of progressing to abuse or dependence' (2004, p. 1213). Where education is provided universally on VSM, it should be designed in accordance with best practice research (see, for example, Coggans, Sherwan, Henderson, & Davies, 1991; Midford, 2006). UK and US researchers have recommended that volatile substance education be introduced early, during the late-primary school years (Coggans et al., 1991; Skellington Orr & Shewan, 2006; Substance Abuse and Mental Health Services Administration, 2003). Notwithstanding this, studies also acknowledge that raising the subject of VSM may have the unintended effect of encouraging initiation among students.

The UK Government is currently funding a five-year follow up study of the impact of school-based drug education for 11–13 year olds on subsequent drug use (Department of Health, Home Office, & Department for Education and Skills, 2005). In the absence of a comparable Australian study, the impact of UK drug education on levels of VSM will be important to monitor.

### *7.1.2 Education provided to known misusers of volatile substances*

The Senate Select Committee on Volatile Substance Fumes (Commonwealth of Australia 1985, pp. 217–18) reported widespread agreement that juvenile sniffers were well aware of the dangers of petrol sniffing, and that providing information on the dangers of sniffing was not only likely to be ineffective, but might prove counter productive, especially if scare tactics were used.

Hayward and Kickett's (1988) findings add weight to the Senate Committee's conclusions. Hayward and Kickett interviewed 103 school children from seven Western Desert communities. They found that 72 per cent of petrol sniffers considered petrol sniffing to be harmful, and 77 per cent agreed that 'petrol sniffing can kill you' (1988, p. 27). Sandover et al. (1997) found that Aboriginal petrol sniffers interviewed in prison knew of the dangers of petrol sniffing but felt powerless to cease the practice. McFarland (1999) argues that young Aboriginal people's lives are full of danger and risk and in this context petrol sniffing does not appear to be particularly hazardous. As Brady (1992) points out, sniffing has been present in some Indigenous communities for over 20 years, with a result that some young people today are the children or relatives of former sniffers, some of whom show no apparent signs of lasting damage.

It does not, however, follow from these observations that education about VSM has no place. Treatment guidelines advise that clear information should be provided to inhalant users on harms associated with the practice (Department of Human Services, 2003; Substance Abuse and Mental Health Services Administration, 2003). Interviews with current and ex-petrol sniffers in Maningrida suggested that neurological effects such as impaired coordination worried petrol sniffers, and that this was particularly the case if they felt that it may impact on their ability to play sport (Burns, d'Abbs et al., 1995). The authors recommend that educational programs focus consequences of this sort rather than more dramatic outcomes such as brain damage and death. A Melbourne-based study also found that dramatic or threat-based injunctions not to chrome in some instances also intensified the sense of danger and excitement associated with VSM. Young people in this study also felt they lacked credible information about the effects of VSM (MacLean, in press).

### 7.1.3 *Education targeting communities*

The role of education aimed at communities and parents is much clearer than that of education provision in schools. The 1985 Senate Committee saw a need for the education of parents, and of others associated with Aboriginal communities, such as health and welfare personnel, teachers, youth workers, police and counsellors.

Material such as films, videos and pamphlets need to be produced in languages appropriate for each region and should be presented in a way that encourages optimism and increases confidence, rather than generating despair and increasing the already evident sense of hopelessness in dealing with the problem (1985, para. 9.44).

Education and other forms of support for parents are useful, particularly as those who used experimentally in their own youth may not be aware of the consequences of more intensive VSM. Targeted education campaigns in Native American communities have been linked with decreasing levels of VSM since the mid-1990s (Beauvais, Wayman et al., 2002). An educational pamphlet for parents has been produced by the Australian Drug Foundation (Jacobs, 2005). Education tools which use Indigenous culture to explain VSM and its effects are described in section 7.2 below.

Providing information to communities about the health effects of sniffing, what other communities have done in response to it, and fostering links between communities for exchange of such information has been a useful strategy in the past. This is an important function of Central Australian services such as Petrol Link-up and CAYLUS.

In 2000 the Aboriginal Drug and Alcohol Council (ADAC) of South Australia published a resource kit *Petrol Sniffing and Other Solvents* (Aboriginal Drug and Alcohol Council (SA) Inc, 2000). One of the booklets in the kit deals specifically with forms of VSM other than petrol sniffing. A copy of the earlier version of this review (d'Abbs & MacLean, 2000) is also included. Evaluation of the kit found that it provided a valuable resource and workers reported that having the kit increased their sense of capacity to address VSM. The kit was found to be most suited

to the needs of professionals and policy makers working indirectly with communities and least useful for community members and parents (MacKenzie & Johnson, 2004).

The ongoing accumulation of knowledge and experience about VSM makes it necessary for resources to be updated frequently. The team evaluating the ADAC kit recommended that specific information formats be devised for use in Indigenous communities including flipcharts, interactive games (as board games or computer games), videos, CDs in local languages, flow charts and program outlines (MacKenzie and Johnson, 2004, p. 63). They suggest an updated version of the kit might be used as a template so that resources could be developed to meet the specific needs of local communities, by adding local images, language and context. All new resources, the authors argue, should be tested with Indigenous audiences prior to production.

Professional staff in contact with people using volatile substances, such as teachers, health workers and council workers, can also benefit from education and training about sniffing. Many users of inhalants access health or welfare services rather than specific drug and alcohol services (National Inhalant Abuse Taskforce, 2006). This means that staff of generalist health and welfare services (general practitioners, community health centre staff, mental health practitioners, and juvenile justice and child protection workers) should be equipped to assist people disclosing VSM. In the UK, focus groups were conducted with social workers, residential and foster carers and also with young people to determine social service staff's training needs in relation to VSM (Boylan, Braye, & Worley, 2001). A resource for social service staff entitled *Tackling VSA* has been developed in the UK and is available for order from the Re-solve website (<http://www.re-solv.org/publications.asp>). In Australia the recent evaluation of the ADAC kit found that workers require training in how to use information kits when working in communities (MacKenzie & Johnson, 2004).

## 7.2 Using Indigenous culture—painting, relationships and initiation

This section describes the use of Indigenous cultural practices as vehicles for preventing VSM. The practices span a range of functions such as teaching, counselling, cultural revival and strengthening communities. The impact of such interventions on VSM is difficult to assess, and to our knowledge virtually none have been evaluated. Such interventions do, however, offer the potential to influence ways in which people think about substance misuse through harnessing resources to be found within Aboriginal culture, as well as through promoting family and community ties and systems of care.

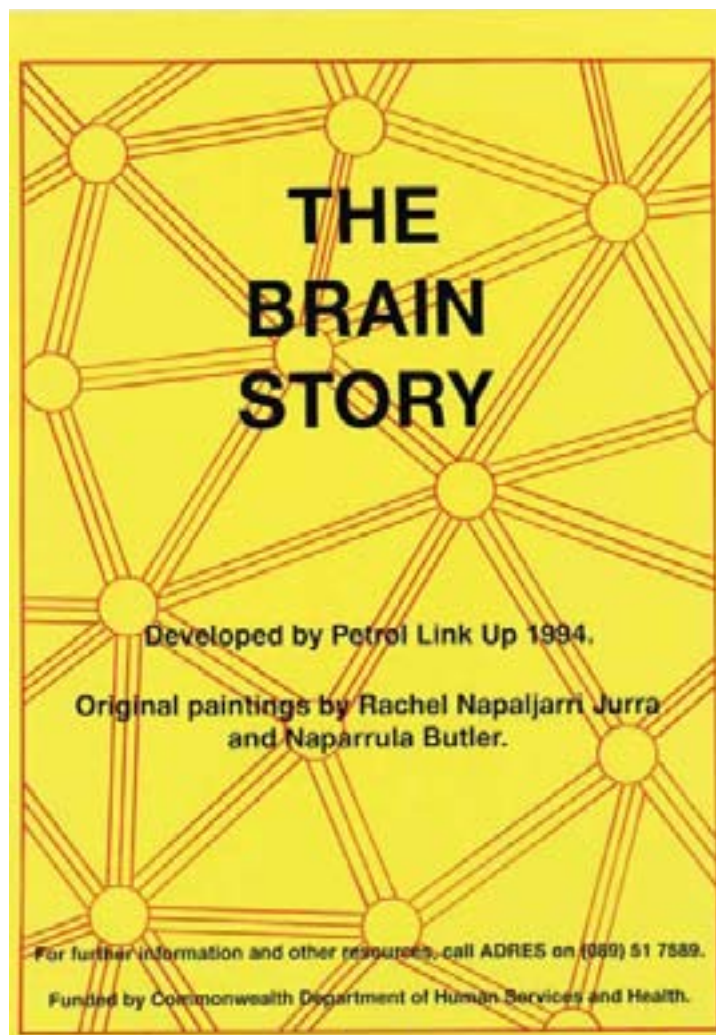
Canadian solvent treatment programs often combine Indigenous and Western healing techniques. One program is structured around the Medicine Wheel, with young people participating in four phases through their treatment cycle. Young people attend both schooling and traditional ceremonies (Coleman, Grant, & Collins, 2001).

The Healthy Aboriginal Life Team (HALT) in Central Australia used traditional paintings with specific reference to petrol sniffing. In 1984 Andrew Spencer Japaljarri, an Aboriginal member of the team and Warlpiri leader, painted a picture using Western Desert symbolism to portray

petrol sniffing in some Aboriginal communities. This painting, according to HALT, redefined the problem of petrol sniffing in Aboriginal terms, and suggested that solutions be sought within the social structures that had been damaged by sniffing (Healthy Aboriginal Life Team, 1988). The painting served as a health promotion instrument which triggered recognition that traditional styles of problem solving—consultation to achieve consensus, social cohesion and cooperation—would generate effective controls to stop the sniffing.

The ‘Brain Story’ developed by the Petrol Link-up team (1994) follows the HALT tradition of using Aboriginal art styles. It has been widely used in Central Australian communities as a catalyst to get people talking about petrol sniffing in their community. It depicts the effects of petrol sniffing on the brain in term of successive loss of functioning of different faculties. Cairney and Maruff (2007) have written an engaging chapter on the challenges involved in developing health education tools for Aboriginal people which make sense from both the perspectives of Western science and Australian Indigenous cosmologies. They use the Brain Story images to illustrate the possibility of combining Indigenous and non-Indigenous knowledge systems within one resource.

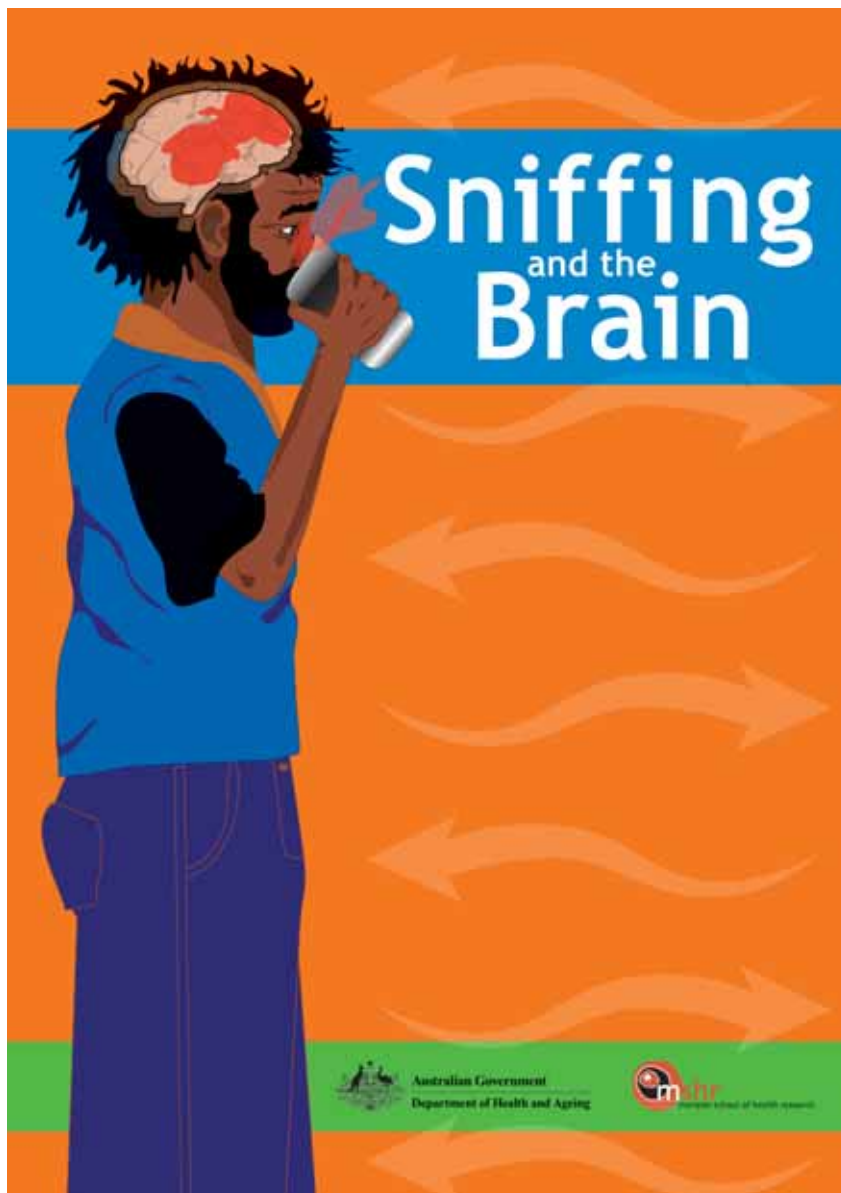
*Figure 5: From ‘The Brain Story’ developed by the Petrol Link-up team*





The ‘Sniffing and the Brain’ flipchart (Cairney & Fitz, 2005) is a further educational tool developed by the Menzies School for Health Research, designed to assist health and community workers explain the effects of petrol sniffing on the body to Indigenous audiences. Evaluation of the flipchart found that it was viewed positively by stakeholders, who emphasised that the story-telling format and use of images to explain the effects of petrol sniffing on the brain made it an effective tool (Cultural and Indigenous Research Centre Australia, 2006).

Figure 6: From ‘Sniffing and the Brain’ flipchart developed by Sheree Cairney and J Fitz



Telling young people stories can function as an expression of care and instruction. For instance, participants at a workshop on petrol sniffing held in Alice Springs in 1998 identified telling stories as a strategy for dealing with petrol sniffers (Central Australian Rural Practitioners’ Association, 1998). Another report explains how two young women who had been sniffing

petrol were taken out bush and sung back to health (Central Australian Youth Link-Up Service, 2006a). Learning traditional artistic techniques may also be therapeutic in itself. At Ngukurr, a remote NT community, a petrol sniffer was encouraged to develop a painting style which would enable him to communicate his ideas about petrol sniffing to others around him (Senior, Chenhall, & Daniels, 2006).

Numerous accounts exist of Indigenous families and communities managing to stop young people sniffing, either temporarily or in the long term, through activating caring relationships. In an anthropological study of relationships between men in the Kutjungka region of Western Australia, McCoy has argued that petrol sniffing is attractive to some young men because it offers social company and a right of passage into manhood (McCoy, 2004). He found that 40% of petrol sniffers in one community had fathers who were absent or deceased. Erosion of traditional caring relationships between older and younger men (*Kanyirninpa*) left young men relatively unrestrained and without a clear and recognised way to negotiate their changing roles as they mature: ‘Younger people were separated from important nurturing relationships with older people; older people felt helpless to watch over and protect the younger and following generation’ (McCoy, 2006, p. 2). Restoring and supporting caring relationships, argues McCoy, offers a way to draw young men away from risk or damaging practices such as VSM. One young man involved in the study was able to turn his life around when his stepfather demonstrated an interest in his welfare, suddenly stopping petrol sniffing, returning to school and playing football. Others stopped on the advice of an older man, even, in some instances, prison wardens.

The Intjartnama Group’s Western Line Project, based on a concept from Elva Cook’s painting in *Story About Intjartnama*, was an attempt at cultural healing through mobilising networks and relationships of care across country and between families: ‘Knowledge of and ability to work within these “lines” is an essential part of the Intjartnama strategy and is a privilege based upon the Intjartnama family’s own connections’ (Cook & Cook, 1997).

Writing in the early 1980s, Morice, Swift and Brady observed that petrol sniffing among boys often ceased with commencement of the initiation process. More recently, however, McCoy has pointed out that young men do not always cease petrol sniffing after initiation (McCoy, 2006).

The interventions discussed above are, in the main, controlled by Aboriginal people. Governments and organisations outside Aboriginal communities must be sensitive to the possible impact of the way in which they endorse programs aiming to reinstate Aboriginal ‘culture’ or ‘tradition’ in order to strengthen community responses to problems such as petrol sniffing. O’Malley (1994) points to some problems inherent in government-controlled efforts of this nature. In one such program, officials emphasised aspects of ‘tradition’ consistent with their program aims, and ignored or discredited others (such as the use of violent punishment or tolerance of sniffing). He concludes that the government department involved ‘cannot escape the fact that while setting out to shore up Ngaanyatjarra cultural and social autonomy, paradoxically it is setting itself as arbiter of another people’s tradition’ (O’Malley, 1994, p. 138).

In all, these projects are both interesting and innovative. How broad their potential appeal may be to various age, language and other groups might be, we cannot gauge. Culturally appropriate evaluation of such strategies would be useful.

### 7.3 Youth-work and recreational programs

‘We won the sniffers through disco, videos and football’, said Lloyd Jungarai Spencer after a recreational program at Yuendumu helped reduce numbers of sniffers (quoted in Stojanovski, 1994).

Providing young people with other meaningful activities assists in reducing the prevalence of VSM. On the basis of submissions placed before it, the Senate Select Committee on Volatile Substance Fumes (1985) specified several prerequisites for successful recreation-based interventions. These were:

- staff who were sensitive to the needs of the community, who understood something of the problems of petrol sniffing, and who would provide activities that were ‘purposeful, interesting, exciting and educational’ (207);
- activities during after-school hours, at evenings and weekends, and during school holidays;
- the need to include sniffers in activities, but not to give them preferential treatment; and
- the need for activities for females; in some instances separate programs and even youth workers of each sex may be needed.

The Committee’s conclusions, reached in 1985, are borne out by subsequent research on the role of recreation programs in addressing VSM, not only in remote communities but also in urban contexts. In the following section, we consider recreation programs in remote communities, then in urban and regional settings; the challenge of developing sufficiently exciting recreational options; and finally, the issue of targeting of programs to specific groups of users.

#### 7.3.1 *Recreation in remote communities*

Fewer recreation options are available in remote locations than in urban centres. A National Drug Strategy publication (Almeida, 1995) describes a program to develop out-of-school activities for young people and create a ‘stigma upon sniffing’. The program was non-competitive—rewarding group rather than individual achievement to ensure that no one felt ‘shamed’ as a result of participating—and activities included risk-taking experiences. The program targeted young people in the age range most vulnerable to sniffing (12–19 years) rather than known petrol sniffers. It attempted to ‘empower’ communities by identifying and training Anangu youth workers and teaching young people new skills.

Recreational programs are frequently run at periods where young people are at risk of VSM. For instance, the community at Nyirripi in Central Australia experienced an outbreak of petrol sniffing



during the 2004/05 school holidays. The next year a program of activities was implemented to ensure this did not happen again (Central Australian Youth Link-Up Service, 2006a).

In 2000 a football league was established by the Mount Theo-Yuendumu Substance Misuse Aboriginal Corporation. Eight teams from Warlpiri and Anmatjerre communities were formed and games were played seven days a week. So much prestige was associated with playing these games that young men known to sniff petrol had to work hard to convince team mates and coaches that were petrol-free in order to be allowed to participate (Campbell & Stojanovski, 2001).

Some have argued that youth workers rather than recreation workers should be employed on remote communities. This is because youth workers have a broader skill base, enabling them to work with young people who have very complex needs. Furthermore, youth workers operating within a community development paradigm might work to enhance the community's own capacity to run programs, rather than just providing activities (McFarland, 1999; Shaw, 2002). Mosey found that many communities and individuals whom she consulted in 1997 saw the lack of *non-sport focused* recreational facilities and of youth support staff as an important factor in the wave of 'social' sniffing which occurred that year (1997). Even where communities had a sport and recreation officer, people felt that this person's time was largely consumed by the activities of the (adult) local football team, which left him or her without time to organise activities such as discos which might appeal to sniffers or young people at risk.

Activities must be practical, utilise local resources and be sustainable (Osland, 1998). Osland's consultations at a Top End community revealed that recreational programs were viewed by the communities she worked with as having a key role in the prevention of petrol sniffing; however, the communities found it difficult to provide ongoing recreational programs without the funding to employ staff.

Indigenous communities often experience difficulties in gaining secure funding to employ youth workers and in attracting and maintaining appropriately skilled staff (Senate Community Affairs Reference Committee, 2006). The Jaru Pirrjirdi Program at Yuendumu in Central Australia (described above) employs older young people (frequently former petrol sniffers) to run recreation activities. Activities are run every day after school until late and on school holidays (Saggers & Stearne, 2007).

Relying on youth workers to combat VSM can have its own pitfalls, however, as a larger project in Central Australia demonstrates. The Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council Petrol Sniffing Support Project commenced in May 1999 and received funding for four years. This was a regional project attempting to tackle petrol sniffing in the 26 member communities served by the Women's Council.

An evaluation of this project's impact in one community documents some of the difficulties encountered, as well as elements that were more successful (Shaw, 2002). When funding for a project was announced, residents of the communities involved had high expectations of what might be achieved. A decision to focus on youth work was made, with the initial youth worker

located in Kaltjiti on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. Two Indigenous staff, one from the Torres Strait who had qualifications in recreation, the other a senior community man, were appointed in late 1999.

The program met with difficulties almost immediately. The staff member who did not already live in the community was not found accommodation (despite previous assurances) until 18 months after the program commenced. He was forced to move between short-term lodgings, one of which was located at an outstation 50 kilometres from the community. NPY Women's Council does not own infrastructure in any of its member communities, meaning that it is largely dependent on community support for programs such as this. The non-resident staff member felt both non-Aboriginal staff and also community members showed little support for the petrol sniffing intervention. For instance, the project was dependent on other organisations to pay young people participating 'top up' money on their CDEP, which in some cases did not occur. The NPY Women's Council had made a decision to work through Anangu authority channels rather than through non-Aboriginal staff. Ironically this served to alienate the non-Aboriginal staff who argued that they were only approached with requests to provide assistance, often at the last minute.

All young people were targeted by the project, not just those known to be sniffing petrol. This was seen as a more sustainable approach than targeting only sniffers. Nevertheless (similar to the experience of others) staff found it difficult to engage chronic petrol sniffers in activities. A range of activities were offered such as basketball sessions, running a radio show and land management trips. Young people started attending gradually. Subsequent programs included a music program (problematic because it involved expensive equipment which might be ruined if not used carefully) and a youth week involving sport, discos and media. Basketball games run in the evenings were particularly successful due to support from community members. Other activities are described in Shaw's report (2002).

Community tensions around the program came to a head when one young man threatened another participant with a knife—the young man's family was angry with the worker for involving police in this situation. A community meeting was held with the Coordinator and Chairwoman of NPY Women's Council and the community agreed to provide various forms of assistance to the program for a seven week trial period; however, again this support did not eventuate. The worker felt that the program had 'achieved moments of working well' but that overall it did not achieve the aim of enhancing the community's capacity to meet the needs of young people (Shaw, 2002).

Evaluation of this program (Shaw, 2002) concludes that it is very difficult to implement sustainable recreation and youth programs in communities with large numbers of long-term sniffers, some of whom may be violent or brain-damaged. Shaw concludes that chronic sniffers tend to participate erratically, if at all, in activities. In communities of this nature, a core group of participants is difficult to establish and workers are more likely to be exposed to a risk of violence. In other places where more sniffers are intermittent or experimental it is easier to recruit young people to activities, and hence youth work or recreation-based programs are more likely to be effective.

Another possible unintended consequence of introducing a youth worker into a community is that community members may feel relieved that it is now someone else's job to work with difficult young people (Shaw, 2002). Shaw argues, therefore, that in communities with high levels of chronic sniffing, strategies such as gaol penalties for sniffing, or replacement of petrol with Avgas, should be implemented in favour of placing youth workers. Where youth activities are provided, this should occur in time-limited blocks, with communities only taking on a permanent youth worker when they have capacity to support this person. In addition, expectations of such activities in stopping petrol sniffing should be realistic.

A more positive experience involving recreation programs is documented in Docker River, a remote Aboriginal community in south-western Northern Territory where a bout of petrol sniffing coincided with a period when no organised activities were available for youth (Fietz, 2005). A volunteer worker had left the community, the youth facilities had been vandalised and at times even the school was without any teachers. In this activity void, 'sniffer' parties organised by an influential adult became an attractive recreational option for a proportion of the community's youth. When a program of recreational activities was instituted in the community, the adult at the centre of petrol sniffing activities became resentful and hostile, threatening youth workers and participants alike (Fietz, 2005, p. 3). However, the program led to a decline in petrol sniffing in the community, with no experimental sniffing and chronic sniffers using at reduced levels.

Youth work in remote communities is challenging and demanding. Workers must be skilled in tasks as diverse as operating four wheel drive vehicles, hunting, painting, crisis support, sporting activities, and applying for grants (Fietz, 2005). Activities must be run during evenings, nights, on weekends and through holidays. Shaw (2002) recommends a model where workers take a week's compulsory leave each three months to avoid becoming burnt out and exhausted.

### *7.3.2 Recreational programs in urban and regional settings*

The Victorian Inquiry into Inhalation of Volatile Substances (Parliament of Victoria Drugs and Crime Prevention Committee, 2002) argued that recreation programs should form part of an overall strategy to combat VSM. However, little research is available that documents VSM-associated recreation or youth programs in urban or regional contexts.

As in the remote context, there is some evidence that recreation programs in urban or regional settings are most effective with young people whose VSM has not become entrenched. A program in urban Victoria found recreation programs to be particularly effective in working with younger (12–14) people (Submission from DASWest cited in Parliament of Victoria Drugs and Crime Prevention Committee, 2002, p. 407). In Melbourne, Drug and Alcohol Services in the West (DASWest) outreach workers offer recreational activities for only one or two young people at a time and thus are able to engage young people whose challenging behaviours make it difficult for them to take part in more mainstream activities. Evidently this is a resource-intensive approach.

In Alice Springs the 'BushMob' program has adapted principles of adventure therapy to suit the needs of young (mostly Indigenous) people who are highly marginalised and find it difficult to engage with the service system. Drug use, particularly VSM, is common among this group. The program began when young people at a youth refuge expressed a wish to 'go bush, get away from the trouble'. The organisation is run by a board of young people, families and professional staff. Up to 10 young men or women are taken on trips which last from one to four days. Activities involve rock climbing, canoeing, hiking and camping, in the belief that activities must be exciting if they are to compete with VSM: risk taking is channelled into high-energy activities. Staff are trained in youth work, adventure skills and first aid, and community elders are encouraged to join in. Young people are provided with follow-up support for up to six months (BushMob, 2005).

A small group of mothers in Townsville whose children were using volatile substances combined forces, calling themselves 'Mothers Crying Out for Help' (Walmbly, 2003). These women ran (among other activities) cultural camps for young people. One such camp entailed taking 15 young people and 11 supervising adults to the Laura Cultural Festival in Cape York, where they gained 'more appreciation of their Aboriginality, their identity and increased awareness of the value of their culture and tradition' (Walmbly, 2003, p. 4). No one absconded from the camp and all young people remained VSM-free for its duration.

An interesting urban approach to VSM diversion was that taken by Brisbane Youth Services (BYS). BYS received funding to conduct a participatory action research project with young homeless people who used inhalants. The project initially focused on consulting with members of the target group over their reasons for VSM. Circus training was then offered to participants, followed by workshops in graffiti art, MC-ing and hip hop skills. The final part of the project consisted of community education and advocacy on policy responses to VSM (Cheverton et al., 2003). The project received funding from Brisbane City Council as well as a grant from Arts Queensland, the latter enabling participants to produce a public performance. Eight young people learned circus and aerial theatre techniques. Others participated in costume design, script writing, stage management, assisting with directing, music, lighting and set design. As in the Bush Mob project described above, activities such as abseiling (wall work) were selected that offered some of the thrills and risks of VSM:

Wall-work was chosen because it has the same thrilling, high-risk attraction of the activities young homeless people often engage in. [This is] similar to the rationale for the use of adventure-based learning. Despite many barriers, the participants demonstrated creativity and commitment. Performing with Rock 'n' Roll Circus gave young people an opportunity to demonstrate their skills and contribute to the development of youth arts culture in Brisbane (Cheverton et al., 2003, pp. 39–40).

The evaluation records comments made by participants indicating their enjoyment of the activities, for instance that they got a 'good rush', 'learnt heaps' and that it was 'good to show the public

that we are not just ratbags and always running amuck' (Cheverton et al., 2003, p. 25). Some participants stopped using drugs (seven out of the eight performers remained sober through the project). A review of this project concludes that interventions with inhalant users should:

1. avoid stigmatising participants by advertising activities as targeting drug users;
2. include drug users and non-drug users;
3. involve young people at all stages of project development;
4. focus on skill and capacity development, rather than deficits;
5. offer various activities and levels of participation;
6. provide support services;
7. include risky and exciting activities;
8. support young people in developing friendship networks;
9. offer a goal (such as a performance) for people to work towards; and
10. ensure ongoing support (Cheverton et al., 2003).

Also in Brisbane, the Get Real Challenge (GRC), an activity-based intervention for Indigenous youth in the Brisbane inner-city operated by the Indigenous Youth Health Service, has been independently evaluated (Butt, 2004). The GRC targets young people who used volatile substances and other drugs as well as others experiencing homelessness or educational difficulties.

The GRC was developed in response to young people's claims that boredom and a limited sense of cultural connection were factors in their VSM. Activities such as rock climbing, horse riding, attending dance performances and fishing have been offered. Low staff to participant ratios enable workers to build rapport with young people (Butt, 2004). From May to December 2003, 24 young people participated in GRC activities, attending an average of three activities each.

Alongside recreational activities the GRC aims to provide education on effects of drug use and link young people to other services. Initially all activities included an education component; however, staff observed that participants were less likely to return to the program where their first involvement included extensive time devoted to health education. Education was subsequently provided more informally and on an individual basis.

Evaluation of GRC included psychological assessments of participants at intake and at endpoint, although only six young people completed both pre- and post-intervention assessments (Butt, 2004). These six participants had been involved in GRC for an average of four months and attended an average of five events each. Of the six participants, three met criteria for DSM-10 diagnosis



of harmful or dependent substance use at program commencement. At endpoint assessment, however, none were assessed as having an inhalant use disorder. Fewer reported suicidal thoughts at endpoint than at their first assessment and rates of diagnosed clinical depression also dropped. In addition to pre- and post-intervention psychological testing for these six participants, staff provided anecdotal information on outcomes for 18 participants. Staff observed that of participants who had been using volatile substances at program intake, 83% had ceased VSM at the end of the evaluation period (Butt, 2004). The evaluation concluded that benefits accrued by participants included improved school attendance and interest, reduced levels of crime and aggression, and improved motivation to change drug use. The evaluation found that factors affecting positive program outcomes included the ability of staff to develop rapport with young people, provision of substance-free enjoyable activities, provision of counselling, involvement of families, peer reinforcement of behaviour change, and referral to services to deal with other problems. At the time of evaluation this program did not have ongoing funding.

### 7.3.3 *Matching activities with people*

Providing programs that are sufficiently interesting to young people to compete with VSM can be a challenge. Brady argues that recreational programs can help to combat petrol sniffing, provided that they offer a range of ‘exciting, daring, even dangerous recreational activities to counter the risk-taking behaviour of sniffing’ (1984, p. 56). Pool tables and dart boards after school, she remarks, are simply not enough. A Central Australian station where young people are taught to break in horses, on the other hand, provides opportunities for risk and a real alternative to sniffing. Young people should of course be advised of risks associated with any activity in which they participate (suggestions as to how youth workers may protect themselves from negligence charges is available in Inner Urban Youth Interagency VSM Working Group, 2005).

Mosey reports a worker’s experience that young people need activities which ‘actively and positively engage’ them (1997, p. 20). To illustrate the difference between recreation and ‘youth development’, the youth worker drew the distinction between watching and actually making a video. Recreational programs must be relatively unstructured and informal if they are to attract the participation of young people at risk of sniffing (Stojanovski, 1999).

Young people report that their VSM-associated hallucinations are strongly influenced by popular culture. People use hallucinations to imagine they are participants in video games, movies and television (MacLean, 2007a). Exploring new media technologies appears to be a promising direction in some programs for young people who use volatile substances, both in urban and remote contexts. A multi-media program in the remote community at Mutijulu trained a group of young people working under the guidance of community elders to produce culturally appropriate educational resources including interactive DVDs, books and audio material. Participants were able to put this experience towards a Certificate 4 in Broadcast Media (McFarland, 1999).

#### *7.3.4 Targeting programs at groups of volatile substance users*

It is evident that chronic sniffers are a particularly hard group to engage and are sometimes reluctant to participate in events which they perceive as being organised ‘for the good kids’ (Osland, 1998, p. 25). Community members interviewed by Roper and Shaw saw recreational programs as being more useful as preventative measures, appealing more to would-be sniffers and experimental sniffers than to current regular sniffers. Sniffers in one community were discouraged from participating in sport due to concerns they might succumb to ‘sudden sniffing death’. Meanwhile, young people who were not petrol sniffers in the community reported being frightened of the sniffing group due to their unpredictable behaviour and preferred not to engage in recreational activities with them (Senior et al., 2006).

This presents a problem as other evidence suggests that programs specifically targeted at those who misuse volatile substances can act as a reward or incentive to sniff by making sniffing a criterion for eligibility; such programs are not recommended (Shaw et al., 1994). The Get Real Challenge described above (Butt, 2004) includes not only those currently misusing volatile substances but also other young people considered to be at risk of VSM or who are out of the education system, homeless or using other substances. The intention behind this is to avoid labelling participants as ‘chromers’ or making VSM attractive as a means to access programs.

Recreational programs are not a substitute for treatment and rehabilitation programs for chronic sniffers. Indeed, they may be of most value when they exist alongside more intensive programs for chronic sniffers, as happened in 1991 at Maningrida. Here, a family worker provided a counselling and support service to chronic sniffers and their families and a recreation officer offered programs of activity to a broader section of youth (Brady, 1989).

Fietz (2005) argues that recreational programs in remote Indigenous communities should be targeted for gender and age differences, and provide separate activities for initiated men. Employing both male and female youth workers enabled the community at Docker River to offer options that suited the different needs of young men and young women. This program recognised a need to provide different activities for young men who have gone through cultural initiation, respecting their new status within the community. Men who had been through traditional Indigenous initiation ceremonies were also recruited to coach and lead activities for younger people.

### **7.4 Education, training and employment**

Young people who leave school in the early secondary years are at increased risk of subsequent harmful drug use, though whether both early school leaving and drug use are due to underlying developmental factors is unclear (Loxley et al., 2004). The association between regular VSM and school non-completion is strong (Bates et al., 1997; Best et al., 2004; Chadwick et al., 1990; Flescher et al., 2002). Among a group of volatile substance using clients attending a youth drug treatment service in Melbourne, 69% were found to be either delayed in or have dropped out of school (Lane, 2005).

If, as is frequently argued, boredom is a major reason for VSM, it is logical that keeping young people engaged in day programs—be they school, training or employment—will at least to some extent quarantine their drug use. Alternative education facilities are required for young people who find it difficult to maintain an engagement with the mainstream system, a problem which frequently co-occurs with VSM. Some young people who have left school during a period when they were using inhalants feel unwelcome to return (Walmby, 2003). Flexible and supportive school re-entry options are also required (Butt, 2004).

There are few opportunities for secondary education or training in remote Australian Indigenous communities. Even where schools are available, attendance is low and educational outcomes are extremely poor (Collins, 1999). Mosey found that people in remote communities believe that the lack of opportunities for education contributes to their young people's sniffing. Increased sniffing has been observed during times when schools are closed; on weekends and during school holidays (Senior et al., 2006). Interestingly, when one community did manage to get secondary education on site, most of the sniffers began attending (Mosey, 1997).

The Yarrenyty Arltere Learning Centre (formerly known as 'Detour') was established specifically to address VSM in Alice Springs town camps. Young people involved with the project have successfully re-integrated into school (Senate Community Affairs Reference Committee, 2006). Components include a primary school, art program for adults, accredited adult education courses, alcohol and other drug outreach and a range of other health and welfare services and programs. Tangentyere Council, which manages the program, identified the following aspects of the Learning Centre as central to its success:

- long-term government funding;
- community ownership and direction;
- effective partnerships between Indigenous and non-Indigenous people; and
- management by an Indigenous organisation with appropriate infrastructure and expertise (Senate Community Affairs Reference Committee, 2006, pp. 84–5).

Canadian treatment programs make remedial education a central part of their programs. Each treatment centre has a teacher. Some outstation programs offer training opportunities as part of their overall program (Barrett 1994). Kavanagh (2006) has argued that a similar educational component should be incorporated in Australian treatment programs.

Care must be taken to ensure educational programs are age appropriate for participants. A program in Mt Isa, Queensland, included placement of young people who were regular users of volatile substances in a primary school to assist them with numeracy and literacy. Many of the young people involved were actually of high school age. No teacher was assigned by the education authority to deal with the particular needs of this group and the young people involved dropped out (Polson & Chiauzzi, 2003).

A skills training approach was implemented at Yirrkala in 1984, under the auspices of the Northern Territory Education Department. A teacher and an Aboriginal liaison officer worked with a group of 17 petrol sniffers who had not been attending school regularly, giving them the opportunity to develop work skills by engaging in tasks such as lawn mowing, house cleaning and repair jobs. The program is reported to have resulted in both improved school attendance and reduced sniffing among the youths concerned (Commonwealth of Australia 1985, Evidence, p. 1365).

However, without the prospect of future employment, there is little incentive for young people from remote communities to complete education. Senior provides an example of a young woman who completed Year 12 outside her remote community but commenced sniffing petrol on her return when there was nothing for her to do there (Senior et al., 2006).

Training schemes are resource intensive. A plan to train young people as youth workers implemented by the Institute for Aboriginal Development and the NPY Women's Council failed for lack of support structures available to students (Shaw, 2002).

Paid employment is very important in giving people (Aboriginal and non-Aboriginal) a sense of self-worth and an incentive to reduce the use of harmful drugs. Burns concludes that the introduction of Avgas in conjunction with employment programs was critical to success at Maningrida. Four months after Avgas was introduced at Maningrida in 1993 (along with employment and skills training programs), petrol sniffing ceased. When 27 sniffers from this community were interviewed in 1992, only 7 per cent were employed; however, in 1994 the proportion had risen to 63 per cent (Burns, Currie et al., 1995).

One innovative approach is that adopted in Cape York where young people were engaged in a behaviour modification program (James, 2002). As part of this program, young people were involved in an enterprise distilling and selling eucalyptus oils.

## 7.5 Summary

### *Education*

- Australian educational authorities continue to pursue a policy of not providing education about VSM under school-based drug education programs, on the grounds that such education may inadvertently encourage experimentation with inhalants. Some information about volatile substances is provided through occupational health and safety training.
- In England and Wales, by contrast, schools are required to include information about solvents in drug education programs. The UK Government is currently funding a five-year follow up study of the impact of school-based drug education on subsequent drug use.
- Education targeting known inhalant users is unlikely to be effective if it adopts scare tactics. However, education highlighting the potential impact of VSM on valued activities, such as capacity to play sport, may be useful.

- Education about inhalants for parents and professional people likely to come into contact with VSM, such as teachers and welfare workers, and for communities where VSM occurs, has been shown to be of value.

#### *Using Indigenous culture*

- Several innovative programs have been developed using Indigenous cultural practices as vehicles for combating VSM, in particular through art forms, story telling and restoration of important caring relationships. The impact of such activities is difficult to determine, and few initiatives have been evaluated.

#### *Recreation and youth programs*

- Recreational activities that are sufficiently exciting to provide an alternative to sniffing, and are available out of hours, can help to prevent VSM, although they are unlikely to attract chronic users.
- Successful programs have included measures to avoid stigmatising drug users; have focused on skill and capacity development; included a range of activities and opportunities for risk-taking; and have been offered on a flexible basis. Such activities should be practicable, utilise local resources, and be sustainable.
- Youth and recreation programs should not be the primary component of an anti-VSM program in communities with high proportions of chronic sniffers.
- Youth work in remote communities is challenging and requires diverse skills, such as operating 4WD vehicles, hunting, painting, crisis support, sporting activities, and applying for grants. Activities must be run during evenings, nights, on weekends and through holidays.
- Little research has been conducted into the impact of recreational programs on VSM in urban and regional centres. However, there is some evidence to suggest that they are most effective with young people among whom VSM has not become entrenched.

#### *Education, training and employment*

- Skills training, remedial education and employment have all been shown to contribute to reducing VSM.